HC-One Oval Limited

Coppice Court Care Home

Inspection report

220 Willingdon Road
Eastbourne
East Sussex
BN21 1XR

Tel: 01323431199

Date of inspection visit:
18 April 2019
24 April 2019

Date of publication:
11 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
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:
Coppice Court Care Home provides nursing and personal care for people over 65 and accommodates up to 54 people in a purpose-built building divided into two separate units. The ground floor provides nursing care and support for people living with dementia. The first floor provides care for people whose main nursing needs are related to physical health needs, although people were also living with dementia or memory loss. At the time of this inspection 32 people were living in the service, 17 on the ground floor and 15 on the first floor.

People's experience of using this service:
The service met characteristics of 'Good' in most areas.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Since the previous inspection, significant improvements had been implemented to ensure the breaches and areas for improvement identified had been addressed. Medicine practice and related records had been improved. The reliance on agency staff had reduced and staff training improved to ensure staff had the skills to look after people. Care records and risk assessments were being used to inform the care and support provided and to ensure a person-centred approach to care. Quality monitoring systems had been improved and were being used on a daily basis. However, the provider had not demonstrated that all quality information had been used to improve the service. This included feedback from staff on the staffing levels and the analysis of the call bell response times. These had identified that staff were rushing to complete their work and some call bells were not being answered in a timely fashion.

People at Coppice Court received individualised personalised care that responded to their nursing needs. People told us all their care needs were met in a pleasant environment by staff who were skilled, knowledgeable and kind. One person said, "The care I get is very good, there is a good atmosphere." Another said, "Oh yes I am very well looked after, I am very happy here." A relative said, the atmosphere is good, very friendly, staff are always respectful and kind."

Staff assessed and responded to any risks and took measures to reduce these and to keep people as safe as possible. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination. Medicines were handled safely.

Staff treated people with kindness and compassion. One staff member told us, "I and the rest of the team look after people as they were a family member." They understood people's needs, choices and histories and knew what was important to each person. Any restriction to people's liberty were made in the least restrictive way possible to ensure people's safety. These had been considered in line with the Mental Capacity Act (MCA) 2005.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. The

provision of activities and entertainment were well developed and was an important part of people's lives. They enjoyed the interaction and stimulation that this provided. For example, one person showed us a watercolour they had recently completed. A relative said, "The activity person is remarkable, she lets them achieve at their own level in a natural pleasant way."

Registered nurses completed clinical training which reflected the needs of people in the home. Staff worked closely with health and social care professionals to secure the best outcomes for people's health and well-being. Visiting professionals told us staff responded to their input in a positive, professional way and worked with them for people's benefit.

People's dietary needs were assessed, and food provided was tailored to their individual need. They were supported to eat a range of healthy, freshly cooked meals, drinks and snacks each day.

The registered manager knew people and staff well. They had established a management team that were working hard to support a quality service. They understood their responsibilities and monitored the standard of care and support provided. Complaints had been recorded, investigated and responded to appropriately.

Rating at last inspection: Requires Improvement (report published 8 May 2018).

Why we inspected: We previously inspected Coppice Court Care Home in February 2018. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to act to make improvements. They provided us with an action plan. We inspected to follow up on the actions taken by the provider. At this inspection we found the provider was now meeting these legal requirements.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 effective Details are in our Effective findings below.	**Good**
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**

Coppice Court Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors, and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who used a care home and had a dementia.

Service and service type:
Coppice Court Care Home 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.

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:
Our site inspection was unannounced and was undertaken on the 18 April 2019 with a second visit on the 24 April 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the service. These included three staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the service. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

We spoke with eight people who lived at the home and three visitors. We spoke with eleven members of staff, including the registered manager, the deputy manager two registered nurses, care staff, catering housekeeping and activity staff. We spent time observing people in areas throughout the service and observed the interaction between people and staff.

During the inspection we spoke to two health care professionals and following our inspection, we spoke with three further visiting professionals who provided their view on aspects of specialist support provided to people who lived in the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in May 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because practice relating to medicine administration were not consistently safe. At this inspection, we found the provider and registered manager had acted to address these matters.

Using medicines safely
•The management of medicines was safe. Medicines were stored securely in a locked room and were disposed of safely when no longer required. Policies and procedures were available for staff to follow.

•Registered nurses were responsible for ordering, administering and recording of medicines. They and agency registered nurses had received training and had had a competency assessment completed to ensure their practice was safe.

•We saw that medicines were administered in an individual way to ensure effectiveness. People told us they received their correct medicines on time. For those people prescribed 'as required' (PRN) medicines clear guidelines and records were used to ensure they were given in a consistent way. People took 'PRN' medicines only if they needed them. For example, some people used topical creams when they needed them to respond to changing skin conditions.

•Medicine audits were used to monitor and ensure safe procedures were followed. People's medicines were reviewed monthly.

Staffing and recruitment
•Staffing arrangements were calculated using a dependency tool. However, there was mixed feedback on the suitability of the staffing levels provided. People mostly told us staff were available and responded to their needs in an acceptable timescale. One person said, "I feel safe here, the staff are always around, I have a call bell, they come quickly." Another said, "Sometimes they come quickly if I ring." Staff told us they were rushed, and this impacted on the standard of care they were able to provide. Despite this feedback, we found staff availability ensured people's safety needs were attended to.

•Records confirmed consistent staffing levels were maintained. This included three care staff on the first floor and five staff on the ground floor each day along with a registered nurse on each. Agency staff were used to cover any staffing shortfalls.

•The call system had been improved recently. Further pagers had been provided so all staff were aware of what rooms had an activated call ringing. However, an analysis of the call bell response times over the last

two weeks indicated that people who were able to use their call bells on the first floor were often waiting over four minutes for staff to attend. The staffing levels are discussed further under the well led question.

•The provider ensured a robust recruitment procedure was followed. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The registered manager undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care. There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse. This included checking staff employed via and agency.

Systems and processes to safeguard people from the risk of abuse
•Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. All staff had received safeguarding training and were familiar with different types of abuse. Safeguarding procedures were clear and relevant contact numbers were displayed in the service.
One staff member told us, "We receive regular training on safeguarding and know to report any concern we may have."

•The registered manager and deputy manager worked closely with the local authority and raised a safeguarding when needed to ensure people's safety. For example, systems to monitor people's skin condition on admission were robust. Any concerns noted were referred appropriately.

•Staff treated people as individuals and care plans supported equality. People were not discriminated against due to physical or mental health conditions or care needs. For example, everyone had an assessment of their social needs to enhance their life regardless of any condition that impacted on abilities to engage.

•People told us they felt safe and secure. One person said, "Yes I do feel safe here, I would talk to the staff if I was not happy, all my things are safe here."

Assessing risk, safety monitoring and management
•Arrangements were in place to manage individual risks safely and appropriately. Risk assessments were used to identify risks and then recorded how that risk was to be managed. For example, people were routinely assessed for risks associated with skin damage. Any risk was responded to with provision of equipment including an air mattress. Staff closely monitored the risk and care required. Records confirmed equipment was checked regularly to ensure its safety, and that staff provided additional support to minimise the risk of skin damage that including the use of topical creams and repositioning people.

•There were systems to review and monitor the clinical risks within the service. The daily management meetings along with weekly key clinical reports ensured the registered and deputy manager had an overview of these risks and managed them effectively.

•Risks associated with the safety of the environment and equipment were identified and managed appropriately. A fire risk assessment had been completed and recommendations made had been responded to. For example, fire doors had been upgraded responding to the change of use for some rooms. Routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). One

person told us, "I raised the question about fire procedures and they re-assured me if I could not use the lift, it is well organised."

•Routine health and safety checks were completed along with required maintenance. There was an emergency plan which informed staff what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Preventing and controlling infection
•Coppice Court Care Home was clean and hygienic so that people were protected from cross infection. Dedicated cleaning staff worked in the service each day and infection control audits were completed to maintain standards. Staff received training on infection control and food hygiene.

•People told us the service was clean. One person said, "They keep it very clean and tidy here, always hoovering and cleaning the bathroom and damp dusting, they even dust the walls and skirting boards regularly."

•Staff followed infection control procedures to reduce the risk of cross infection. For example, staff emptied dirty linen directly into linen collection trolley bags. These were placed outside rooms so the movement of dirty linen was minimised. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when needed. Hand hygiene was a priority with hand washing and sanitizers available throughout the service.

Learning lessons when things go wrong
•Accidents and incidents were documented and recorded. Staff understood the importance of recording all incidents and accidents. Any serious incidents were escalated to other organisations such as safeguarding or mental health teams.

•All accident and incident reports were reviewed either by the registered or deputy manager. This ensured appropriate action was taken in response, and information was used to improve the service and care. This included updates to risk assessments and care plans. For example, one person had had a fall, a review of circumstances and risks identified the need for a sensor mat to alert staff immediately when this person was standing.

•When serious incidents occurred, investigations were completed. These ensured any causes were identified and responded to. For example, any development of a pressure sore was reviewed to see if any different actions could have avoided this damage. This meant there was the opportunity to learn from incidents as staff discussed and received feedback at staff meetings.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in May 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because staff did not have identified skills to look after people with dementia. The service relied on agency staff who did not have the skills and knowledge to support people effectively. At this inspection, we found the provider and registered manager had acted to address these matters.

Staff support: induction, training, skills and experience
•Staff had the knowledge, skills and experience to support people effectively. New staff recruitment had been progressed and the reliance on agency staff had been reduced. New staff received a full induction and agency staff had a recorded induction. Induction included structured training, shadowing and the completion of a probationary period. A new member of staff told us "The induction was thorough and included an introduction to the organisation and its values."

•There was an essential training programme for all staff. This included emergency procedures, equality and diversity food safety and safeguarding. Other key areas for training for each designated role was identified and ensured each member of staff had relevant skills and knowledge to complete their designated role. Dementia training was a core training area for all care staff.

•A computer system was used to monitor the training delivered and ensured staff continued the identified training on a rolling programme. Staff had their skills and competencies assessed. For example, the registered nurses had their competency on handling medicines assessed. This included those registered nurses working via an agency.

•Most training was delivered by eLearning and all staff had access to this training. This was supported by a training and development team that used additional training techniques to support effective care. For example, practical training was used when providing safe moving and handling.

•The registered manager accessed additional training to promote staff skills and for staff development. For example, a specialist nurse had recently been contacted to provide additional training on continence which had included clinical advice for the registered nurses.

•Staff told us they were well supported and received regular training that supported them in their roles. One staff member said. "There is always plenty of training and the opportunity to complete courses that interest you like diabetes." Staff received regular supervision and discussed training needs and staff development. One staff member said, "I am very happy here, regular supervision, training is very good, on-line and

mandatory, very strict on training to keep residents safe."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•We were told that not everyone living at the service had the capacity to make their own decisions about their care and treatment and were subject to a DoLS. The registered manager kept a record of all DoLS applications submitted and their status. Each DoLS application was decision specific for that person. For example, regarding restricted practices such as the use of constant supervision and locked doors.

•Staff had received training in the MCA and DoLS. They understood the importance of gaining consent and that some people may lack capacity to make their own decisions. They knew processes were followed to support people when this was the case. The registered manager and deputy manager were familiar with the procedures to follow and included relevant representatives when decisions were made in people's 'best interest'. For example, when sensor mats were used to maintain people's safety relatives who had a legal right were involved in any 'best interest' meeting.

•Care records confirmed appropriate procedures were followed and clearly documented. This ensured people were not unlawfully deprived of their liberty.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat and drink a healthy balanced diet to meet their individual needs. Individual nutritional assessments were completed for each person and reviewed on a regular basis. People's weights were completed regularly to inform these assessments. Catering staff were aware of people's assessed needs which were recorded in the kitchen.

•The catering staff worked closely with the care staff and individuals to meet people's needs and preferences. The catering staff served the meals to people on each floor and attended 'residents' meetings' to receive feedback from people. Menus were varied, and alternatives were readily available. For example, one person requested and egg as an alternative the chef asked how they wanted it cooked and ensured this was provided. Dietary needs were responded to. For example, modified texture foods were provided and presented in an attractive way.

•People were very satisfied with the food provided at Coppice Court Care Home. One person said, "The food is very good. It is planned around my medical problems; the meal is soft and appetising. I get a choice, I also have milk, cakes and biscuits. I eat in my room or the dining room. I enjoy mealtimes and meeting other people." A relative said, "Food is marvellous after being in hospital, everything is fresh and pureed properly for him, the food is very good indeed."
Staff were available and supported people to eat their meals in a relaxed and dignified way. For example, we

observed staff sitting and assisting people giving them time to eat and enjoy their meals.

•Staff were knowledgeable about people's differing dietary requirements and monitored any changing needs. For those people at nutritional risk, daily food and fluid charts were used to monitor and appropriate referrals for additional professional advice were made including to the dietician and speech and language therapist. For example, one person we met was eating very little this was raised quickly with the GP for advice and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People had their individual needs assessed before admission. This information was used to ensure people's needs could be met at Coppice Court Care Home before people were admitted. Following admission detailed care plans were developed. These detailed people's needs and how these were to be met considering people's views and preferences.

•People were central to the assessment and care planning process. People's past life histories and background information were recorded and covered what was important to people. For example, any cultural background. One person told us, "I was asked lots of questions about care when I came here. I have seen the care plan it is very comprehensive and records what I want."

•People's care and support was reviewed on an ongoing basis and formally each month. The monthly review included people and any representative they wanted involved or who had a designated responsibility. People's choices were recorded. For example, if people had a preference on what gender of staff they wanted to deliver their personal care this was clearly recorded. Staff spoken with knew if people had a recorded preference.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Staff responded to people's mental and physical health care needs. Staff worked with the community health care professionals and provided a multi-disciplinary approach to supporting people. This included the local GPs and specialist nurses who visited Coppice Court Care Home on a regular basis. Recent involvement with the community mental health team had ensured appropriate acute care for one person.

•Visiting professionals we spoke with were positive about their involvement with the service. They told us staff were proactive in seeking professional advice and guidance. One said, "The home is really good at contacting us quickly. Staff know residents really well and always follow our guidelines." Another said, "Staff were knowledgeable and work with us to ensure people stay at the home rather than being admitted to hospital."

•Routine and regular appointments were organised and ensured people saw a dentist, optician and chiropodist when needed. One person told us, "The doctor has been to see me if necessary. Chiropodist calls regularly, and the Optician came last year and replaced my glasses. I go to my own dentist." This ensured proactive health promotion.

Adapting service, design, decoration to meet people's needs
•Coppice Court Care Home was purpose built and met people's individual physical needs. People had level access to all areas in the service and adapted bathrooms and showers were provided. Wide corridors allowed for people to mobilise in electric wheelchairs.

•Bedrooms were large enough to accommodate specialised beds and equipment and all had an en-suite toilet. Bedroom windows were positioned to enable people to see out of them when they were in bed.

•People with physical disabilities were able to comfortably access all areas of the service. The ground floor had additional equipment and facilities to support people living with a dementia. For example, items that people would enjoy touching and moving and clothing they could put on. The garden was also accessible for people to walk and sit in. One person told us, "I go to the garden in my wheelchair."

Good

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

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 told us staff treated them well and relatives were very satisfied with the care provided by staff. One person said, "Staff are all so kind and caring, I like them all." Relatives were positive about staff and their approach to people. One said, "The staff are exceptional, the care staff do anything for people, nothing is too much trouble, they spend time and talk to people."

•The organisations mission statement was to provide kind care. Staff were aware of this ethos and told us they followed this approach. One told us, "Of course the residents get good care, really good, I love it here, this is our family, we are working in their home, I am happy and satisfied with the care we give."

•Peoples' equality and diversity was respected. One person said, "Staff know me well as a person." Staff supported people to maintain their personal relationships including those with religious groups. Visitors were welcomed and encouraged to spend meaningful time with people. One person told us, "My visitors are made to feel welcome. I know I could have a minister to visit if I wanted one."

•Life style choices were respected, and staff talked about recognising people as individuals. Diversity was recognised within people and staff. For example, staff talked about people's and staff's different beliefs and diversity and respecting these.

•Staff were patient, attentive and friendly with people and their visitors. Staff had a good relationship with people. They knew people well and could share a joke with them. Staff took time to ask people how they wanted things done. Staff were caring and respected people's choices.

Supporting people to express their views and be involved in making decisions about their care
•Staff consulted with people and designated representatives about the care and support provided. People told us they felt they were consulted, and representatives told us they were kept informed and updated. One person said, "We were involved in any changes to the care plan." Records and staff confirmed regular meetings were held with people and their representatives to discuss care.

•Each person had an allocated day of the month. This was the 'resident of the day'. This day was used to review all aspects of a person's care and support to ensure people were happy. Staff from all departments visited and spent time with the person and asked for feedback, requests and comments. They day was also used to make the day a special day for them. For example. The chef asked what they would want to eat as a treat and supplied this.

Respecting and promoting people's privacy, dignity and independence.
•People's right to privacy and confidentiality was respected. People's confidential information was stored appropriately, and staff received training on confidentiality. People's rooms were respected as private. Staff only entered after knocking and receiving permission. Visiting professionals told they were always supported to see people in private.

•People's rooms were furnished to reflect people's individuality and encouraged staff to see them as individuals with a past life and history. People were encouraged to keep items in their room that were important. Including photographs and pictures that staff talked to people about. One person said, "I have a nice room with my own things."

•Staff encouraged people to be as independent as possible. This maintained people's feeling of self-worth. For example, people were supported to choose what they wanted to wear. One person said, "I choose my clothes and get treated with respect."

•People confirmed that their privacy and dignity was respected. One person said, "Yes I like the staff, they treat me well, they are respectful." Staff demonstrated an understanding of dignified and personalised care. For example, staff reminded people and offered a cloth napkin to protect people's clothing at lunchtime. Staff were attentive to how people wanted to look and ensured they had jewellery and makeup as they wanted.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection in May 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because staff had not ensured person centred care had been provided. Care records and risk assessments had not been used effectively to support care was appropriate and met people's individual needs. At this inspection, we found the provider and registered manager had acted to address these matters.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People received personalised care that was responsive to their care and support needs. People and their representatives told us they were involved in planning and delivering their care and support. Both were included as appropriate in regular reviews and re-assessments. Records confirmed this consultation and review.

•The assessment and review process was comprehensive and used to identify any changing needs. For example, people were weighed regularly, and changes were used to inform the care provided or the need to refer on for additional advice and support, including GPs and dieticians.

•Specific clinical care needs were identified, with clear information that met national guidelines, in place for staff to follow. For example, for those people who were diabetic and had their blood glucose levels monitored.

•People's care plans contained information specific to them as people. This ensured people's preferences and choices were respected and individuality was celebrated. People's choices around care and support were clearly recorded. For example, how people wanted their personal care provided, where they wanted to eat, and what additional treats they liked to enjoy which included a glass of wine.

•As well as personal care needs people's social, recreational and family relationships were assessed. People were supported to complete a booklet called 'remembering together your life story.' People were very positive about the activities and entertainment provided and the staff that organised these. "The activity person is very good. I enjoy the activities, bingo, scrabble, painting, doing our own drawings. I enjoy the music, they ask me what I like. We have general knowledge quizzes, they are good."

•The activities staff were highly motivated and skilled at providing activities and entertainment that were tailored to the preferences and abilities of people. For example, people who spent a long time in their rooms and who liked music had appropriate radio channels and CDs playing. People who were creative enjoyed painting and cooking sessions. Staff ensured people who were in their rooms had individual one to one time. This could be just chatting or reading papers, this individual time was important to them. One person

told us "I stay in bed and watch TV, I play Scrabble and quizzes in my room with the activities person. I don't get bored, I enjoy quiz programmes on TV."

•People were encouraged to spend time outside in an attractive garden that had a number of seating areas. Some people enjoyed a gardening club and were involved in potting seedlings. The greenhouse was large enough for people in wheelchairs. Outings were arranged and included a recent trip to a local pub for lunch and a garden centre.

•We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication.

•The assessment process took account of people's communication needs. Staff were aware of how best to communicate with people and how to support people to understand what was going on around them. For example, staff spoke clearly to people and moved closer to people using eye contact and patience to communicate. For those people with a dementia, staff used visual communication including people's expressions that they understood. Staff used a technique of showing people a couple of choices to promote their communication. Written information was available in different forms to meet people's needs. For example, large print brochures.

Improving care quality in response to complaints or concerns
•There were processes, forms and policies for recording and investigating complaints. The complaints procedure had been shared with people and their representatives. A visiting professional confirmed relatives were aware of the complaints procedure and how to use it. They had asked for their understanding as part of a review process.

•People told us they knew how to make a complaint and would if they needed to. One person said, "I would talk to the staff or manager if I was not happy, never had to complain about anything." People's complaints and concerns were listened to and responded to.

•Records confirmed complaints were fully investigated in an open and transparent way. Areas for improvement were identified and shared with the complainant and staff. Complainants were offered time to meet and discuss the investigation and any outcomes.

•Complaints were used to improve practice. For example, improved record keeping on skin condition had been implemented.

End of life care and support
•People who required end of life care, received care that was dignified, took account of their wishes and supported their comfort.

•Staff had been trained in end of life care and the registered nurses had updated specific clinical skills with additional training. For example, they had attended training on pain control and the use of syringe drivers. Visiting specialist nurses told us staff were 'knowledgeable' about the care required and were confident in the standard of care provided.

•Staff were familiar with good care principles including the need for regular mouth care. Advanced care plans were in place, these considered what the person's wishes were and where they would like to be cared

for. Decisions about resuscitation were clearly recorded.

•Staff work in a multi-disciplinary way involving specialist health care professionals in the planning of care. For example, information and guidance was recorded in respect of when additional medicines may be required to ease people's symptoms. These are known as 'Just in case medicines' (JIC).

•Staff demonstrated a compassionate approach to end of life care. They talked about supporting people, their relatives and each other through a bereavement.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in May 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because the provider had not fully established quality monitoring systems that identified areas for improvement. This included poor record keeping that could have impacted on care.

At this inspection, we found the provider and registered manager had acted to address and improve records and quality monitoring systems. However, further improvement was needed to ensure quality feedback mechanisms were used to improve the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•Quality systems including staff meetings and an analysis of the call bell response time, indicated that staffing levels were having a negative impact on staff morale. Some people were also having to wait over four minutes for a response when requesting assistance on their call bell. The analysis completed by the registered manager recorded people had waited up to 36 minutes.

•Staff told us the staffing levels meant they were having to go without breaks and cut corners with care to get the work completed. This was recorded within the staff meeting notes. They told us they had raised their concerns about staffing levels but were not being listened to. Staff said, "We do our very best, many of the residents need two staff members and it is not good to be rushing." Another said, "It's so frustrating when there are not enough staff." A third staff member said, "It is not kind care when you are rushing."

•The provider had not demonstrated they had taken account of these quality indicators to ensure quality care was maintained. Whilst these areas are identified for improvement there was no evidence to demonstrate that the staffing arrangements had impacted on the safety of the care provided.

•Other quality monitoring tools demonstrated a proactive approach to improving the service by reviewing and monitoring. These included audits and governance systems. For example, an infection control audit identified improved security for clinical waste was needed and was actioned quickly. Action plans were used to address any identified shortfall, with the registered manager reviewing and monitoring as necessary.

•The training of staff incorporated the values and objectives of the service which were based on ensuring people were treated with 'kindness'. Staff embraced these principles and worked hard to promote this

culture. One staff member said, "Our induction training included the aims and objectives of the organisation and we discuss them at staff meetings."

•The registered manager demonstrated an open and honest approach to the management of the service and understood their regulatory responsibilities in relation to the duty of candour. They were accessible and visible. Staff understood the management structure and felt supported by the management arrangements.

•The registered and deputy manager had a good oversight of the service and promoted a professional but friendly atmosphere. They completed twice daily checks on each floor. These were used to review practice and receive direct feedback from people. A daily 'flash meeting' which was attended by the whole management team meant issues were identified and addressed promptly. One person said, "The manager is very pleasant and pops in when we are eating to see if we are enjoying it, or into my room. I get a good service here, homely atmosphere and caring here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Staff were encouraged to share their opinions and views in meetings, supervision and each day. The registered manager had an 'open door' approach to management that staff appreciated. Staff told us their views on specific care needs were responded to. For example, staff shared different ideas to try on improving a person's appetite at a staff meeting.

•The registered manager received feedback from people and relatives through surveys, meetings and informal conversations. Completed surveys indicated that people were satisfied with the care and support provided at the service. Notes from resident's meetings were recorded and circulated. People and their relatives told us they were listened to and had their views acted on. One person said, "Yes I go to the resident's meetings. These are good here, it is not draconian here, and we are listened to."

Continuous learning and improving care; Working in partnership with others
•The registered manager was motivated to develop the service and ensure the service met all required standards. An action plan had been developed following the last inspection and was changed and updated as the service progressed and met certain goals. For example, established documentation was refined including the daily handover sheet. Action was then progressed to ensure documentation was up to date.

•Accidents and incidents were logged, investigated and action taken to reduce the likelihood of the event occurring. This information was shared with staff to ensure learning and improvements were made.

•The registered and deputy manager kept up to date with changes in best practice guidelines and ensured important information was shared with staff. They took advantage of resources available within the community to gain updates on best practice guidelines. For example, the continence nurse advisor was recently contacted for an update on the best care for people with urinary catheters.

•The registered, deputy manager and registered nurses had established professional links with local social and health care professionals. Staff worked together to improve health and well-being outcomes for people. Visiting professionals told us this joint working improved outcomes for people.