

Monarch KM Ltd

Downsvale Nursing Home

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

The service is registered for 35 people. At the time of the inspection there were 28 people living in the home. People had a range of needs. Some were living with dementia; others required nursing care to manage pressure areas and end of life care whilst other people required minimal assistance.

There was a new manager in post. The new manager started in post in October 2016. They were not yet registered with CQC, however they had submitted the relevant paperwork and an interview with CQC was pending. 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 27 and 29 April 2016 we told the provider to take action to make improvements in the management of medicines, and reducing the risks of harm to people and staffing deployment. Whilst some improvements had been made, there was still some work to be done. We told the provider to put systems in place to monitor, review and improve the quality of care, to ensure that it was personalised and responsive. We also told the provider to ensure that processes were in place to ensure that people's rights were protected if they lacked mental capacity. Whilst some improvements had been made, there was still some work to be done. We told the provider that they needed to make improvements in promoting people's dignity and respect, safe recruitment of staff, equipment to be safe and safeguarding to be reported to the appropriate authorities. These actions have been completed.

Some people's rights were not always protected because the manager did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had not always been undertaken. Relatives had made decisions regarding people's care and the manager had not always ensured that they had the legal right to do so. This is a continued breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what we told the provider to do at the back of the report. Staff were heard to ask people's consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People told us that they wanted to do more activities. There were some activities on offer, improvements could be made.

There were some systems in place to monitor, evaluate and improve the quality of care provided. However, improvements could be made as they had not always identified areas of improvement.

People told us that they had enjoyed the food. People had sufficient to eat, but improvements could be

made regarding the fluid intake of people. We have made a recommendation. People were seen to be offered choice of what they would like to eat and drink.

People's medicines were now administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. For people who needed PRN (as required medicine) medicine, there were some guidelines in place.

The manager had oversight of incidents and accidents and ensured that actions had been taken to reduce the risks of them occurring again.

There were inconsistencies to how risks to people were managed. There were risk assessments in place to maintain people's skin integrity, to reduce the risk of falls and to ensure people's weights were maintained. However, some risk assessments lacked detail to tell staff how to keep people safe. We have made a recommendation in relation to this.

People had personal emergency evacuation plans (PEEP) in place to tell staff how to keep people safe in the event of an emergency.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns. The manager ensured that they notified us and the appropriate authorities when there was a concern.

There were now sufficient staff to keep people safe. However at lunch times this was not always the case. We have made a recommendation for the manager to review the staff deployment at lunch times. There were now robust recruitment practises in place to ensure that staff were safe to work with people.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received supervision. Some people told us that they could not always make their needs known as some staff English was not their first language. We have made a recommendation about the provider reviewing their training to include communication training.

Positive and caring relationships had been established. Staff interacted with people in a kind and caring manner. Relatives and other professionals were involved in planning people's care.

People were offered choices throughout the day and they were respected by staff. People's privacy and dignity was respected. People could be more involved in planning their own care.

Care plans were in place; however improvements were needed to make care plans more detailed and personalised. We have made a recommendation. This was identified by the management of the home as an area that required improvement. A new electronic care planning system was in place. Staff told us that this gave them up to date information on people's needs. Staff knew people's preferences.

The service listened to people, staff and relative's views. There were systems in place to obtain feedback from staff, people and relatives.

The management promoted an open and positive culture. The staff were motivated. The manager and provider understood the requirements of CQC and sent appropriate notifications.

Staff told us they felt supported by the manager and the provider. Staff told us that they had seen improvements in the home. Staff, people and their relatives told us they felt that the management was approachable and responsive.

We found three continued breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found continued breaches in 9, 11 and 17. You can see what we told the provider to do at the back of the report.

We last inspected the service on 27 and 29 April 2016, where concerns were identified and breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). We took enforcement action against breaches of Regulation 12 and 17 and issued warning notices. We also found breaches in Regulation 9, 10, 11, 13, 15, 18 and 19 and requirement actions were set.

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.

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 consistently safe.

Risks to people were not always consistently assessed and managed. There was guidance in place for staff about what to do in emergencies.

Medicines were administered safely, stored and disposed of safely.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people, however not at lunch times. All staff underwent recruitment checks to make sure that they were suitable before they started work.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Some Mental Capacity assessments had been completed for people where they lacked capacity, however they lacked relevant detail and some had not been completed. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored. Fluid levels for people could be improved.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, kind and caring way.

People were involved in daily decisions; however they were not always involved in planning their care. Relatives and appropriate health professionals were involved in people's plan of care.

Is the service responsive?

The service was not consistently responsive.

Care plans were in place, however some lacked detail and were not always personalised. Staff knew people's preferences and their needs.

People wanted more activities. There was an activity programme in place, but improvements could be made.

People, relatives and staff felt there were regular opportunities to give feedback about the service. A complaints procedure was in place.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There were some systems in place to monitor and improve the quality of care provided. Improvements needed to be made.

The manager and provider promoted an open and positive culture.

Relatives and staff said that they felt supported and listened to in the home.

Requires Improvement ●

Downsvale Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 8 December 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor (SpA) and an expert by experience. This is a person who has experience for caring for people with disabilities and older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority commissioning, quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people, two relatives, five staff members, two volunteers, the cook, the manager and the provider.

We spent time observing care and support provided throughout the day of inspection, at lunch and tea time and in the communal areas.

We reviewed a variety of documents which included seven people's care and support plans, risk assessments and medicine records. We also viewed six weeks of duty rotas, maintenance records, health and safety records, recruitment and training records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager and provider to send us some additional information following our visit, which they did.

Is the service safe?

Our findings

At our previous inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. The provider submitted an action plan in May 2016 to state they had met the legal requirements. We saw that improvements had been made, however they were not consistently embedded into practice.

People and their relatives told us that they felt safe. One person said, "I do feel safe because the staff are very caring and there's always someone around." Another said, "The number of staff around makes me feel safe."

Despite people telling us people felt safe risks were not always consistently managed or recorded. This meant that staff did not always have the information they needed to support people to manage and reduce risks to people. Despite this, no harm had actually occurred to people. It was identified that one person suffered from anxiety and frequently became distressed. There were no behavioural management guidelines in place to tell staff how best to support the person to reduce their distress. We spoke to the manager about this and they put guidelines in place after the inspection. We have seen copies of these.

For people that needed equipment to support them to move, there were guidelines in place to tell staff which hoist and sling to use. We saw that some people were poorly positioned, particularly when eating; guidance could be improved to tell staff how to position people safely. Improvements could be made to ensure that the information is detailed to inform staff which loops on the sling to use and how to position people safely, in line with current guidance.

We recommend that the provider and manager reviews its internal process for ensuring that risks are managed and recorded according to current guidance.

For people who were at risk of pressure wounds, there were risk assessments in place which stated the pressure relieving equipment and frequency of re-positioning people needed. Staff and records confirmed that people were being re-positioned as required to minimise the risks of pressure wounds from occurring. For people who were at risk of choking, the manager ensured that referrals were made to the Speech and Language Therapist (SaLT) and guidelines were in place to reduce the risk of choking. Staff knew how to manage the risks of choking to people.

To help minimise the risk of falls to people, there were falls risk assessments in place. For people who needed bed rails, there were risk assessments in place to ensure they were safe from entrapment and alternatives had been considered to minimise the risk of harm to people, such as placing the bed on the lowest level. Staff told us what was in place for people who were at risk of falls.

The manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident and accident and understood what to do in emergency situations that included

accidents and falls. For example, staff said that if a person had sustained an injury they would make sure that the person was safe and comfortable, seek assistance from a nurse and other medical attention.

At our previous inspection, we found a breach of Regulation 18, regarding staffing levels not always meeting people's needs. The provider submitted an action plan in May 2016 to state they had met the legal requirements. We saw that improvements had been made and there was still some work to be done.

People told us that there were now enough staff; however some people told us that there were not always enough staff at lunch times. One staff member said, "It can be very busy at meal times, but we try our best." One person was seen struggling to cut up their food as there was no staff present in the smaller lounge. Another person told us "I sometimes need help and about a week ago someone was just shovelling food in, they don't get much time, but I couldn't manage it." A relative told us "I come to help my [loved one] at lunch time as then the staff don't have to rush him; they [the staff] have a lot of people to help. It's safer for [the person] if I do it as [the person] is not very good at eating now." The manager told us that they had extra 'supper time assistants' come in to help with the evening meal.

We recommend that the manager and provider review the deployment of staff at lunch times.

People did not have to wait for staff to meet their needs, apart from at lunch. One relative said, "Call bells are responded to well during a weekday but at weekends it can be a problem." Staff told us that there are enough staff. One staff member said, "We now have time to talk with people." Call bells were answered promptly. There was a higher staff presence in the communal areas of the home than at our previous inspection.

The manager told us that there were two nurses on during the day and four care staff. At night there was one nurse and two care staff. At weekends, the manager told us that there was one nurse on during the day and four or five care staff. The manager told us that this was because there are no visiting health or social care professionals which would need input from a second nurse. However a staff member said, "At the weekends there is only one nurse on shift, and we do not get to see people as well as we should." A relative said that calls bells are answered more slowly at weekends. Rota's confirmed that these staffing levels were maintained. The manager told us that they used a dependency tool to calculate the number of staff required, based on people's needs. We saw that this was reviewed on a regular basis.

In addition, separate kitchen, domestic and activity staff worked at the home. This helped ensure that care and nursing staff were free to undertake role specific tasks and to meet people's needs safely. We saw from the rota that staffing levels were consistently maintained.

At our previous inspection, we found a breach of Regulation 19 regarding fit and proper persons employed. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that improvements had been made.

Staff were now recruited safely. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The provider had ensured that nurses were registered with the Nurse Midwifery Council (NMC) and had a current pin number to work.

At our previous inspection, there was a breach of Regulation 12 regarding the safe storage and

administration of medicines. The provider submitted an action plan to state they had met the legal requirements and we saw that improvements had been made in this area.

There were procedures in place for the safe administration, storage and disposal of prescribed medicines. One person said, "I always get my medicines on time and they are always correct. I know what I take." We observed staff administer people their medicines. Staff signed the MAR (medicine administration record) after the medicine had been taken by the person in line with good practice. We looked at people's MARs and confirmed there were no gaps in people's records. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for.

Medicines were stored safely in locked cabinets. When medicines were stored in a fridge this was not used for any other purpose. Temperatures were taken daily to ensure that the medicine was kept at the right temperature.

For people that were prescribed an as required medicine (PRN), such as some pain relief there were guidelines in place. The guidelines did not contain information unique to that person or to the medicine. For people who needed emergency medicine on an as required basis, there were no guidelines in place. As a result there was a risk that people were not always receiving their medicines when they needed it. We spoke to the manager about this and she agreed. Since the inspection the manager completed individual PRN guidance, which now tell staff how, when and why a person may need this medicine. We have seen copies of these.

At our previous inspection, we found a breach of Regulation 15 in relation to equipment not being safe or appropriate. The provider and manager had made improvements in this area. A staff member told us, "It's much better now we have equipment to use." Hoists, commodes and wheelchairs were cleaned on a regular basis. Staff told us that there was a system of checks in place to ensure that this was being done; we saw records to confirm this.

Hoists and slings were properly maintained and serviced regularly. We saw records and paperwork to confirm this. We observed staff support people transfer using a hoist. The staff used the correct sling and moving and handling techniques according to the persons care plan.

The provider had ensured that all the fire risk assessments were up to date and reviewed. This meant that risks to people from fire were identified and minimised. The home had a plan which told staff what to do if there was an emergency and how to continue to provide a service to people. People had personal emergency evacuation plans in place (PEEP) which guided staff on how to safely support a person if there was an emergency. Staff confirmed to us what they would do in an emergency.

People were safe from avoidable harm. Staff were able to describe different types of abuse and what might indicate abuse was taking place. Staff told us they knew the organisations to report abuse to. A staff member told us "Abuse can be verbal, neglect, physical, psychological, and financial. I would report to it to the manager."

Staff said they knew about the whistleblowing policy and where to find it if they needed to. We saw evidence from training records that all staff had received safeguarding training; staff confirmed this was correct. There was safeguarding information displayed for people, relatives and staff. This gave contact details of the relevant agencies people could contact to report allegations of abuse. Staff confirmed that they knew that it was there. The manager reported allegations of abuse to the local authority and notified CQC. When necessary the manager put actions in place to minimise the risks of abuse from occurring.

Is the service effective?

Our findings

At our previous inspection, we found a breach of Regulation 11 regarding the Mental Capacity Act. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that some improvements had been made; the practise had not been fully embedded.

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

Some people's rights were not always protected because the manager did not always act in accordance with the Mental Capacity Act 2005 (MCA). Staff's knowledge and understanding of mental capacity had improved. One staff member told us, "We assume a person has capacity, people can make choices, we act in their best interests." The manager and provider told us that they knew they had to improve on their knowledge on the Mental Capacity Act and had booked a full days training in January 2016. Staff were seen throughout the day to ask for people's consent before providing care.

Where people lacked capacity to make decisions about their care, the manager had ensured that some mental capacity assessments and some best interest decisions had been completed. However, some lacked detail or contained inaccurate information. For example, a mental capacity assessment stated that the person had an 'impairment of the mind' and they were 'unable to retain information'. Whilst other documentation for the person stated they had full capacity. Although no harm came to the person, this information could mean that staff could be making decisions on this person's behalf. Consent to care forms and care plans were frequently signed by a person's next of kin, without the manager or provider knowing if that relative had a legal right to do so.

Although improvements had been made, consent to care had not always been obtained in line with the Mental Capacity Act 2005. Furthermore, capacity assessments and best interest meetings were not always completed. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

At our previous inspection, we found a breach of Regulation 18 regarding staff not having the skills and knowledge to care for people. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that improvements had been made.

Staff now had the right skills and knowledge to care for people. Staff told us that they felt that had the right training to support and care for people effectively and that training had recently improved. One said, "I have

had training in fire safety, first aid, manual handling and Mental Capacity. The manager is supporting me to undertake an NVQ level 2 in Health and Social care." Training for staff also consisted of safe guarding people and food safety. The provider told us that staff had recently undergone refresher training in moving and handling training and mental capacity. He stated that nurses had recently undertaken training in the use of syringe drivers, catheter care and medication. Staff and records confirmed this. We saw staff provide care safely, for example, staff knew how to move people in a hoist people using the correct procedures.

For new staff that had started at the home, they received an induction. The manager told us that staff had an opportunity to shadow existing staff to give them time to get to know people and their routines. One staff member told us, "I have had an induction. I shadowed other staff, learning things on the computer, paperwork and responsibilities of the role."

People were cared for by staff that received support and supervision. Staff had regular supervisions and all recently had an appraisal. An appraisal is a tool to review staffs development and check their skills and competencies. Nurses received their clinical supervision from the manager. The provider told us that they supported the nurses with the re-validation process of nurses renewing their PIN numbers with the NMC.

People told us that some staff did not speak English as their first language. Some people told us that at times they found it difficult to make their needs known. One person said, "When the care staff get excited you can't understand a word they say, it's a hazard. I make them repeat and repeat until we both understand." Another person said, "I use my little language knowledge to help with communication as sometimes it's hard to get a clear meaning and they [staff] muddle no and yes so I always check with them."

We recommend that the provider review their training programme to consider communication training.

The manager and provider told us that they had extra training planned for 2017. They told us that they had contacted a health care professional and booked some training for a specific health conditions that people at the home are diagnosed with.

People said that the food was good and they had a choice. One person said, "You can have what you want and it's usually tasty." Another person said, "We're asked in the morning what we want from a menu, the girls ask us."

We observed a meal time. There is no dining room, so people ate their meals in the two lounges or in their bedrooms. The meal time was calm, Christmas music was playing. Staff helped some people to eat. Some people needed adapted cutlery and plates which they got. However one person told us that they didn't have their adapted cutlery for two days and they struggled to eat. The person confirmed they now had their cutlery.

People had enough to eat and some people had enough to drink throughout the day. Throughout the day people had access to a choice of drinks and staff were observed encouraging people to drink. People had a choice of what they would like. People's fluid intake was monitored by staff and the recording system tallied the amount of fluid. However, we noted that some people had lower fluid intakes than what was recommended. We spoke to the manager about this, and she was not aware that this was happening. The manager said she would look into it, as she could not be sure if it was a recording issue or some people were not getting enough fluid daily as per national guidance.

We recommend that the manager has a system in place to ensure that there is frequent management oversight into people's fluid intake so action can be taken where necessary.

The chef was knowledgeable about the dietary needs of people. They were able to describe in detail each person's needs and preferences. The chef explained that they regularly spoke with people to ensure their wishes and preferences were kept up to date.

For people who were identified as a risk of malnutrition or dehydration, record keeping of food, fluid and weight charts were completed. People were weighed on a regular basis and weights remained stable. Where necessary the manager would speak with the GP and refer to the dietician if needed. People who needed them were supported to have nutritional drinks.

People were supported to maintain their health and wellbeing. Support plans contained up to date guidance from visiting professionals. There was evidence that people had access to health care professionals such as GP's, dieticians, speech and language therapists and physiotherapists. The GP visited weekly and as required. People confirmed that they saw the GP.

Is the service caring?

Our findings

At our previous inspection, we found a breach of Regulation 10 regarding people being treated with dignity and respect. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that improvements had been made.

People said that they were well cared for. One person said, "Yes the carers look after me." Another said, "They [the carers] are lovely. They have helped me put this lovely necklace on and my lipstick." A relative said, "It feels homely and as if you have family around you."

Staff had developed positive and caring relationships with people. Staff told us that they communicated better with each other and worked better as a team. Staff said that this meant that they could provide better care to people. Companionable, relaxed relationships were evident during the day. A staff member told us, "The atmosphere has changed, we talk to people more."

Staff were attentive, caring and supportive towards people. When assisting a person a member of staff was heard to say, "Have you had your coffee? Are you cold? Would you like me to get you a blanket?" The staff member made sure they then got a drink and a blanket at the person's request. Throughout the day staff offered people a choice of food, drinks and where they would like to be. Staff respected people's choices. Staff told us that they always offered people a choice of what clothes to wear.

One person became unwell in the lounge. Staff spoke with the person calmly and reassuringly. The staff member knelt down to the person's level so they could get eye contact and the person could hear. Staff used touch to reassure the person and to connect with them. The staff member stayed with the person until they had taken a drink and were made comfortable. The staff member followed this up by contacting the GP.

People appeared relaxed and content. The overall atmosphere was relaxed and calm in the home. Staff popped into people's rooms to ensure they had everything they needed and chatted to people who sat in communal areas. Staff stopped and chatted to people when they passed in the corridors or walked past people's rooms.

Staff understood how to treat people with respect. One member of staff said, "I always remember when helping someone, that could be me." Staff understood how to help people to make decisions about their care. One member of staff said, "Some people change their minds often, I am really patient and listen."

People were involved in making daily decisions about their care. Staff told us that they offered choice to people about clothes, food, where and what they would like to do. We saw people being offered these choices. However, people told us that they were not always involved in planning their care. However, relatives were more involved. One relative said, "The only care plan I know about is the one we discuss with the local authority around funding. I didn't know they had one here too." We could see from people's care

plans that relatives had often signed to confirm they had been involved in developing them.

Staff knew people's likes, dislikes and their preferences. Improvements had been made about staff knowing people. Staff could tell us about people and their histories prior to moving in to the home.

People's privacy and dignity were respected. We observed staff calling people by their preferred names and knocking on people's doors before entering and asking if it was okay to enter their room. When supporting someone with personal care, staff told us that they would close the door, and talk to the person throughout.

People's bedrooms were individualised and contained furniture and pictures of things that people had brought in from their home.

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to visit at any time and they were welcomed by staff. One relative said, "It's easy to come and spend time with my [loved one] as everyone makes you feel welcome, its how they are."

Is the service responsive?

Our findings

At our previous inspection, we found a breach of Regulation 9 regarding people receiving a personalised service. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that improvements had been made, however further improvements need to be made.

The provider had introduced an electronic care planning and documentation system to the home. Each staff member had a hand held device that accessed care plans and other care records for people. These devices linked to the main computer system to enable the manager and provider to have oversight of people's care needs. The provider told us that they were transitioning from the paper files to the electronic system.

The system had improved the monitoring of people's needs and the record keeping of these. Staff told us that they preferred this method as they could record information as they provided care and the information was always up to date. One staff member said, "There have been changes. The care plans are now better, more detailed and include things we need to know. The devices give us the information straight away."

Care that people received was personalised. However it was not always recorded that way in people's care plans. Care plans contained information about people's likes and dislikes and personal histories, however they were not always detailed. Despite this, staff knew the individual needs and preferences of people. They were able to describe these without the need to refer to records. Care plans were reviewed on a regular basis.

There were care plans in place specific to people's health conditions. However some lacked detail. Detail was missing to tell staff how the condition affected the person and how to manage the person's health condition. For people who needed end of life care, there was a lack of detail to tell staff how to support someone's psychological needs or what their wishes may be. Other care plans such as skin integrity did not always detail how staff should manage if a person's skin deteriorated.

The manager told us that they knew work had to be done on improving people's care plans. She told us that training was required for staff that completed the plans to ensure that they are detailed and person centred. The manager had not yet planned or organised the training.

We recommend that the manager reviews people's care plans to ensure that they are detailed and person centred in line with the regulations.

At our previous inspection, people did not always have their needs assessed prior to moving in. Improvements had been made in this area. People had their needs assessed prior to coming into the home and the manager ensured that a care plan was in place. One person moved in on the day of inspection. Staff were aware of their needs before they had arrived. Staff confirmed that they have a daily handover to ensure people received continuity of care.

The staff and manager were responsive to people's needs. One person told us that they had their medicines

administered a certain way, but this made them feel unwell. We told the manager and she requested that the GP reviewed the persons medicine.

People did not always have activities to do and things to keep them occupied. One person said, "No one ever asks if I want to go downstairs. It gets a bit boring staring at the same view." Another said, "Hobbies are a sore point. I was so active before I came here and now I am not able to continue with anything that I used to love. I know I can't actually expect to do them but we could at least talk about them." A third person said "I get so fed up with not going out." Relatives also told us that they thought opportunities for activities could be improved.

The manager told us that there were some volunteers who came in regularly to talk with people who are unable to get out of bed. There was also a church service monthly in the home. A staff member told us that, "We need more for people to do; I have asked if I can be trained in activities."

The above evidence demonstrates a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an activity co-ordinator who worked Monday to Friday, four hours per day. The activities timetable included quizzes, visiting musicians and book clubs. There were no activities for people in the morning on the day of the inspection. However, we observed a game of trivial pursuit in the lounge in the afternoon. Four people attended the session and they appeared to enjoy as they were laughing and smiling. There was a visiting hairdresser and people were having their hair done in the small lounge.

People and their relatives told us that they felt listened to. Resident and relative meetings were held frequently. People told us that they had raised an issue with the evening meal being too early. The manager and cook organised for an evening drink and snack to be offered to people prior to people going to bed. People told us that they were happy with this.

People and their relatives told us that they felt comfortable to make a complaint to the manager or provider. One person said, "I've no complaints" and that they would report concerns if they had any. The home had a complaints procedure in place, which was visible in communal areas. The manager had kept a record of complaints in line with company policy. Where complaints had been made, the manager had recorded what action had been taken and feedback to the complainant. The manager had responded to complaints in line with the home's policy.

Is the service well-led?

Our findings

At our previous inspection we found a breach of Regulation 17 as robust systems were not in place to monitor the quality and the safety of the home. The provider submitted an action plan in May 2016 to state they had met the legal requirements and we saw that improvements had been made in this area, but systems were not always embedded and some systems were lacking.

Staff told us that a lot of positive changes had been made in the home. One staff member said, "There is better systems in place now, and information about people is readily available." Another one said, "There have been a lot of changes, we all get together, we can see the changes, we are like a big family."

Staff, people and their relatives told us that they felt that the manager and the provider were approachable and supportive. A staff member said, "I like her manner. She brings us all together. We work like a team." Another said, "We have the support from [name of provider], he protects our residents." Staff told us that communication between the provider and the manager had improved and they felt listened too. There were regular staff meetings. We saw minutes of these meetings and staff confirmed that they were happening. Discussions included areas of improvement, training and health and safety.

There were some quality assurance systems in place to monitor health and safety and improve the quality of care for people. There were regular infection control and medicine audits in place. An external audit had occurred in line with CQC's five key questions of safe, effective, caring, responsive and well led. However, the audit had not always identified areas for improvement as highlighted in our report and systems were not yet embedded into practice. For example, there were some PRN guidelines missing for emergency medicines and some people's health conditions lacked care plans. Although the manager rectified this after the inspection, there were no systems in place to identify that these documents were required. The manager did not have oversight on people's fluid intake. As stated earlier in the report, some people had low fluid intakes and the manager said that they were not aware of this or the reasons why.

Record keeping had improved, however some information in care documents was generic and needed personalising. For example, one care plan had information copied from another person's as it stated another person's name. Care records were also accessible to people and visitors as they were not always locked away safely.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and provider had an action plan in place and recognised that care plans and improving their knowledge in the Mental Capacity Act was needed. There are actions in place to make these improvements. Other actions had been completed, such as people to have individual slings and to be labelled with their names on.

There were systems in place to obtain feedback from people and their relatives. The provider had sent out

questionnaires to people and their relatives. The manager and provider had a number of compliments from relatives and people. Comments included "We are very happy with the care", "Meals are excellent" and "[Relatives name] is conformable and well looked after."

The local authority and clinical commissioning group completed an unannounced visit to the home in December 2016. It was noted that only good practice recommendations were made and these had been acted upon.

There was an open and positive culture. We saw staff approach the manager and provider throughout the day. The manager spent time with staff to support and guide them. The manager and provider spoke with people and staff with kindness and care. The manager and provider were open and transparent about the changes that had occurred and the improvements that were still needed to be made. A staff member said, "I am happy; there has been a 360 degree change. Very good improvements. If we are happy at our jobs, we give the best to residents."

The manager and provider were aware of their responsibilities with regards to reporting significant events, such as notifications to CQC and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the manager and provider told us in the PIR matched with what we found and saw on the day of our inspection. For example, that resident and relatives and staff meetings were happening and the service was listening and responding to people and staff.

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Diagnostic and screening procedures | There was a lack of opportunity and range of activities on offer for people. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Diagnostic and screening procedures | Mental capacity assessments and best interest decisions were not always completed, and some lacked detail. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | Quality assurance systems did not always identify areas that required improvement. |
| Treatment of disease, disorder or injury | |