

R Sons (Homes) Limited

Church Farm Residential Care 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 inspection took place on 17 January 2019 and was unannounced.

We previously inspected this service in March and April 2018, where we found repeated breaches of Regulation 17, 9, and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had already taken enforcement action by imposing conditions on the provider's registration. These conditions mean the provider has to inform us of actions which have or are being taken to mitigate identified risks on a monthly basis. We also met with the provider and registered manager to discuss our expectations going forward.

This inspection in January 2019, found improvements had been made in relation to people's safety and care delivery, and the service was no longer in breach of Regulations in relation to consent, person-centred care and governance. We did however find some areas requiring further improvement to ensure people received care that fully met their needs. The overall rating for this service is now 'Requires Improvement'.

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.

Church Farm is 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.

Church Farm accommodates up to 40 people in one adapted building. At the time of the inspection there were 32 people living in the service, some of whom were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were various auditing processes in place which helped to identify shortfalls in the quality of care provided. However, these had not been wholly effective in identifying issues that we found during this inspection and therefore some improvements are still needed in this area.

Records showed that overall people living at the service received their medicines as prescribed. However, improvement was needed to ensure that people received their medicines in a timely manner. The service

had not considered the risks around self administration of medicines. Medicines were not always stored securely.

People told us that staffing levels were adequate and staff responded to requests for assistance promptly. However, the deployment of staff was not always effective which impacted on people receiving their medicines in a timely manner.

There was improvement in the general recording of people's food and fluid intake. However, for people requiring fortified food, drinks, and snacks the recording of these was not always consistent.

People told us and we observed, that food was plentiful and there were several choices on offer. The mealtime experience was calm, staff were available to support people with eating, and we saw people socialising together.

Feedback we received from people indicated that the provision of activity was not meeting people's individual and specialist needs. Whilst events outside of the service had been arranged, day to day stimulation was lacking for some people. The activity co-ordinators role was under review by the registered manager.

We found some environmental risks in the wider building which placed people at risk of harm; the service had not identified this.

Some areas of the service required re-decoration, modernisation or maintenance to ensure it was meeting the needs of people using the service. The provider had plans to address this over time.

People who used the service had access to health care professionals as required, and advice given by health care professionals was followed appropriately.

People's care plans were personalised and reflected their individual needs. Further improvement was needed to ensure people's wishes were known in relation to their end of life care. People and their relatives had opportunities to contribute to the development of their care plan.

We observed that staff were kind and caring when interacting with people, and there was lots of laughter between people and staff. We saw people's privacy was respected when receiving support from staff in communal areas. Feedback from people indicated that this had improved.

The provider had applied for Deprivation of Liberty Safeguards when people who lacked capacity to consent, had their liberty restricted. The service worked within the guidelines of the Mental Capacity Act 2005. We found consent to care was sought in line with the law and relevant guidance.

Staff confirmed they had training to recognise and respond to abuse. All of the people we spoke with told us they felt safe living in the service and being cared for by the staff.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. However, the registered manager did not always log verbal concerns which were raised.

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.

Deployment of staff impacted on people receiving their medicines in a timely manner.

Some medicines were given later than scheduled and intended by prescribers. Medicines were not always securely stored to ensure the safety of people using the service.

Risk assessments were in place for each person for all aspects of their care and support.

Staff confirmed they had training to recognise and respond to abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Recording of people's nutritional intake was improved, but where people required fortified food and snacks, it was not always clear from the records if they had received these.

Some areas of the service required re-decoration, modernisation or maintenance to ensure it was meeting people's needs.

Some staff were overdue refresher training. Staff received regular supervision.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind and attentive to people's needs, and there was a calm atmosphere in the service.

People were asked their views about their care.

People were supported to see their relatives and friends.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Activity provision was still not at a level which would meet the individual and specialist needs of all people using the service.

Care plans were person centred, detailed, and regularly reviewed. However, more information was needed around how people wished to spend their last days.

Is the service well-led?

The service was not consistently well-led.

Audits had not been wholly effective in identifying areas for improvement.

Improvements had been made and were ongoing. However, these need to be fully embedded and sustained within the service to drive continual improvement.

Staff told us they felt improvements had been made, and were clearer on their responsibilities.

Requires Improvement ●

Church Farm Residential Care 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 17 January 2019 and was unannounced. The inspection team consisted of three inspectors, one of whom specialised in medicines, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection planning we reviewed all the information we held about the service. This included previous inspection reports and any notifications sent to us by the service including safeguarding incidents or serious injuries. This helped us determine if there were any particular areas to look at during the inspection. We spoke with the local authority safeguarding and quality team prior to the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of inspection there were 32 people living at the service. To help us assess how people's care needs were being met we reviewed seven people's care records and other information, including risk assessments and medicines records. We reviewed three staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

During the inspection we spoke with eight people who lived at the service, four relatives, the registered manager, deputy manager, quality and compliance officer, and three members of care and catering staff.

Following the inspection we spoke with two health professionals.

Is the service safe?

Our findings

At our previous inspection in March and April 2018, we rated this key question as 'requires improvement'. This was because although we found that improvements had been made in relation to the assessment of risk, medicines, and infection control, further improvements were still required.

At this inspection in January 2019, we found some areas which posed a risk to people's safety. This included medicines, deployment of staff, and environmental risks. The rating for this key question therefore remains 'requires improvement'.

We looked at how the service managed people's medicines and how information in 17 people's medication records and care notes supported the safe handling of their medicines.

Records showed that overall people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks and their records to help identify areas for improvement. However, we noted that the morning medicine round was not completed until 11am so some medicines were given later than scheduled and intended by prescribers. As a result, some medicines may have become either less effective or had a higher risk of adverse effects.

Supporting information was available for staff to refer to when handling and giving people their medicines. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how and when to give them to people. There were additional records in place for people who were prescribed medicated skin patches to ensure safety and show that they were applied to different parts of the body each time to reduce skin effects.

Staff handling and giving people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely. However, we noted that staff assisting a person to self-inject their insulin had not had their competence assessed for this task. The service had also not considered the risks around this. Following the inspection the registered manager informed us that all staff providing assistance with insulin administration had since been trained by a healthcare professional and their competency checked.

Decisions had been made that some people could have their oral medicines opened or crushed and placed in food or drink. However, we noted that when changes were made to their medicines by prescribers the service had not obtained and recorded further guidance from the pharmacist or GP confirming that it was safe and appropriate for staff to prepare the new medicines in this way.

Records showed that medicines requiring refrigeration were stored within the correct temperature range. We noted that during the medicine round the room in which medicines were stored was not secured. In addition, topical medicines stored in people's room were also not secured. Therefore medicines could be accessed by people living at the service with the risk of causing themselves accidental harm.

There was a health and safety audit which checked the safety of people's rooms, and included window restrictors, furniture, and call bells. However, we found some environmental risks in the wider building which placed people at risk of harm. For example, some of the radiators covers in the service were metal and therefore became very hot to the touch. This posed a risk of scalding were a person to lean or fall against them. We brought this to the attention of the registered manager and quality assurance officer who informed us following the inspection that they had addressed this promptly and all radiators were now covered.

We found an unsecured room which contained a large quantity of alcohol (from Christmas and an organised raffle) on the ground floor. We were concerned that people might access this room and come to harm if they mistakenly consumed the alcohol. We brought this to the attention of the registered manager who secured the door.

Systems were in place to reduce the risk of legionella in the water systems, and there was a risk assessment in place outlining responsibilities. One of the ways to reduce the risk of legionella is the effective control of hot and cold water temperatures, which we saw were being checked regularly. The service arranged for a six monthly legionella test from an external company. In August 2018, the test confirmed that no bacteria was detected.

There was a fire risk assessment in place, and staff received practical fire safety training.

Some people living in the service required a hoist to be supported to move safely, and we saw these had been serviced periodically to ensure they were safe to use, and included hoist slings.

Risk assessments were in place for each person for all aspects of their care and support. The risk assessments were very detailed and were reviewed regularly, or as things changed. Staff had access to them each day when delivering care.

People told us that in the main, staffing levels were sufficient to meet their needs. One person said, "If I need anything then I just press my buzzer and they are pretty good at turning up be it day or night. They can take a little longer at night but has to be expected given there is less staff working. Another said, "I prefer to spend my mornings in my room and my afternoons in the large lounge. Wherever I am they respond pretty well and always help me to go to the toilet." A relative told us, "They do respond very well to [relative] when they need anything. [Relative] has a buzzer round their neck which means they can call them [staff] from wherever they are."

We observed throughout the day that several staff were visible in the main communal area, where the majority of people spent their day. However, deployment of staff was not always effective. For example, two staff were allocated to administer medicines. However, staff did not take the medicines trolley with them, and instead walked back and forth to each person to administer these. This system took longer, and additionally staff told us they were interrupted continually as they walked through the home to assist other staff with care tasks. Subsequently, the medicine round for the morning was not completed until 11am. Staff being interrupted during the administration of medicines increased the risk of errors being made.

There was a system in place to make sure that all incidents and accidents were reviewed regularly. This was to look for and identify any trends and patterns and improve safety as a result if needed. For example, the registered manager had identified that a pattern was emerging between 2pm and 8pm where people were falling more regularly. They employed an extra staff member to assist with supper, and 'free up' care staff at these times.

Staff confirmed they had training to recognise and respond to abuse. Staff were clear about the need to report any concerns and about the kinds of things that could be seen as abusive. They gave us examples of abuse they might come across. Staff said that they would report any concerns to the registered manager or senior and were confident that they would be addressed. They told us that they had the contact number for the local safeguarding team. However, we found in one person's care records that unexplained bruising had been found on the person's body. It was not clear how this had occurred, for example, following a fall. We asked if this had been reported to safeguarding and it had not. We asked the registered manager how this was missed, but they were unable to clarify what had happened. They agreed to update us once this was investigated. We did however see from our records that the registered manager did generally report other concerns appropriately such as medicine errors and had recently reported a safeguarding concern about a visitor to the service.

Staff were recruited safely; checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However, we did note that for long standing members of staff there was not a review system in place which ensured that DBS information was updated. We advised the registered manager to review their processes in relation to this to ensure staff continue to be suitable in their role.

The service had developed their practice to ensure that lessons were learned and improvements made when things had gone wrong. They had responded to our concerns from the previous inspection and had put improvements in place which supported safer care for people using the service, such as more thorough risk assessments. We were also made aware by a relative that their relative had fallen and the service had not contacted them to advise of this. The registered manager told us this was a failing on their part, and have since added information to the accident form that relatives must be contacted as a reminder to staff.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the service were tidy and visibly clean. The service employed housekeeping staff. The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Is the service effective?

Our findings

At our previous inspection in March and April 2018, we rated this key question as 'requires improvement'. This was because the service was not following the principles of the Mental Capacity Act 2005, and were in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this January 2019 inspection, we found improvements had been made, and the service was no longer in breach of this regulation. We did however find improvements were still required with the recording of people's dietary intake, ensuring staff were up to date in their training, and with ensuring the environment was adapted for the benefit of people living in the service. This key question therefore remains as 'requires Improvement'.

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 decision 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

At this January 2019 inspection we found that nine DoLS applications had been made. One was authorised and had two conditions attached, which we found were being met by the service.

Documentation in relation to assessing people's capacity was in place, and included good practice, such as assessing at different times of the day to ensure people were given every opportunity to consent to decisions being made. Where people were not able to consent, best interests decisions were in place, and had involved relevant people in the person's care, and family members.

For people who had capacity to make decisions that could be considered as unwise, their views were respected and followed. For example, one person declined equipment which had been suggested, but we could see the risks had been explained to them in order for them to make an informed decision. Another person declined an assessment from a specialist team, explaining that they wanted to retain a level of independence. Their views were also respected and the details of the conversation were documented.

We found in one case that where a Lasting Power of Attorney (LPA) was in place, the records did not specify what authority the LPA held, for example, decisions they could make for the person in relation to health and welfare or finances. The care records were updated during our inspection visit.

We observed staff respectfully gaining people's consent before helping with tasks such as eating, or

supporting people to walk.

Staff supported people to see health professionals such as GPs, nurses, opticians, dentists and chiropodists when they needed to. Staff followed guidance professionals provided. One person told us, "The doctor comes each week so if I need to see them I can ask. I saw the chiropodist last week as well." A relative said, "There is good access to the doctor which was useful in the past when [relative] had water problems and they were dealt with well." Another relative told us, "As soon as [relative] started to become agitated a team came in very quickly, all arranged by the service. They have been fantastic, and [relative] is starting to settle." We saw in people's care records there was a log of, 'professional visits' which gave a clear overview of the reason for the visit, the outcome, and the next appointment.

However, following the inspection we spoke with two healthcare professionals. They told us that although the service was caring and any clinical risks were shared with them promptly, they felt improvement was needed where people should be brought into the local surgery for additional tests. For example, blood tests which can be completed much more quickly at the surgery. We discussed this with the registered manager who told us they were aware of the concern as they had discussed this with them. They told us that when necessary they did always get people to the surgery where possible and did not see this as an issue. They stated they would however monitor this and record all interactions with the local surgery.

At our previous inspection we made a recommendation that the service explores current guidance to further improve the design and decoration of the service. We found the provider had researched dementia friendly environments and had given some consideration to the premises, though further improvement was needed in areas around the service including re-decoration, modernisation and maintenance. The registered manager told us this work was on-going.

The service had good navigational signage. The registered manager told us they planned to make people's bedroom doors look like a front door to make it feel more homely, and so that people could recognise their rooms more easily. We noted the door frame to one toilet had been painted in yellow. This makes it easier for people living with dementia, or those with visual impairments, to more easily recognise and navigate into the room.

The registered manager told us the provider prioritised improvements in the service which enhanced safety. However, they were also agreeable to cosmetic improvements which would meet the needs of people living in the service. They told us this would take time to complete fully, but were now more aware about what was required to meet people's needs.

At our previous inspection in March and April 2018, we found that more accurate recording of people's food and fluid intake was required, particularly where people were receiving fortified food and fluids. At this inspection in January 2019, we found that there had been some improvement in general recording of food and fluids consumed, however, we found that the recording of snacks and fortified food and drinks still required improvement. The registered manager had tried different methods to try and improve this, such as allocating a staff member each day, and over seeing the records. However, they were aware that this continued to be an issue. They told us that they would be reviewing these records after every shift going forward. We did however speak with the chef who was aware of people on a fortified diet, and those that required high calorie drinks such as milkshakes. They confirmed that these were made in the morning for staff to give to people.

We asked people their views about the food. One person said, "The food is alright. I have to have a special diet because of my condition. We choose meals in the morning and if I want something different then they

will make it for me." Another said, "There is a good choice of food and it looks very good. The dessert trolley looks very appetising." A relative told us, "[Relative] gets plenty of fluids which is important. [Relative] always has sandwiches for their evening meal. I have tried to get [relative] to have a jacket potato or something hot, but they are not interested. I think the food is very good here."

We observed the lunchtime meal and found it to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. Food looked appetising and plentiful. People chose what to have for lunch in the morning, but we also saw staff asking people what they would like just before lunch was served in case they had changed their mind. There were three choices of main meal, and four puddings. The puddings were brought round on a trolley so people could see the choices. We saw that others chose to have an ice cream cone instead, and this was provided. The registered manager told us they were trying to increase fluid intake via foods such as ice cream and fruit salads.

Staff told us that they had access to training so that they could support people effectively. Staff received training relevant to their role such as moving and handling, medicines, MCA, and safeguarding. The registered manager told us (and we saw from the training matrix) that several staff were overdue refresher training in MCA, end of life care, and dementia care. This issue had been discussed with staff, but some had still not completed this and where this was the case, staff had been issued letters saying that disciplinary action would be taken if training was not completed. One staff member had not completed their medicines training and were therefore removed from administering medicines. Staff were being given every opportunity to complete the required training, including during working hours. The registered manager showed us an improved training matrix which logged when staff had last undertaken training and when it was next due.

People told us they thought the staff were trained to meet their needs. One person said, "The staff here are most certainly well trained particularly when they come to help me. I feel very safe when they hoist me out of my bed. They always make sure that I know what they are doing and always talk to me when they do it." Another said, "I certainly think the staff know what they are doing when they care for me. They certainly know how to move me as I can't do that on my own. I think they are very patient with me." A relative said, "I think the staff are well trained and are very good at looking after my [relative]."

Staff were provided with one to one supervision meetings. Supervision provides staff with a forum to discuss the way they worked, identify training needs, and receive feedback on their practice. Records we reviewed were in-depth and covered training needs, well-being and staff performance. Staff practice was also observed by the registered manager who had identified some further training needs were required for some of the newer staff members in terms of their approach.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal care, moving and handling, communication, nutrition and mental health. Records showed people were involved in these plans and their choices were reflected.

Assessments of people's needs were completed before they moved into the service. This was done to ensure that the service could meet their needs. The registered manager had also implemented, 'Hospital admission information' sections in people's care records which is information that can be passed over to external health professionals, and helps to ensure a smoother transition to a different care setting, such as hospital. When one person was transferred back to the service from hospital, we found that a full care plan reassessment had taken place, and that this was implemented promptly.

Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Sensor mats were in place for people who were at high risk of falls. The registered manager told us they were replacing sensor mats for beam sensors which will reduce the risk of tripping.

Is the service caring?

Our findings

At our previous inspection in March and April 2018, we rated this key question as 'Good'. At this January 2019 inspection, we found that people continued to receive a caring service and therefore the rating of 'Good' remains.

People told us and we observed, that staff were kind and caring. One person said, "The staff here are very caring and nothing is too much trouble. They always have time to have a chat which is nice when you are bed bound." Another said, "I do feel that the staff here are caring. Nothing is too much trouble for them and they always smile as they talk to you, which I like." A relative told us, "The care my [relative] gets is first rate and I can't fault it. The staff are all so polite and approachable. Nothing is too much trouble."

We observed that staff interacted with people in a kind and caring way. There was laughter between staff and people as they assisted them. We observed people readily asking staff for assistance. One person was seen to hold their arms out and smiled at the staff member approaching them.

Staff we spoke with were able to speak about the needs of people, demonstrating that they knew them well. A relative said, "They certainly know what my [relative] likes and does not like. They also remember to make sure my [relative's] room is kept the way they like it." A visitor told us, "They certainly understand my friend's needs. Each night they walk [person] past their spouses old room in the home so that they can say good night to them as they did when they were alive."

At our previous inspection in March and April 2018, we observed that some practices' could be improved in relation to ensuring people's privacy and dignity, as we observed that staff were hoisting people in the main lounge where most people were gathered and not using the privacy screens which were available. At this inspection we observed that the privacy screens were used by staff when people were being moved in communal areas. We observed this on numerous occasions during the day. One person told us, "They are very good at respecting your privacy. They always knock and ask before they come in. If you get lifted in the lounge they always put a screen around you." A relative told us, "They do respect [relatives] views. [Relative] wanted a lady to help with bathing and that is what they get."

Care plans contained information to guide staff and help them offer care which eased people's distress and confusion. For example, one person's care plan documented topics that staff should talk about to ease the person when they feel distressed. People's care plans made reference to tasks they could still attend to independently, such as aspects of their personal care, and choices about what they wanted to wear, and how they wanted to be presented. These details were very person centred. The care plans we reviewed were signed by people, and relatives were involved where appropriate. One relative said, "I have seen the care plan twice, once when [relative] arrived and last week."

There were communication picture cards available where people who might be unable to verbalise what they needed assistance with, could point to the appropriate picture so staff could support them more effectively.

Staff were mindful of people's appearance and understood the impact on their well-being. Everyone at the service was dressed smartly, in clean and matching clothes. Personal care was well attended to well.

'Residents meetings' continued to be held in the service to gain feedback from people about their care. Records showed these were held every one to two months, and people were asked their views on all aspects of the service. We saw that no concerns were raised.

People's relatives and friends were welcome to visit without restrictions. We saw visitors coming and going throughout the day.

Is the service responsive?

Our findings

At our previous inspection in March and April 2018 we rated this key question as 'Requires Improvement'. This was because further improvement was still needed in some areas, such as the recording of people's dietary and fluid intake, people's ability to consent to their care, and in relation to end of life care planning. The service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in January 2019, we found that the level of detail held in care plans was person centred, comprehensive, and regularly reviewed. Although some improvement is still required to ensure people's life histories are completed, and end of life care planning is more comprehensive, the provider is no longer in breach of this regulation. The rating for this key question remains as 'Requires Improvement'.

People's care plans were laid out in a clear, consistent and well organised format. They contained helpful advice for staff to use when providing care and support to people. There was a system for review in place and records showed this was monthly.

Care plans contained some information about people's wishes and needs to be taken into consideration at the end of their lives. There were advance care plans in place, however, often they just stated that they did not want to go into hospital, or who their chosen undertaker was. More information was needed around how people wished to spend their last days. There was no additional information on how staff could provide comfort during these last days such as music the person liked or calming aromas. Records also needed to be clearer in detailing when people had declined to discuss this or had not expressed a preference. The service had not considered best practice guidance.

Information on people's life history was not consistent across the service. Some records held very detailed information which helped support staff to have meaningful conversations with people about their lives and what was important to them. Other records were blank, or contained limited information.

There was an activity co-ordinator in the service who worked 8am until 4pm four days a week. Their role was under review by the management. We asked people if there was enough to do to occupy their time. One person told us, "I'm not able to go out because of my condition and there is little opportunity here for me to anything other than watch television." Another said, "I don't go out, but my family visit me here. There is not much to do other than chat, sleep or watch television." A third person told us, "I am a bit limited in my movement and so I don't go many places except my room." Relatives told us, "There is very little to do here other than watch television or sleep" and, "[Relative] has very limited mobility and needs a wheelchair so they do not get out much. There is very little for them to do during the day which is a shame." A staff member said, "We could do better, staff do their best but care comes first. We need a full time person and it needs to include weekends."

The registered manager told us in the last six months they had organised a 'Memory walk' along the seafront and visited a cafe for tea and ice cream. They also completed a project for the 100th anniversary of the

Armistice. The registered manager told us, "The residents really enjoyed putting up photographs and reminiscing about the war years". We looked at photos which showed people and staff enjoying the day. We also saw photographs taken on Christmas day, where families had joined them for lunch, and a service was held in the local church. Despite these enjoyable events being arranged, it was the day to day activity and stimulation which was not always meeting people's needs. The registered manager told us that they were prioritising activity and finding a suitable staff member to deliver this, and may also advertise externally.

The provider had systems in place for managing complaints. The registered manager told us they had not received any formal complaints, but a visitor raised some concerns verbally recently which they had addressed. The registered manager had not kept a written account of the conversation or their response so there were no records to demonstrate the action taken.

We had received a complaint from a member of the public recently which the registered manager was not aware of. We discussed this with them during the inspection and have asked them to look into this and update us with their response.

We asked people if they had ever raised any concerns. One person said, "I have no complaints as everything is fine for me." Another said, "I find all the staff very approachable including the managers and would have no problem talking to them." A third told us, "I have complained about some of the night staff. I'll ask to go to the toilet and they will say, 'You only went 10 minutes ago'. Nothing has happened about it." A relative told us, "I can't think of any reason to complain everything is fine. We completed a survey form in July." Another relative said, "We get on well with the manager and their deputy and know they would fix any problem we have."

There was a concerns and compliments book in reception, which the registered manager told us they reviewed weekly. This gave people and visitors to the service the opportunity to feedback their views on the service or raise any concerns.

Is the service well-led?

Our findings

At our previous inspection in March and April 2018, we rated this key question as 'Inadequate'. This was because the programme of audits had not identified some of the shortfalls we found, and were not fully effective. As a result of this the provider was in breach of Regulation 17 which relates to the governance of the service.

At this inspection in January 2019, we identified that although improvements had been made and were ongoing, these measures needed to be fully embedded and sustained within the service to drive continual improvement. The Provider had made sufficient improvements to no longer be in breach of Regulation 17, however, we found some areas that required further improvement. Therefore the rating for this key question is 'Requires Improvement'.

There were audits in place to identify shortfalls in quality. We saw audit activity which included care planning, infection control, medicines, food hygiene and accident audits. The results of which were analysed in order to determine trends and introduce preventative measures. However, not all audits had been fully effective. For example, the health and safety audit which had been implemented did not include checking for hot surfaces, and had not identified that there was a room unsecured which contained alcohol. This audit should be reviewed to include the whole building and also daily 'walk-about' checks of the environment.

Other issues we found such as medicines administration, deployment of staff, and recording nutritional intake still required further improvement, but the provider and registered manager assured us these would be addressed promptly.

Whilst the services' inspection history since 2017 shows improvements have been made, these have not been implemented in sufficient areas to enable us to award an overall rating of 'Good'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'.

Following our inspection in August 2017, we imposed conditions on the provider's registration whereby they send us information on a monthly basis in relation to how they were managing risks associated with people's care. This has been effective in improving the management of risk and in helping the service to sustain improvements over time in this area.

The registered manager was supported in their role by a deputy manager, assistant manager, and an administrative manager. The management team had defined roles and responsibilities which helped to improve the monitoring of systems and processes. The provider also organised for a quality and compliance officer to visit monthly to oversee improvements, and they were present during the inspection visit. They told us they would visit more frequently going forward to assist in addressing the on-going issues we found.

Staff meetings were held regularly, and minutes of the meetings showed that staff were involved in problem solving and coming up with better ways of working. There was also evidence of accountability. For example,

senior staff were allocated specific jobs. One staff member said, "I think the service is well-led. Its going well, and there have been improvements since the last inspection. There are more staff meetings and management are more approachable." Another told us, "Approachable managers, both very approachable. Staffing levels okay and have been increased."

People living in the service knew who the registered manager was. One person told us, "I know the managers by their first names. I can talk to them." Another said, "The home seems well managed to me." A relative told us, "I wont give you any flannel, I tell it as it is. The service has been first class. [Registered manager] was straight on the phone to us as soon as decisions were made about my [relative's] care. They have been in touch on numerous occasions and I'm grateful for it."

Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, mental health teams, social workers and commissioners of people's care. The management team had also worked with the local authority quality team, and attended training to support services rated as 'requires improvement'. The registered manager had also joined the 'outstanding managers' online group which is a group that shares good practice and relevant information to support improvements.

Annual questionnaires were sent to people and relatives to gain feedback on the service provided. The last questionnaire was sent July 2018, the majority of which were positive. Where comments had been less than positive (such as some staff being more welcoming than others) actions were in place to address this. We saw this was discussed during a staff meeting. This showed that comments received were acted on.

Providers are required to display their CQC rating at their premises and we saw that this was prominently displayed at the entrance.