

Homebeech Limited

Sandmartins

Inspection report

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Date of inspection visit:
10 January 2020

Date of publication:
05 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sandmartins is a residential care home providing personal care to 40 older people with various support needs, including people living with dementia. At the time of our inspection, 25 people were in residence. The care home is located close to the seafront. It consists of one adapted building with a garden. There are a range of communal areas for people to enjoy.

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

At the last inspection in July 2018 the overall rating for this service was requires improvement with five breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the registered person had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences and they had not ensured staff had received appropriate training, necessary to enable them to carry out the duties they were employed to perform. There were also issues relating to the governance and oversight of the home. This is the third consecutive time that the home has been rated as requires improvement.

At this inspection, we found continued issues relating to staff training and some remaining concerns over governance and records which resulted in continued breaches of regulation. There were, however, significant improvements in care planning and involving people in their care. An activity manager had been recruited and there was good provision of group and individual activities which people told us they enjoyed.

The registered manager did not have clear oversight of staff training needs and not all staff had received refresher training, in line with the provider's policy, to ensure their knowledge and skills were up to date. The home was registered to provide support to people living with dementia. At the time of our visit there were eight people with dementia support needs, yet staff had not received training in this area. We have made a recommendation about monitoring behaviour that is out of character for an individual.

The governance system at the home had improved and audits had delivered positive changes in the service. Further improvement was needed, however, to ensure all areas of improvement were identified and that actions were reliably delivered.

People were looked after by kind and caring staff who knew them well. In an online review, one relative wrote, 'The staff are so kind and helpful, cannot fault any of them at all. Care is also excellent'. Since our last visit the use of agency staff had reduced and people enjoyed continuity within the staff team. Relatives spoke highly of the care. One relative said, "He just stayed in his room, now he is out every single day. Dad is getting what he needs and he is very happy". People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People felt safe and told us they enjoyed living at the service. There was a calm and happy atmosphere when we visited. Risks to people had been assessed and staff followed guidance to keep people safe.

Staffing levels were enough to meet people's needs. Medicines were managed safely. The home was clean and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People enjoyed the food and were seen chatting with the chef over the meal choices for the day. Snacks and drinks were readily available. People had access to a range of healthcare professionals and support. Premises were suitable, comfortable and met people's needs.

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

The registered manager provided a visible presence at the home and was well-regarded. People were encouraged to be involved in developing the home and their feedback was welcomed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 January 2019) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although improvement had been made, some areas required further improvement and the provider was still in breach of two regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sandmartins

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers, activity manager and chef. We also met with a representative of the provider. We observed how staff cared for people, including at mealtimes and when administering medicines.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training records and additional information requested and sent by the registered manager. We spoke with another relative, the hairdresser and chiropodist who visit the service and a paramedic practitioner who was involved with the care of a number of people who lived at the home. We also spoke with an admissions avoidance nurse and social worker from the local authority regarding the home and this provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we made a recommendation to the provider to seek advice and guidance from a reputable source, about assessing and mitigating risks for people. At this inspection we found the systems in place to assess and monitor risk to people had improved.
- Each person's care plan had risk assessments which were specific to their needs, such as risk of falls, use of bed rails and medicines. Risk assessments were reviewed regularly to ensure they reflected people's current needs. Following a fall, one person required support from staff to wash and dress and this was reflected in the guidance for staff.
- Staff understood how to support people safely. We observed staff using a hoist to transfer one person. They offered reassurance to the person and transferred them safely, ensuring their pressure relieving cushion was on the chair.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. On the day of our visit, the fire system was been updated following recommendations from an external contractor.
- Staff knew how to keep people safe in an emergency and fire marshalls had been appointed within the staff team. We identified that one person, who had moved to the service four days earlier did not have a personal evacuation plan (PEEP) in place. This was quickly remedied, and we received a copy of the PEEP from the registered manager following our inspection.

Staffing and recruitment

- At our last inspection there was mixed feedback about the staffing level, with some people saying they wished for more interaction with staff beyond their physical needs being met. At this inspection feedback was positive. An activity manager had been recruited and people told us staff also stopped to chat with them or might join in with a board game if they had time.
- There were enough staff on duty to keep people safe. One person told us, "There's always staff around, they do everything for you, if you need anything they get it for you".
- The registered manager used a tool to determine staffing levels based on people's care needs. Rotas showed this level had usually been exceeded. Gaps in the rota were filled by regular agency staff wherever possible, to provide continuity to people. Staff told us the registered manager was quick to help on the floor when needed.
- Staff were happy with the staffing levels and felt able to provide quality care to people, for example the said they were able to spend social time with people or to sit and offer reassurance when needed. One staff member said, "There's enough staff on always".
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories

had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- Medicines were managed safely
- People were happy with the support they received with their medicines. One person told us they could have pain relief at any time, they just needed to ring their bell.
- Where medicines were prescribed on an 'as needed' (PRN) basis, there was no additional guidance for staff to describe how the person would present when they needed their medicine. Most people could ask directly for their PRN medicine, but it is good practice to have additional guidance to ensure people receive their medicines consistently and that all staff recognise when they are needed. The registered manager acted quickly to put this guidance in place and sent us some examples of the new PRN protocols following the visit.
- We observed a member of staff giving medicines. They took time to explain what each medicine was for and stayed with the person until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. In response to the provider's survey, all respondents reported they felt safe in their surroundings. A relative told us, "I don't have to worry when she's here".
- Staff had received training in safeguarding. They knew what to do and who to contact if they had any concerns about people's safety. One staff member explained, "It could be physical abuse, bruising things like that or if they've gone withdrawn. I would talk to the manager".

Preventing and controlling infection

- The service and its equipment were clean and well maintained. One visiting professional said, "The place always looks clean".
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
- The registered manager carried out a 'falls trends analysis' to identify any patterns and act to keep people safe. For example, it showed one person often fell in their room after they had returned there in the afternoon. Staff now encouraged this person to remain in the lounge and had arranged delivery of a new more comfortable chair for them to use. Another person had been reminded and encouraged to always take their call bell and let a staff member know when they were going out in the garden.
- Following a complaint in Summer 2019 the registered manager made a point of walking around the home to speak with people daily. She said this was to ensure they were happy to and find out if they needed anything extra.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the registered manager had not ensured staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. This meant there was a risk that staff would not have the required knowledge to meet people's needs.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the third consecutive time the provider has been found in breach of this regulation.

- The registered manager was not able to provide us with assurances that staff had been sufficiently trained to meet people's specific needs. Records were available to show mandatory training but this did not include training in dementia care, which was pertinent to meet the needs of some people living at the home. Staff had also not received support to pursue diplomas in health and social care.
- Some staff raised concerns over changes in people's behaviour and ensuring they received appropriate support. Staff had not received training in dementia care or managing behaviours. The registered manager told us approximately eight people were living with dementia. Staff described how one person had been "extremely rude to staff" and said they, "Need someone to give advice or something to monitor (name of person) over a period of time". Staff were not always confident in how to support to people living with dementia and this meant people may not always receive appropriate care and treatment. We raised our concerns over staff knowledge of dementia care with the registered manager and representative of the provider. They told us staff would be booked on a training course through a local college as soon as they had completed the medication training that was currently underway.
- Training considered mandatory by the provider was health and safety, food hygiene, infection control, basic first aid, safeguarding and moving and handling. Safeguarding and MCA/DoLS was out of date by up to three months for at least four staff. The registered manager explained this was due to a system update by the training company, which had resulted in some staff being unable to log on to the system.
- We spoke with staff about their training to meet people's specific needs, including stoma and catheter care. They told us they had received training from the community nursing team and felt confident managing these needs. This training was not recorded in the registered manager's training records.
- Staff expressed an interest in further training. One said, "I'd love to do my NVQ3 and I've been on about it since I've been here. It is not government funded and so I'd have to pay for it myself". Another said, "I've told the manager I'd like to do NVQ level 2, I asked about a year ago but haven't heard back. I haven't had any

dementia training". The registered manager told us they were looking at options to secure funding for these courses.

- Staff received supervision, but several staff said they would welcome more regular one to one time to discuss their role and development. One staff member said, "I have supervision once a year, I don't remember having it any more often than that". Another told us, "I would like a more regular supervision, (registered manager) has got to find the time". Records showed staff had two to three supervisions a year, which was in line with the provider's policy. It was unclear from the records whether all staff had an appraisal in the past 12 months. One staff member told us they had not had an appraisal since our last inspection, which was over a year ago. Despite this staff said they worked well as a team and could speak to the registered manager if needed.

There was an ongoing risk that staff may not have the required knowledge to meet people's needs. They had not always received appropriate training, professional development and supervision as is necessary to enable them to carry out their duties. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where people behaved in a way that was out of character, there was no clear system in place to monitor this or ensure they received appropriate care and treatment. We found 11 instances of distress, agitation or aggression recorded in daily notes over the past three months for one person who staff shared they were concerned about. When we looked for trends, we noted a portion of the incidents happened between 6 and 7pm. There was no behaviour monitoring chart in place for this person to help identify triggers or monitor their wellbeing. Staff did not feel their concerns regarding this person were being addressed. One staff member said there was a, "Problem might just go away sort of attitude". Following our visit, the registered manager confirmed this person had been referred to their GP and that no concerns were identified. Where behaviour monitoring charts were used, these recorded how the person was throughout each and every day, so it was more difficult to pick out patterns of unusual behaviour.

We recommend that the registered manager reviews how they monitor and review changes in people's behaviour to ensure changes are effectively picked up and people's needs are met.

- People spoke highly of the care they received and told us staff were attentive. Relatives praised the home. One said, "Since coming here she's a changed person, she's much happier and more settled". Another told us how their relative's physical health and wellbeing had improved greatly since moving to the home. The person was now able to walk around and actively participated in activities at the home. In a card of thanks they wrote, 'We actually can't believe the improvement'. When we spoke with them they added, "None of the family can believe it, (name of person) is in fantastic hands!"

- Staff undertook assessments of people's care and support needs before they began using the service. Care plans included detailed life histories and clear information on how each person wished to be supported.

- People's care plans reflected their needs and any specific health conditions such as diabetes. Oral care needs for teeth or dentures and support people needed with this aspect of their care were described in their care plans.

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

- People were complimentary about the food. One person said, "Our Chef is excellent, if you don't like anything, if he's got it he will do an alternative". Another told us, "The cook comes up and tells me what's on the menu".

- During our visit we heard the chef and kitchen staff offering choices and engaging with people about their

food.

- People were weighed regularly and any changes were monitored by the registered manager. Those with undesired weight loss were supported to eat a fortified diet. The chef told us, "I'll add butter or cream for some people like (Name of person). (Name of person) is eating much better now".
- People were encouraged to drink throughout the day. Cold drinks and snacks were available in the lounge and hot drinks and biscuits were served at different points of the day. Fluid charts were maintained for those at risk. These were completed and totalled to monitor people's intake, and - if required - output.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to improve people's health and respect their wishes. One relative told us, "She was very unwell recently, staff helped her to stay here rather than going to hospital and the GP visited". Another told us, "He had an ulcer in his leg and his foot swelled to double the size, now it is 80-90 percent back to normal and he is up on his walking frame. None of the family can believe it. He is in fantastic hands!"
- Professionals we spoke with said they enjoyed positive working relationships with staff at the home. A paramedic practitioner told us they were, "Impressed by the care and the staff. (Registered manager) is very helpful, always there and always knows what is going on. She seems to know the patients quite well". They told us staff contacted them appropriately and followed up on any recommendations or actions in people's care.

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

- People's individual needs around their mobility were met by the adaptation of the premises. We observed people using the handrails to walk independently around the home.
- There were walk in shower rooms and adapted toilets. At the time of our visit, a bath chair was on order. This would enable more people to use the bath if they wished.
- A hairdressing room was available for people to use with the home's hairdresser or to arrange and appointment with their own stylist.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments, including with the dentist or optician. One relative told us, "They took him down to his sight test, sorted that all out". They added, "They send a carer with him to appointments to look after him".
- A chiropodist visited the home on a regular basis. They told us staff were keen to improve the health and comfort of people. They told us, "Things to follow up generally get done, like getting new slippers for somebody. They do try their best for people".
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

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

- People told us staff respected their wishes and involved them in decisions. One person said, "They all do their best for us, they ask us what we'd like, they give us a choice". Another told us, "They always let me go out".
- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. She told us, "I'd hate people to tell me what to do!"
- In the care records we saw examples of people giving consent, such as for staff to administer their medicines. The deputy manager told us how if a person refused their medicine, "I'll explain to the person what the medicine is and the consequences of not taking it so they can make an informed choice. Ultimately if they do continue to refuse, I'll record it, talk to the manager and if I need to, depending on the medicine, I'll call their GP".
- One staff member told us, "MCA is to help those who are unable to make their own decision regarding their care". We saw examples of best interest decisions in people's care records.
- At the time of our visit two people were subject to DoLS. Staff shared examples of how they supported one person with one to one care with when they were 'looking for their mother' and wished to leave the service.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People enjoyed warm and caring relationships with staff. There was a regular staff team and it was clear that people and staff were relaxed and happy in each other's company. One person told us, "They are very helpful and kind to us". In feedback to the provider another wrote, 'I enjoy the company of the staff' and, 'The manager and staff are so friendly and kind'.
- Feedback from relatives highlighted how staff knew people as individuals and understood what mattered to them. One relative said, "They have concentrated on getting him back to his old self, he is like a sixty-year-old now. His enthusiasm for life is there. They have given him the care and attention to make him feel better. They are just very lovely people looking after him so well and catering for his individual needs". Another relative told us, "It's excellent here, the care is great, they look after her so well, she loves it here".
- Staff were observed to be caring, friendly and were discreet when appropriate. Staff were seen to adapt their approach to people, for example using humour and banter with some people and calm reassurance with others. Staff knew people well such as their preferences for grooming, how they liked their tea or which biscuits they preferred with a hot drink.
- Staff were supportive to people's emotional needs and were available to them. One person said, "Staff are friendly. I like to have my door open and there are always staff coming past, there's always someone around to talk to and they come in for a chat especially (activity manager)". The activity manager had supported one person when their pet passed away to make a photograph album to remember them by.

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

- People were involved in planning their care. One person told us, "You do things your way". Another said, "We all have a care plan and we go over that every so often with a member of staff, usually the manager or deputy. Everything talked about and done is written down".
- In the care plans we saw how people had been involved in determining how and when they received support. For example, people had said if and how often they wished to be checked on throughout the night. One person had specified the time at which they wished to receive their morning medicines, and this was adhered to.

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person told us, "They always knock on the door" and added, "They've been very good here, they have". We observed staff speaking kindly with people and checking before assisting them. For example, at lunchtime we heard a staff member say, "Do you mind if I just wipe your mouth a little?"

- Staff supported people to be as independent as they were able. In one care plan we read, 'I forget how to do things, but sometimes I may manage to shave myself and clean my teeth, the staff will encourage me to do this by offering me my shaving equipment and mouth care equipment'. One person told us, "I need help with showering, just my back and head but I do everything else, they cover you with a towel, let you do what you can and look away".
- One person told us how staff had supported them in gaining confidence to go out alone. They were anxious about getting lost because the area was new to them. They told us, "I felt reassured as staff said to ask someone the way if needed, I'm quite confident now about going out on my own". A staff member told us how they were, "Proud of getting people back on their feet, walking and able to go home again". They told us this required a lot of prompting and encouragement.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found assessments had not been carried out collaboratively with the relevant person. This was continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. The warning notice was met.

- Since our last visit, the provider's electronic care planning system was up and running. The information was person-centred, and our observations confirmed staff knew and respected people's preferences. There was stability and continuity within the staff team which helped develop and foster strong and supportive relationships. We noted some omissions and errors in the care plans which were quickly addressed by staff. You can read more about auditing and recording in the well-led section of this report.
- Before moving to the home, a thorough assessment was completed. This included details of the person's preferences. For one person who recently moved to the home we read, 'Small eater, likes coffee with two sugars, not sure what he wants for breakfast but after 8am'.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process. There was a monthly church service at the home and we saw people had been asked if they wished for support to attend other services, for example at a Roman Catholic church.
- Care plans included detail about people's preferences and about their life and interests. Staff used this information, and their knowledge of the individual, to tailor the support they provided to the person. A staff member told us, "I spend time with people and learn about them. If the person has family or friends that visit, we learn about them through them too".
- People were supported to set goals and staff encouraged people to achieve them, for example one person had a goal of walking more and during activities the activity manager encouraged them to walk in communal spaces with staff support.

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

At our last inspection the provider had not ensured people had consistent access to meaningful activity and

occupation. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. The warning notice was met.

- Since our last inspection, an activity manager had been recruited. People had opportunities to participate in group activity and were supported to pursue individual interests and hobbies.
- People and relatives spoke positively about the activities on offer. One person said, "I enjoy living here and the activities. They help us with and going out and exploring the small high street. I enjoy helping round the home and the discussion groups on news articles or things we are interested in. There is more on now". A relative said, "He has his spark back now. He is much more lucid as well".
- A programme of activities was on display covering Monday to Friday. This included bingo, arts and crafts, quizzes, exercise, target games, memory talks, external entertainers and speakers. The activity manager told us, "I know the people, I know what they like doing, I do tasters of new activities and ask people as a group or individually". At the weekend one person often prepared and ran a quiz for others. They told us they really enjoyed doing this.
- People enjoyed their own activities like reading, going out to the shops, gardening, playing cards and doing word searches. One person had a part of the garden and greenhouse where they enjoyed growing vegetables. They told us, "I love that salad and veg I grow are used in meals in the kitchen". In the provider's survey, one person commented that the thing they enjoyed most about the home was, 'The fact I have almost a free hand to do the things I love to do'.
- During our visit we heard one person asking to go out to the shops later in the week. This was quickly arranged, with an additional staff member on duty to support them and a taxi booked for the journey. At Christmas 18 people joined staff at a pantomime in Southampton. For those unable to attend, the activity manager arranged a pantomime at the home during the same week.

Meeting people's communication needs

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

- Care plans contained information about people's communication needs.
- Where people used glasses or hearing aids this was recorded. Staff ensured people attended regular check-ups and made sure hearing aids were working properly. One person had visits from a local library to offer large print books.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt confident to raise concerns if needed. One person said, "I speak to the manager if I need anything. I went to see her today for example, I've never needed to complain but if something worried me I'd go to the manager".
- The complaints policy was displayed in the reception area and information on how to make a complaint was included in the information about the service given to people when they moved in.
- In feedback to the provider, relatives expressed satisfaction with the response they had received to any concerns. One wrote, 'Everything has always been dealt with very quickly and efficiently'. Another, 'Never too much trouble in answering any problems that may occur'.
- We reviewed the provider's response to the one formal complaint received in the past year. The provider had responded quickly and constructively. They also took prompt action to investigate the concerns raised.

End of life care and support

- People had been asked about how and where they would wish to be cared for at the end of their lives. Details were recorded and stored with their care records.
- Staff worked closely with community professionals and followed their advice. We saw records of consultations with the community nurses, GP and End of life care hub (ECHO). One person had anticipatory medication in stock and they had been given pressure relieving equipment including an air mattress and boot to reduce the risk of them developing pressure areas as their health and mobility declined.
- Staff had not received formal training in end of life care at the time of our visit, but two staff were signed up to participate in the Six Steps programme run by a local hospice during the next year. This programme aims to enhance end of life care provision. It should embed good practice within the home and increase staff confidence and knowledge.
- Relatives had expressed thanks to the home for the care given to their loved ones at end of life. One wrote, 'Just a thank you for looking after (name of person) so well and making her last days so comfortable. I have also to say thanks for all the kindness when her life came to a conclusion'. Another, 'Thank you very much for your care and compassion towards Mum. She was very happy staying with you and so fond of all the staff, which was a great comfort to all the family'.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the registered manager did not consistently assess, monitor and improve the quality of the service. They also did not maintain contemporaneous, accurate or complete records in respect of each service user. This was breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection to satisfy the warning notice but the provider remained in breach of regulation 17.

- While quality assurance processes were much improved they had still not ensured complete and effective monitoring of the service to achieve and maintain compliance with the regulations. Concerns over a lack of management oversight in relation to staff training needs identified at the last inspection remained. You can read more about this in the effective section of this report.
- Records in relation to staff training did not easily identify which staff required refresher training to ensure their knowledge and skills remained up to date. The lack of governance and process around the timing of staff training meant that staff had not received training in a timely manner, in line with the providers policy.
- It was not always clear from the audits what action was required or if action had been taken. The registered manager did not have a copy of the action plan written following the staff survey in October 2019 and was not able to describe what had been done to address the findings. At our last inspection, in July 2018, the registered manager said they were looking to install Wi-Fi so people with relatives abroad could use video calling to keep in contact. We again received feedback from people that they would like internet access.
- There had been an improvement in people's care records since our last inspection. Care plans were generally up to date and had been reviewed. We found a few examples of records that required attention, for example a missing catheter care plan or guidance for staff about teeth cleaning when the person no longer had their own teeth. These matters were quickly addressed. For another person, advice from the safeguarding team to update information in the care plan had not yet been completed. We were not confident this would have been addressed had we not reviewed the email from three weeks earlier and raised the question.

We were not assured that planned actions would be consistently delivered because there was no reliable system to record actions, assign accountability and monitor the timescales for delivery. Records in relation to staff training had not proven effective. This was a continued breach of some parts of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to audit and monitor the service and care people received.
- The registered manager carried out a series of weekly and monthly audits, including care plans, medicines, infection control and equipment. There were also daily audits of medicines by staff. A monthly clinical audit was sent to a representative of the provider, who in turn visited to conduct a quarterly audit of the service.
- Audits had highlighted and led to improvements in the service, for example a mattress with a damaged cover had been replaced and staff conduct had been addressed following a night time care review when a staff member was found to be sleeping.

At our last inspection the registered manager did not show they fully understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and had failed to notify us of an authorised deprivation of liberty safeguard (DoLS). This was breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

The registered manager demonstrated understanding of their responsibilities and the provider was no longer in breach of this regulation.

At our last inspection, the provider had failed to display their previous inspection rating conspicuously within the home. This was a breach of Regulation 20(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20(a).

- The rating from our last inspection was displayed on the door at the main entrance to the home and the full report was available in the reception area.
- We noted the rating was not correctly displayed on the provider's website as it had not been updated to reflect the move to new premises. The rating for this service was displayed but under the former name of the provider's service located at this premises. We have asked the provider to take action to rectify this. A representative of the provider informed us that a new website was in production and due to be launched in March this year.

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

- People had been asked for their feedback in a survey from the provider. The feedback was positive, with people saying they enjoyed the company of staff and the activities. People had made suggestions for places to visit and staff told us they looked forward to taking people out more once the weather was warmer. There were resident meetings where people could share views and ideas. One person told us, "A member of staff brings up different subjects, if we are happy and if there is anything we'd like to change or like to do. They will if they can, they listen".
- Relatives told us they felt involved and informed about the care of their loved ones. One relative told us, "Staff are approachable, I can always talk to the manager or the deputy, we feel involved in Mum's care".
- Staff had been asked for their views in a survey. An action plan was in place, but it was not clear what

action had been taken at the time of our visit. Although the registered manager regularly met with staff during handover, there had not been any staff meetings during 2018. One staff member told us, "(Registered manager) would listen but may not follow up". We have made a recommendation about recording and monitoring actions which can be found earlier in this section.

- The registered manager was proud of the staff team. She told us many staff had moved with the service from the former location. Staff achievement was recognised monthly with an employee of the month award.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good atmosphere and positive attitude within the home. People and relatives spoke of the family atmosphere and friendliness of staff. In responses to the provider's survey we read, 'Staff are very welcoming', 'I am always made very welcome' and, 'A very calm atmosphere'. A staff member said, "Staff get on fantastic, this is probably one of the nicest places I've ever worked. That does come across with the care".

- The registered manager was a visible and active within the home. She told us, "Staff talk to me straight away. I'm open with staff, we're laid back here". A staff member said, "She comes on to floor a lot to ask if we're ok".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager described it as, "Being open and honest if anything goes wrong. Talk to the resident and the family and friends involved in their care. Being transparent".

Continuous learning and improving care

- Best practice guidance was available to staff in the care office. This included information on improving mealtime experiences within care homes and on malnutrition and dehydration in the elderly.
- A policy of the week was displayed with a list for staff to sign when they had read it. When we visited, the accident and incident policy was displayed. There was also a sheet detailing what action staff should take if there was an accident.
- The home did not have Wi-Fi or a computer people could use to access the internet. Some people told us they would like to video call abroad. The registered manager told us they had approached the provider and this was being addressed by senior management.

Working in partnership with others

- The registered manager and staff worked with healthcare professionals and external services to meet people's needs and improve their care.
- A social worker from the local authority who worked closely with the provider told us, "They are working really well with the local authority and are very open. They are proactive at implementing suggestions".
- The registered manager was due to attend a local registered managers' forum run by the local authority. This is an opportunity to share best practice, ideas and updates.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes had not ensured compliance with the regulations. There was no clear system to record or monitor the delivery of actions. Regulation 17 (1) (2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager had not ensured staff received appropriate training and professional development and supervision as is necessary to enable them to carry out their duties. Regulation 18 (2)(a)