Ivybank Health Care Limited

Ivy Bank 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 12 September 2017.

Ivy Bank is providing residential and dementia care for up to 27 people. Residential accommodation is situated over two floors; there are 25 single rooms, with ensuite facilities, and one double room. A lift is situated near the dining area for people to access both floors. There is a shared lounge and dining area, and an additional smaller lounge on the ground floor. At the time of inspection there were 22 people living at the service.

This service had a registered manager in post. A registered manager is a person who is 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.

After the previous inspection in February 2017, four warning notices were served as there was a lack of effective governance in place. This included a lack of staff supervision and not gathering feedback from people to continually improve the service. Auditing systems were not effective or used to drive improvement in the quality and safety of the service. Risks had not been mitigated to ensure that people were protected from avoidable harm and medicines were not being managed safely. Care plans were not person centred to ensure that people received personalised care that was based on an assessment of their needs and preferences. The provider sent the Care Quality Commission an action plan to address the shortfalls, with a timescale to become compliant with the regulations. We found that the provider had taken action to comply with the warning notices. However, improvements were needed in the way risk was recorded and in the governance arrangements.

The provider and registered manager had made some improvements to ensure that people received safe care and treatment. However, there remained shortfalls in the records to guide staff when supporting people with certain types of behaviour, in recording required settings on equipment and when moving people. Staff knew people well and told us how they moved people safely and supported them with their behaviour but these details were not always recorded in their care plans. People's medicines were managed safely by staff who were trained and assessed as competent. Protocols for people's 'as and when required' (PRN) medicines had been completed. However they required more detailed guidance about when staff should offer the medicines.

The registered manager had completed audits to identify environmental risks. Action had been taken to address any issues identified. An external audit had been requested in relation to medicines and this had been followed by regular internal audits. A new computerised care planning system had been introduced to assist in improving monitoring. However, the audits failed to identify the shortfalls found at this inspection. Accidents and incidents had been summarised but further detail was required in some cases to add exactly

what action had been taken to make sure people were safe.

At the last inspection two requirements notices were served as staff had a lack of understanding with regard to assessing people's mental capacity and staff did not always uphold people's privacy and dignity. At this inspection improvements had been made and the requirement notices had been complied with. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been assessed and authorisations to deprive people of their liberty in line with the Mental Capacity Act had been applied for appropriately.

Care plans now gave more detail about people's life history and preferences. Staff knew people well and treated people with kindness. Staff respected and promoted people's dignity. People and relatives told us staff were respectful and caring. Staff took time to encourage people to remain independent and to help them build relationships with the people they shared a home with.

Care plans were more person centred and were in the process of being transferred to an electronic system. The registered manager was aware that further detail needed to be added to the electronic system and was working to achieve this. Staff were now having regular supervision meetings and appraisals and they told us they felt supported in their roles. There were enough staff to meet people's needs and they were recruited safely. Staff had access to a range of training courses including both basic training and courses related to the needs of people they supported. Some courses included knowledge tests and competency checks.

People told us they felt safe at the service. Staff recognised different types of abuse and knew who they would report any concerns to, they were confident that the registered manager would address any issues. Staff had an understanding of the whistle blowing policy and told us they would not hesitate to tell the registered manager if they had any concerns.

The registered manager had completed audits to identify environmental risks. Fire drills were completed and people had a personal emergency evacuation plan (PEEP) in case of a fire. The service had a grab pack and there a contingency plan in place in the event of the need to evacuate. This included details of a local care home where people could be taken in case of an emergency.

People told us they enjoyed the food and that they were always given choices. Staff had photographs of the meals on offer on computer tablets which they showed people when offering a choice. People were encouraged to eat a balanced diet which helped them to stay healthy. Staff were patient when supporting people with eating. People were supported to access healthcare professionals when required. All appointments and guidance was recorded on the computer tablets and highlighted for other staff to read.

At the last inspection we made a recommendation about how the service managed complaints. The provider and registered manager had made improvements. Complaints were now dealt with in line with the provider's policy and resolved to people's satisfaction. Any learning from complaints was shared with staff in team meetings. People, relatives and professionals were asked for their feedback. This had been analysed and the outcomes shared. Feedback was generally positive. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

People had access to activities including trips to local areas of interest. Activities were listed on a board in the hallway, these included sing-alongs and visiting entertainers. People had access to sensory items and puzzles at any time. Some people chose to spend time in their rooms, staff respected this and checked on them regularly.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk to people were identified but staff did not always have the guidance they needed to show how to mitigate risks.

Staff knew how to recognise different types of abuse and who to report any concerns to.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely and in the way people preferred. Protocols for 'as and when required' medicines needed more information.

Is the service effective?

Good

The service was effective.

Staff had the training and support required to meet people's needs.

People were encouraged to make choices. Staff had a clear understanding of the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to eat and drink well.

People had access to healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and supported them to remain as independent as possible.

Staff knew people well and visitors were welcomed into the service at any time.

People were treated with dignity and respect, staff were encouraging and reassuring.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care. The care plans showed what people could do for themselves and the support they needed.

People could take part in activities they enjoyed.

Complaints were recorded and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

New audits had been put in place to monitor the quality of the service. However, audits had not identified the issues found at this inspection.

Staff told us they felt supported and valued. People, visitors and staff were encouraged to give feedback which was acted on.

The registered manager and provider were approachable and accessible.

Ivy Bank 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.

This inspection took place on 12 September 2017 and was unannounced. It was carried out by two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR), as the provider had already completed a PIR this year. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with three people, four relatives and a visitor. We spoke with the provider, the registered manager, the deputy manager and three care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

We last inspected this service in March 2017. At that inspection we served four warning notices and found two other breaches of regulations.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ivy Bank. They said, "Yes I feel safe here". "I like it here and I feel safe". A relative said, "Yes I feel my relative is safe here".

At previous inspections in February 2016 and March 2017, CQC took enforcement action as not all risks relating to people had been assessed and staff did not have all the guidance required to show how risks would be mitigated. This was in relation to supporting people with behaviours which could challenge, moving people and keeping people's skin healthy. Previously people's food was offered at the wrong consistency increasing the risk of choking and people's pressure relieving equipment was not being checked. Accidents and incidents had not been analysed for future learning and actions taken were not always recorded. There was an over stock of medicines, gaps in recording administration of medicines and a lack of protocols for 'as and when required' (PRN) medicines. After the inspection the provider sent us an action plan telling us how they would improve.

At this inspection some improvements had been made, risks assessments had been completed with additional information and accident and incident forms had been analysed by the registered manager to look for any patterns and trends. People were receiving their medicines safely and people were receiving their food at the right consistency. Further improvements were needed in relation to guidance and records for managing behaviour that might challenge, how to move people safely and supporting people to maintain healthy skin.

Some people who were living with dementia had repetitive behaviours which had a negative impact on other people. Some people appeared to be upset at others' behaviours. Staff reassured people, but the behaviour continued. There were details in the person's care plan about how to reassure them but no information about what might trigger the behaviour and how to reduce or prevent it from happening. The provider had not sought guidance from health care professionals about how to best manage the behaviour.

Some people had developed pressure areas and needed the support of the community nurse to monitor the progress of the healing. One relative told us, "The staff have helped to maintain my relative's skin integrity and their pressure areas have healed". However, in other cases there had been a lack of observations by staff to ensure that people's skin was being monitored to reduce the risk of pressure areas. Care plans noted when people's skin was sore and treatment plans showed when community nurses had visited. However, this information was not always updated and one person had developed a pressure area which had not been noticed by staff. Although checks had been recorded on the electronic tablet to show this person had been repositioned and had been given fluids regularly this information had not been checked by senior staff to ensure the person was receiving the right care.

Accidents and incidents were recorded and falls monitoring forms were in place. However, further detail was required to show what action had been taken to reduce the risk of further events. The registered manager told us what was in place after a person had fallen, such as an alarm mat, and a referral to the falls clinic but this information had not always been recorded. The registered manager told us that since the checks and

monitoring had been recorded on the electronic tablets people at risk of falling had been checked more regularly which had reduced the number of falls occurring in the service, records confirmed this.

Some people needed support to move around and staff used equipment to help some people to move around. Moving and handling risk assessments did not always contain the detail required to give staff guidance about how to use the equipment such as a hoist. There were no step by step instructions to guide staff on what to do to ensure people were moved safely. Staff knew people well and told us how they moved people safely and supported them with their behaviour but these details were not always recorded in their care plans. We saw people being supported using a hoist, staff explained to people what was happening and reassured them throughout the move. Staff used the equipment safely and worked as a team to keep people safe.
People's air wave mattresses (special mattresses to reduce the risk of developing sores) had been checked. Staff had written that the mattresses must be adjusted to the person's individual weight but in some cases the actual setting of the equipment had not been recorded. There was therefore a risk that the settings would not be right for the person's weight.

The provider had not ensured that records to guide staff on how to mitigate risks to people were clear and up to date. The provider had failed to reduce the risks to people of behaviour that may challenge. This was a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

When required, people's mobility had been assessed by health care professionals and special equipment had been ordered such as specific individual slings. Some people were waiting for equipment to be delivered. In line with the recommendations from health care professionals staff had reduced the risks to people while they waited including caring for them in bed. A health care professional commented, "The staff have a good understanding of my client's restrictions to their mobility".

Action had been taken to reduce the risk of people choking. People were offered foods at the correct consistency recommended by health professionals. People's fluid and food intakes were recorded by staff on the electronic tablets. Staff had clear guidance to follow to ensure people supported to eat safely.

People were supported to take the medicines safely. Staff were trained and had completed competency checks about safe medicines management. People were given time to take their medicines and staff explained to them what their medicines were for. The registered manager had introduced an improved medicines audit and had requested an external audit by a pharmacist. Any issues raised in the audits had been addressed and the outcomes were recorded. Medicines had been returned to the pharmacy as required. Medicine administration records had been completed fully and accurately. Protocols for medicines needed now and again (PRN) had been put in place. However, they did not give staff guidance about when the medicines should be offered. The registered manager and provider said they would review the protocols and we will follow this up at the next inspection.

Not all staff files contained application forms and a full employment history. These related to established staff who had worked at the service for many years. The registered manager told us they would audit the files to ensure these records were completed. Other documentation such as proof of identity, health declarations and formal interview notes were in place. Written references from previous employers had been obtained, and checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they are of good character. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Relatives told us that there was always enough staff on duty and that they took time to sit and chat to people 'with a cup of tea making sure people are alright'. People who stayed in their rooms were checked by staff to ensure they had everything they needed. One relative told us that staff often checked on their relative to see if they were OK. People said that staff popped in and were responsive when they rang the call bell.
The registered manager used a dependency tool to plan the number of staff on duty. This tool worked out the amount of staff needed to meet people's needs. Staff rotas matched the number of staff required and throughout the inspection we saw staff responding to people's needs and call bells quickly. Shortfalls in staffing due to sickness and leave were covered by existing staff. When required the registered manager or deputy manager would cover duty shifts. There was an ongoing programme of recruitment, the registered manager told us, "We have enough staff for now but we want to be sure we have staff ready if other people want to move in."

Staff had received training in safeguarding people and understood the different types of abuse. Staff told us they would not hesitate to report anything of concern. One staff member said, "I know about the different types of abuse and the kind of changes you might see in people if they were being abused. I know I could always go to the manager. I know they would listen, but otherwise I could go to social services myself." There were policies and procedures in place that gave staff the guidance they needed about keeping people safe from harm. The registered manager worked with the local authority when any safeguarding alerts were raised. When people were supported to manage their money, clear records were kept of any expenditure including receipts. All finance records were audited by the registered manager on a regular basis.

Regular safety checks of the environment and equipment, including hoists had been completed to ensure they were safe to use. Water temperatures were checked to make sure people were not at risk of scalding.

Fire alarm call points had been checked regularly to ensure they were working and staff had attended fire drills. The provider had an emergency contingency plan and an evacuation plan which gave staff guidance on how to keep people safe in the case of an emergency, such as a water leak, gas leak or fire. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. The fire risk assessment was in the process of being updated.

Good

Is the service effective?

Our findings

Relatives told us their loved ones were supported to stay well by staff who were competent and skilled. They told us, "My relative eats little and often and staff make sure this is what happens" and "It puts our minds at rest knowing our relative is here, because they are being looked after well".

At the last two inspections of February 2016 and March 2017 we found staff were not having regular supervision and appraisal meetings. All staff were now having supervision meetings and a yearly appraisal. Records showed that staff were receiving supervisions on a regular basis and had the opportunity to discuss their performance and development. One staff member said, "The supervisions are really good. The senior makes sure they happen. I've been able to talk about the fact I want to be a senior and plan the training I need to make that move."

Staff had an induction when they started working at the service. This included working alongside experienced staff until staff were competent to support people independently. Staff had been offered an increased amount of training since the last inspection. They had access to basic courses such as first aid, fire safety and moving and handling people. Some courses had knowledge tests included which staff had to pass before a certificate was issued. Other training offered included supporting people at the end of their life and supporting people living with dementia. Some staff had been trained to administer insulin to people living with diabetes. Staff told us the training was useful and meant they could support people living with diabetes rather than relying on community nurses. Staff had access to nationally recognised qualifications in health and social care. One staff member said, "I've just finished my level 3 course, the seniors and manager were really supportive and always offered help."

Staff knew people well and spoke to us throughout the inspection about how people liked to be supported. They were confident in their roles and tailored their interactions to each person; taking into account how the person liked to be supported and any communication needs. People told us, staff 'knew them well' and 'they (staff) do a good job.' We saw staff using people's preferred names, they varied their interactions between people. We saw staff using the skills they had learned in training courses such as supporting people to move safely, administering medicines correctly and supporting people to eat in a safe way.

At the last inspection people's mental capacity was not being assessed when they needed to make specific decisions. An assessment would help determine if the person could make the decision or if they needed support. Capacity assessments had not been completed to check if authorisations to deprive people of their liberty were required. At this inspection improvements had been made.
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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff could tell us about the principles of the MCA and we found capacity assessments had been completed as needed. When DoLS authorisations were required these had been applied for in line with guidance and the deputy manager had followed up the applications with the DoLS office on a regular basis.

People were asked for consent by staff before they carried out any tasks. Staff explained choices to people in a way they understood and were patient with them. When people lacked capacity to consent to care or support decisions had been made in their best interest involving people who knew the person well. Records of decisions showed who was included, why the decision was needed and the outcome.

People told us they enjoyed the food. They said, "I like the food here it is excellent". "Sometimes I don't like what they have but they always find me something different and offer me a choice."

The staff had pictures of the food on electronic tablets and people could see what was on offer and choose. There were always two alternatives and the cook recorded the meals chosen and made sure that people received the meal they wanted at lunch time. The electronic tablets had a record of people's likes and dislikes and what sort of diet they needed. Some people were on pureed diets and one person told us they were a vegetarian and how they enjoyed eating lots of vegetables.

People were offered a choice of drinks. They were able to eat their meals at their own pace. Staff were observant and went to people to support them to eat, telling them what they were eating and gently guiding their spoons to encourage people to eat as independently as possible. People were offered alternatives if they were not eating their meal and staff encouraged people to eat something of their choice. Lunch was a social event with people chatting and laughing as they ate.

People and relatives told us that their health care needs were monitored. They said staff were good at noticing if they felt unwell and the doctor was called when required. One person told us how staff made sure they received the cream they needed if their skin needed attention and told us "If I need further medical advice the community nurse comes". People regularly saw a chiropodist and other health care professionals such as the mental health team or community nurses. On the day of the inspection a chiropodist was visiting and staff encouraged people to have their feet seen. One person who had just arrived at the service was offered the opportunity to have their feet checked. They said they would like to see the chiropodist; staff introduced them and stayed to chat whilst the treatment was carried out. Care notes recorded when people had infections and what action staff should take including offering lots of drinks. Referrals were made to health care professionals such as the speech and language team if people needed support to eat safely.

Good

Is the service caring?

Our findings

People said the staff were kind, one person said, "I like the staff, I can have a good laugh and a joke." Others told us, "I receive good care and plenty of attention here" and "I like the carers they are really nice, they always check to see if I am OK."

A relative told us that they were happy with the care being provided to their relative. They said, "I feel my relative has a good service." "The staff are excellent, we are very happy with the care. Staff are polite and we are always offered refreshments when we visit." "My relative has settled here, they like the staff, they are very kind and helpful." "The atmosphere in the service is calm and peaceful."

At the last inspection we found people were not always treated with dignity and respect. People were left waiting for their meals for long periods of time and they became distressed. Staff spoke over people, discussed confidential information in a communal area and spoke in their first language which was not English. We observed the lunch time meal, people were not kept waiting and staff ensured people were spoken with sensitively and discreetly. The registered manager had spoken with all staff at a team meeting and at individual supervisions to ensure that the improvements were made. The atmosphere at the service was much calmer and respectful at this inspection.

A visitor commented, "There is always staff around when I visit, they are kind and respectful. Staff treat people with dignity and respect their privacy, I think this is a happy place here." A staff member told us, "I think what is really nice about living here is how caring the staff are. They always have a smile for people and really love spending time with people. It means there is a great atmosphere."

Staff offered people assistance if they needed it. One staff member gently reminded a person to use their walking stick to ensure they could walk safely. Another member of staff was encouraging a person to get up from their chair, with gentle reassurance and told them how well they were doing. People were encouraged to do things for themselves and remain as independent as possible. For example, staff encouraged people to eat independently before offering to help them eat. People were encouraged to get up from chairs on their own rather than have staff help them up, staff stayed close by to reassure people whilst they stood. Staff spoke to people as they went about their tasks asking people if they were alright. Staff bent down to people's level to talk with them. They asked them if they wanted to move and where they wanted to sit.

People told us they liked their bedrooms. The rooms were personalised to people's individual taste which included photographs of their family and friends. People told us how staff closed the curtains to protect their privacy and dignity. One person told us how staff closed the door and that they were always treated with dignity. Staff knew people well and could explain how people liked to be supported and what was important to them. Some people liked to spend their time in their room, staff respected this. They offered people the opportunity to join others for meals or activities and checked on them regularly.

Staff used their knowledge of people to help them build relationships. When people were new to the service or staying for a short time, staff introduced them to other people and talked about things they had in

common. Once people began chatting and staff excused themselves and left people to talk and get to know each other. Throughout the inspection staff took time to sit and chat with people. During their breaks staff often had a hot drink with a person and a chat. Staff shared jokes with people and were seen dancing with them to music which was playing.

People said they were able to follow their religious beliefs, by visiting the church of their choice and receiving visits from the local clergy. There was an area upstairs in the service which was used by people who wished to take part in Holy Communion.

Records were stored confidentially and there were back up systems in place to ensure that records on the electronic tablets were secure. Electronic tablets were also used to show people pictures of meals on offer to assist them in making a choice. The registered manager agreed there was an opportunity to develop this to include pictures of staff on duty and activities which were on offer. Currently details about activities were in a written format so were not accessible to everyone. This was an area for improvement.

Good

Is the service responsive?

Our findings

People and relatives told us they did not have any complaints. One relative said, "I have no complaints, but would speak to the manager if I did." One person told us, "I have no complaints, the staff are approachable and you can ask them anything."

We made a recommendation about the management of complaints at our last inspection. Improvements had been made; there was a complaints procedure in place. There was an accessible format of the complaints procedure in place for people who needed it. When complaints or concerns were raised they were recorded and responded to appropriately. The registered manager or provider also recorded if the person who made the complaint was happy with the outcome. People told us they knew who to complain to and felt they would be listened to if they had a concern. A recent complaint had been investigated and resolved to the relative's satisfaction.

When we last inspected the service in March 2017 people's care plans did not contain details about their preferences and were not person centred. Care plans lacked guidance for staff about how people should be supported. We found improvements had been made and care plans were more detailed and individualised to each person's needs. For example, people's care plans detailed how much support people needed when being supported with personal care and what they could do for themselves. They also gave staff guidance about the best way to communicate with people, for example using short sentences or closed questions. The care plans were in the process of being transferred to electronic tablets and the registered manager talked about what further improvements they were making to ensure the care plans were personalised.

People's needs were assessed before they moved to the service. The assessment detailed people's preferences about how they would like to be supported. People told us they were 'asked lots of questions' (about the support they needed) when they came to live at the service. During the inspection staff welcomed a person who was coming to stay at the service for a short period. They checked the previous assessment and that the answers the person had previously given were still accurate. The person was given plenty of time to speak about the support they wanted and needed whilst at the service. The information from the care needs assessments was developed into a care plan.

Care plans were person centred and contained information and guidance for staff to follow to help ensure people's needs were met in line with their individual choices. In some care plans further detail was required to make sure all staff had information about everyone's preferences. Some people were living with dementia and were unable to tell staff their routines or how they preferred to be assisted. Staff told us they knew people well and how to provide their care in line with their wishes but this was not always recorded in the care plans to show what personalised care was being provided. For example, there was not always step by step guidance about how to support people with their morning routine or personal care. This was an area for improvement.

Care plans had been reviewed on a regular basis. One person told us how their relatives were involved in their care planning and attended their reviews. Some people's care plans gave details of times when people

may need extra reassurance and the best way for staff to offer this. We saw staff reassuring people in line with the guidance in their care plans. Some people could become distressed when moving from one area to another, staff explained to people where they were going and why. They held people's hands and moved at the pace set by the person. Staff told us about people and the way they preferred to be supported. One staff member said, "Each person is different. Once you get to know them you can focus on what is most important to them. We treat each person as an individual."

When people's care needs changed or increased staff told us they had systems to share this information. One staff member told us, "If I realise someone needs more or less support, firstly I make sure I record any changes on the (computer) tablet. You can highlight important things in red so other staff read them first. I will also speak to my colleagues and the manager. Information is shared in handover with the next shift. We can then update the right section of the care plan, if required. I tend to record it everywhere possible so no one misses it and everyone knows what that person needs." We saw that changes had been recorded and highlighted on the computer tablet system. There were also notes on handover records and prompts to look for new information in a communication book used by staff.

The registered manager told us that there was an activities programme and how people had enjoyed going to the local sea front and having ice cream. There were pictures of the outing and it looked like people had enjoyed themselves. There was a board in the hallway which showed the planned activity for each day of the month. This included performers who would visit and in house activities Relatives told us that on occasions people played bingo, listened to music and played games. One person told us "My relative had their hair done and nails painted". One person told us they enjoyed going to the seaside and had visited Kearsney Abbey. People were offered 'twiddle muffs', (a knitted muff with items attached so that people can twiddle with their hands). People showed staff what they were doing and people appeared to enjoy using the muffs. People told us they enjoyed the activities on offer, one person said, "The singers are very good and the staff keep us busy." People had a sing-a-long to a musical in the afternoon and some people were using sensory objects. Other people were throwing balloons to and from staff. Some people chose to spend time in their rooms, staff would spend time with them, chatting or reading the newspaper. One person who had recently moved into the service was interested in cooking the registered manager told us they were looking for opportunities for the person to be involved in cooking meals in a safe way.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us that the service was well led and the registered manager knew what they were doing. Staff told us that the registered manager was approachable and was always available for guidance if they needed further support.

Staff told us, "We all work as a team to put people first. We communicate with each other and try to give people the best lives they can have. We can always go to the manager or other seniors and they will support us."

At the last two inspections there were breaches of regulations and we took enforcement action. Systems were not in place to monitor and improve the service; action had not been taken to mitigate risks and records were not being completed fully and accurately. This included care plans, unsafe medicines management, staff supervision and feedback about the service not being analysed and used as an opportunity for learning. At this inspection there had been some improvements but further improvements were needed and some breaches of regulations continued.

Risks to people were not fully mitigated as people's behaviour guidelines were not always detailed enough to give staff the information they needed. Guidance about how to move people safely was not detailed to give staff step by step instructions and records relating to equipment were not all up to date. The provider's audits had not picked up these issues. The registered manager told us that the risk assessments and guidelines would be reviewed and detailed on the new electronic system. We will follow this up at the next inspection.

Some improvements had been made to the care plans and the provider and registered manager had introduced a computerised care planning system. Records were in the process of being transferred to the new electronic system and further detail was required in care plans to ensure that people received their personalised care in a way that suited them best. There were paper records to back up the new electronic system so that care plans would also be accessible. The new computerised system had prompted the registered manager and staff to add more detail about people's wishes and preferences. Each person's care plans was divided into sections related to specific care needs, each section showed what people could do for themselves and the support they needed. Previously when people's needs changed, care plans had not been updated in a timely fashion. Using the computerised system, staff were now able to highlight changes and update information more quickly and clearly.
The new system to check and monitor people had reduced the risk of falls. The computer system produced reports to show when and where falls were occurring; this enabled the registered manager to plan ways to minimise the risk to people of further falls. This had included increasing the frequency of checks on people and using padded mats to minimise the impact of any falls. The registered manager had recognised that there was still additional information to add to the care plans and explained how staff were getting used to the system.

Systems were now in place to check and assure the quality of the service and in a lot of areas these had

been effective. Regular audits had taken place in relation to health and safety, and infection control. Any concerns about health and safety or infection control were added to an action plan; this recorded when action was taken and the outcome.

Accidents and incidents had been analysed and appropriate action taken but records did not always give detail of the actions taken and the outcomes. The provider and registered manager told us they would look at the design of their online records to ensure that any changes or updates made were evident and would provide detail of what actions had been taken.

The provider and registered manager told us they were committed to improving the service and becoming compliant with the regulations. They told us they had sought advice and support from local health and social care professionals and service commissioners. They told us they would implement an action plan to address the remaining issues. We will follow this up.

Some records were not complete or up to date. Recruitment records for established staff did not always have the information needed to ensure they were suitable to work with people. The registered manager told us they would audit the recruitment files and put in place any documents which were needed. We will follow this up at the next inspection.

The provider had not ensured that the regulations had been fully met and there were continued breaches of regulations. Audits had not identified the shortfalls in this report or gaps in records. This was a continued breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

Medicines were managed safely and regular audits had been carried out internally and by a pharmacist and improvements had been made as a result. For example, recommendations had been made about the storage of medicines such as creams and eye drops; this had been implemented and monitored through internal audits.

At the last inspection, people, relatives and professionals had been asked for their views but this information was not used for learning or shared with people. This had improved, feedback from people had been reviewed and any learning had been shared in team meetings with staff and via a notice board in the hallway. Comments included, 'Thank you for the love and compassion each one of you showed our relative. I always knew they were safe and loved when I wasn't there' and 'Your staff have been very kind and the food was great especially the cakes.'

Staff, the registered manager and the provider had a shared vision about the service. The focus was on providing people with care which was led by them, meeting their needs and making people happy. Staff told us that they felt valued and often gave their views, which were listened to. At the last inspection a number of staff had left the service. There was now a consistent staff team and staff turnover had reduced.

The registered manager worked alongside the staff on occasions to observe and coach staff and knew people well. We saw people approach the registered manager throughout the day for a chat or to give them a kiss on the cheek. They worked as part of the team when needed and was always available for advice and guidance. The registered manager used their observations from working alongside staff to inform their supervision meetings and feedback about their performance. Staff told us, "It helps that the manager knows people so well and what we do as care staff. It means they understand any questions straight away" and "We have regular supervisions now but I know I can always request an extra meeting if I need it or just ask the manager for five minutes. It is never an issue."

As part of the continuous improvement of the service the registered manager attended local managers' forums and training to keep up to date with good practice. Any learning was shared with staff through staff meetings or supervisions. One staff member told us, "After the last inspection we talked about what we needed to do to improve how we supported people. The manager talked to us about working as a team to get things done. We talked about people's capacity and making sure we understood what it meant." Another staff member told us, "Whenever the manager gets feedback from visits or audits they share it with us, the good and the bad so we know what to keep working on."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was displayed at the service and on the provider's website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that that all risks had been mitigated in regard to supporting people with their behaviour, and the risk of developing pressure areas.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Although improvements had been made the provider had not ensured that the warning notices had been fully met and audits had not identified the shortfalls in this report.