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

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 29 February and 1 March 2016

Ivy Bank is providing residential and dementia care for up to 27 people. Residential accommodation is situated over two floors; there are 26 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 25 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.

Staff had received training in how to keep people safe and safeguarding procedures were in place to keep people safe from harm. However, the safeguarding policy had not been updated in line with current legislation. Staff understood the whistle blowing policy and were confident that the registered manager would take appropriate action if required.

Potential risks to people were identified; however there was a lack of control measures detailed in the care plans and environmental risk assessments to guide staff on how to safely manage the associated risks.

Checks on the fire call points had not been carried out in line with good practice. Not all staff had been involved in the fire drills to ensure they had a clear understanding of what action to take in the event of a fire.

Accidents and incidents were recorded, and appropriate action had been taken to investigate and look for patterns or trends, to prevent further occurrences. Equipment to support people with their mobility had been serviced to ensure that it was safe to use, and plans were in place in the event of an emergency. The registered manager worked closely with the staff on a daily basis but there was a lack of regular one to one meetings with staff and yearly appraisals. This did not give staff an opportunity to discuss their performance, training, and development needs.

Relatives and staff told us that there were sufficient staff on duty at all times to meet people's needs. Staff made sure that they spent quality time with people, giving reassurance and support, to ensure they had everything they needed.

Staff were recruited safely and there was a training programme in place to ensure that staff had the skills and competencies to carry out their roles. New staff received an induction and shadowed experienced staff until they were confident to perform their role. Records of the induction training were not sufficient to

confirm the full programme of induction had been completed.

Staff knew the importance of supporting people to make decisions and had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, they were not all able to demonstrate an understanding of DoLS and what this would mean to the individual.

We observed the medicines being administered, and found that when people refused their medicines, no record had been kept to explain what action had been taken. The storage of the medicines also needed to be improved.

Staff responded to people promptly when they needed their help. People were treated with dignity and respect. Staff treated people with kindness, encouraged their independence and gave them choices.

There had been no formal complaints during the last year. There was a system in place to process complaints, but the policy was out of date and not in line with current legislation.

There were no dedicated hours for an activity co-ordinator. There were people who visited the service to provide entertainment, such as music for health, and sport activities. Staff also provided activities, such as playing cards, board games and bingo. Although people's preferred hobbies and pastimes were recorded in their care plans, the activities were not structured around people's preferences, which may be more meaningful to them.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. Some people had spent time in the service before they made the decision to move in permanently. Relatives told us that they were involved in planning their relative's care. Care plans lacked detail to show how people's personalised care was being provided. Care plans did not record all the information needed to make sure staff had the guidance and information to care and support people in a person centred way. People were supported to access health care appointments and staff monitored their weights and general health, involving relevant health professionals as required.

People had access to the food that they enjoyed, and their nutrition and hydration needs had been assessed and recorded. The cook was knowledgeable about people's likes and dislikes and ensured that people received food that was suitable for them. People's weights were monitored, and if further support was required, referrals to health care professionals, such as dieticians, were made.

People and relatives had been sent surveys to comment on the quality of the service, and positive feedback about the service had been received. However, these had not been summarised to show how the outcome would be used for the continuous improvement of the service. Relatives and visitors told us the care was very good and they would not hesitate to recommend the service.

The policies and procedures had not been reviewed in line with the Health and Social Care Act 2008 regulations. On the second day of the inspection the registered manager had taken action to address this issue and purchased guidance to implement new policies and procedures in line with the regulations.

Records were not always completed fully, such as the outcomes in the risk assessments, and the induction training records.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010. You can see what action we told the provider to take at the back of the full version of this 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 home was not always safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

The systems in place to make sure people received their medicines safely did not include what action had been taken when people refused their medicines.

The checks on the fire systems did not include all fire points, and not all staff had been involved in the fire drills.

Staff understood the process of how to report and action allegations of abuse to protect people from harm; however the safeguarding policies and procedures required updating.

People were supported by sufficient numbers of staff and recruitment procedures had been followed to ensure staff were safe to work at the service.

Is the service effective?

Requires Improvement

The home was not always effective.

Staff had received Deprivation of Liberty Safeguards and Mental Capacity Act training but some staff were not fully aware of the process to ensure that people were supported to make decisions in their best interests.

The programme of supervision was not up to date and staff had not received an annual appraisal to address their training and development needs.

Staff received sufficient training to ensure they had the skills and competencies to carry out their role.

People were supported to maintain good health and had access to health care professionals when needed.

The service provided a variety of food and drinks to ensure

people remained as healthy as possible.

Is the service caring?

Good

The home was caring.

People and their relatives were involved in planning the care and support they needed.

Staff knew people well and knew how they preferred to be supported. They treated them as individuals, recognising their preferences, likes and dislikes.

People, relatives and health care professionals told us staff treated people with kindness and compassion.

Staff communicated with people in a caring and dignified manner, taking their time to listen and act on what people said.

Is the service responsive?

Requires Improvement

The home was not always responsive.

People were involved in planning their care. The staff were passionate about providing personalised care to each person. However, this detail was not reflected in the care plan to show exactly what care was being provided.

People were actively encouraged and supported to take part in activities.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take
any action if required.

Is the service well-led?

Requires Improvement

The home was not always well led.

The registered manager and provider told us that checks and audits on the service were carried out regularly but these had not been recorded, and the shortfalls found at this inspection had not been identified.

The policies and procedures were not up to date, in line with current legislation.

The provider had systems in place to assess and monitor the

quality of the service. Staff understood the visions and values of the service and told us the provider and registered manager were approachable, and very supportive. Records were not always completed fully.	

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.

We undertook an unannounced inspection of this service on 29 February and 1 March 2016. Some people were not able to explain their experiences of living at the service to us due to their dementia. We therefore used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us. The inspection was undertaken by two inspectors.

Before the inspection we reviewed the information we held about the service. On this occasion the provider had not received a Provider Information Return (PIR) because we inspected the service sooner than we had planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered and reviewed information about the service before the inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We reviewed a range of records. These included five care plans and associated risk information, and environmental risk information. We looked at recruitment information for four staff, including one who was more recently appointed; their training and supervision records, in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with three people, five relatives, four staff, the cook, registered manager, deputy manager, and provider.

We last inspected this service on 17 February 2014 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. Relatives felt that the service promoted people's safety and they trusted the staff. They said: "My relative trusts the staff, they are very good". "I am sure my relative feels safe living here".

Staff had received training in how to keep people safe. They knew how to keep people protected from harm. Staff told us that if they had concerns they would report the information to the registered manager or senior on duty. They knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. The registered manager was proactive in raising safeguarding concerns if they thought people were at risk of harm. However, the safeguarding policy and procedures were not up to date, or in line with current legislation so staff were referring to out of date information. This was an area of improvement.

People were protected from financial abuse. People's monies and what they spent were monitored and accounted for.

Potential risks to people were identified regarding moving and handling, risks to people's skin and behaviour, but there was a lack of detailed control measures in the care plans to guide staff on how to safely manage the associated risks. For example, moving and handling risk assessments were very brief, such as 'unstable on feet, needs two staff to walk around'. Another plan stated 'hoist and two staff for all transfers', but there were no measures in place to manage the risk, and no detail of what staff needed to do to support the person safely.

Two risk assessments to support people with their behaviour were detailed with information to ensure that staff would be able to recognise any triggers before the behaviour occurred, and what they should do to positively support the person to remain calm. However, in other plans there was not always full guidance in place to show staff how to reduce the person's anxiety. For example, one care plan stated, 'I do like to be left alone as I can show verbal and physical aggression towards others'. The behaviours were not clearly listed, together with known triggers, and strategies were not in place to minimise their future occurrence.

Risks to people's skin, such as the development of pressure ulcers, had been assessed. However, risk assessments were not always completed consistently, some plans showed that a person needed one carer to apply cream to all dry areas and pressure areas twice a day, but others just said 'skin needs monitoring'. This was an area for improvement. Staff knew the signs when people were at risk of developing pressure ulcers, and they had referred people to their doctor or nurse. Special equipment, such as cushions and mattresses, were provided to keep people's skin healthy, and we observed these being used.

Environmental risk assessments identified hazards but did not include information on how to reduce the risks to ensure people were as safe as possible. In some people's rooms toiletries and creams were not stored safely. They were easily accessible to people living with dementia, who may lack the capacity to use them appropriately. The provider told us that this would be addressed and they would ensure all toiletries

were being stored safely.

The service had recently been extended with eight bedrooms, and there were further plans in place to replace carpets in the lounge and dining room area. There were some areas in the service which needed to be repainted, and the provider had plans in place to address these areas.

Checks on the fire call points had not been carried out in line with good practice. Tests had only been completed on one call point in the lounge; therefore other points in the premises had not been checked to ensure they were in good working order. Fire drills had been carried out but not all staff, including night staff, had taken part in this exercise to ensure they had a clear understanding of what action to take in the event of a fire. Staff were provided with information about actions to take in an emergency and had emergency numbers to call if necessary. Individual plans detailed the support people required in the event of a fire, but these did not show how people would be evacuated from the building safely.

Equipment to support people with their mobility, such as hoists and special baths had been serviced to ensure that it was safe to use. Some people required to be supported with a hoist, but each person did not have their own sling to ensure it was the correct fitting for their height and weight, and to reduce the risk of infection.

The registered manager told us that the water temperature was checked every three months, and thermostatic restrictor values were fitted to ensure the water remained at the right temperature. However, there were no records in place to monitor and record the water remained under 43°C, to reduce the risk of scalding.

There were systems in place for the ordering, receipt, storage, administration, recording and disposal of medicines. The service used a medicine dosage system for most of the medication, which was delivered by the local pharmacy. We observed the medicine round and noted that when people refused their medicines, this was not recorded on the back of the medicine record to show why the person had not taken their medicines or what action needed to be taken. The registered manager told us that they checked and audited the medicines but there were no records to confirm this.

The fridge temperatures had been recorded to ensure the medicine was being stored at the correct temperature; however the temperate of the medicine room had not been taken or recorded. This did not ensure the medicine was stored at the correct temperature, and remained fit for use.

The above demonstrates that the provider had failed to mitigate risks in relation to proper and safe management of medicines, the premises and the health and safety of people. This was a breach of Regulation 12 (1)(2)(d)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Controlled medicines were stored safely and securely, and records were in good order. Staff ensured that the medicine trolley was locked and secure. Medicines with a required shelf life had been dated when opened to ensure people received the medicines safely. Appropriate storage and a controlled drug register were in place to ensure the drugs were accurate and safe. Staff who handled medicines had completed training, and had received observational assessments of their competency to administer medicines safely.

Accidents and incidents were recorded, investigated, and appropriate action was taken to reduce the risks of them happening again. The events were analysed to look for patterns and trends, to reduce the likelihood of reoccurrence. Records showed that staffing levels had been increased to reduce the risks of people falling.

Relatives told us that there was enough staff on duty at all times and the staff group were stable, which helped with the continuity of care being provided. At the time of the inspection there were sufficient numbers of staff on duty. The staff rota matched the number of staff on duty, and showed that this level was consistent to ensure people's needs were fully met. Staff made sure that they spent time with people, giving reassurance and support to ensure they had everything they needed. In addition to the care staff there was a cook and two domestics, together with a maintenance person on duty. There were clear lines of accountability, with a senior member of staff on duty on each shift.

Recruitment procedures were thorough to make sure that new staff were suitable to work with people. This included applicant's completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. Staff had to complete a probation period to ensure they had the right qualities and skills to work at the service.

Requires Improvement

Is the service effective?

Our findings

People told us that their health care needs were met. Relatives commented: "I was really pleased with the service provided to my relative. During the time they lived at Ivy Bank their health improved and they gained weight (which was very necessary)".

The programme to ensure that staff received one to one meetings with their line manager and an annual appraisal had lapsed. There was no evidence on file to confirm staff had received an appraisal to discuss their training and personal development needs. Records showed that the last senior staff meeting was in February 2016, but there were no records to show any other staff meetings had been held in 2015. Staff told us they were very well supported to deliver safe and effective care by the registered manager and the provider, as they worked closely together. They said they were supported and guided by the registered manager on a daily basis but staff did not have the opportunity to have individual mentoring, coaching and support due to the lack of supervision and appraisals.

Staff were not receiving regular supervision or an appraisal of their performance to identify any learning and development needs. This was in breach of Regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated a commitment to ensuring relevant training was provided for all staff. There was an ongoing training programme including moving and handling training, infection control, fire awareness, food hygiene, first aid and health and safety. Specialist training to meet to people's medical conditions, such as epilepsy had been arranged. Other training booked over the next few months included care planning, common health issues, dementia awareness and mental health awareness.

Induction training for new staff was taking place but there was no evidence on file to show how staff skills and competency had been assessed. This was an area for improvement. Staff told us that they watched videos and completed competency based induction training, and received additional support and supervision during their induction period. The registered manager told us that the induction training programme was in the process of being reviewed and they would be implementing the new the Care Certificate, which had been introduced nationally to help new care staff develop their skills, knowledge values and behaviours.

The majority of staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There was one person who had a DoLS authorisation in place. This was a very recent authorisation and although staff were managing this situation they were unaware it was linked to the DoLS process. Staff were aware of the importance of people being supported to make decisions for themselves, however, some staff lacked an understanding of the process, and how decisions were made in people's best interest. This was an area for improvement. The registered manager told us and records showed that all staff were booked on MCA and DoLS refresher training in April. Before people received any care or treatment they were asked for their consent.

Relatives told us that staff were very proactive in referring people to the doctor or nurse if they had any health concerns. Care records showed that people regularly saw the chiropodist, dentist, optician and attended out patient's appointments when required. Risks to peoples' skin, such as the development of pressure ulcers, had been assessed; however there was no further guidance in the care plans to reduce the risks and ensure people's skin remained as healthy as possible. Staff told us they worked closely with the district nurse to ensure people received the care they needed. There were turning charts in people's rooms to reduce the risk of further pressure areas, and special equipment, such as cushions and mattresses were provided to keep people's skin healthy.

People enjoyed their food and were given choices. Relatives were very complimentary about the food. People told us that they could request a cooked breakfast, and there were two main choices at lunch time. One person said: "The food is lovely; there is plenty to eat, with lots of choices". "They will provide you with foods that you fancy". Relatives said the food was good, and people were offered cooked breakfast if they wanted one.

People were encouraged to eat in the dining room but some chose to eat in the lounge or in their rooms. We observed the meal being served, which looked appetising and inviting. There was additional equipment, such as plate guards so that people could independently eat their meals. Staff were attentive and stepped in to help when people needed additional support.

Staff were very aware of people's likes and dislikes and told us meals were adapted to suit these preferences. People's weights were monitored and a healthy diet encouraged. Health professionals, such as dieticians had been involved in the assessment of some people's nutritional needs. The cook was very familiar with people's different choices, likes and dislikes, and ensured that people had a varied menu to choose from.

People who had reduced appetites, or were at risk of losing weight, were offered foods that were fortified, with butter and cream, to provide them with extra calories. Some people were prescribed special shakes to supplement their diet.

Various drinks were available to people throughout the inspection, and staff made sure that people had the fluids they needed. We observed people being offered regular drinks and snacks, such as biscuits.

Good

Is the service caring?

Our findings

People and relatives said the staff were kind and caring. They said: "The staff are brilliant; they really care about the people living at the service". "The staff care about the relatives too, they always take time to speak with us and update us on our relative's care". "All of the staff are approachable; they are very good, discreet, caring and attentive".

One person said: "The staff are more like friends. I have decided this is my home as long as I need one".

Feedback from a relative was sent directly to CQC about the service: They said: "The building is clean and quite modern, but it's the staff that makes the difference - they befriend the residents and go out of their way to ensure a pleasant environment. I witnessed more than just clinical efficiency; I witnessed true warmth towards the residents which made the care home a better place".

Staff told us: "This home is very much for the residents who live here. The residents come first, they are well looked after". "All of the staff want what is best for the people who live here".
People were chatting to each other and staff throughout the inspection. Staff were seen offering choices to people, what they wanted for dinner and what they would like to do. One person was telling, the staff how lovely they were and another person pointed to a senior member of staff and said: He's a very nice man".
People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The key worker system encouraged staff to have a greater knowledge, understanding and responsibility for the people they were key worker for. They were also responsible for completing a monthly report to assess if any changes to people's care were needed.

People were treated with respect and staff were kind and caring. Staff greeted and reassured people as they went about their duties, pausing and chatting to people if they needed support. Staff showed genuine affection for people and people responded in a similar way. Staff made sure people who became anxious were given time and patience to reduce their anxiety. They spoke with them quietly and sensitively, until they became calm and comfortable.

Care plans had a brief outline of people's lives before they came to live at the service and staff knew people and their relatives well, so they were aware what was important to them. People were well supported with their personal care and appearance, and their rooms were personalised to their own taste with photographs, ornaments and pictures of their choice.

People were able to choose where they wanted to spend time, in the communal areas or time in the privacy of their bedroom. They were also asked if they preferred a male or female member of staff to support them with their personal care.

Visitors were welcome in the service and there were no restrictions as to when they could call. Relatives told us they felt included in the daily life of the service and how they were welcomed when they visited, and

offered refreshments.
Staff ensured people's privacy was maintained, by carrying out personal care discreetly in their rooms. Staff told us how they made sure curtains and doors were shut, they spoke with people to let them know what tasks were to be carried out and how they covered people when they were supporting people with their personal care. People were addressed by their chosen name and were supported to make choices such as when they got up and went to bed at the times they wished. Relatives told us that staff were very good and treated people with dignity, and respected their privacy. They said: "They respect my relative, they look after her well".
People's religious beliefs were supported. The service had developed links with local church groups and the local vicar visited the service on a regular basis.
Advocacy services were available, but no one living at the service currently required this support. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's personal information was stored safely.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they received the care they needed. Relatives told us that they visited the service to consider if it was the right place for them. They said they turned up at all different times to assess the care being provided. They said the staff were patient, understanding and were very helpful.

People told us that staff responded promptly if they rang the call bell. They said that staff checked that they were OK and made sure they had everything they needed. Another person told us that the staff always responded promptly when they noticed if they did not feel well, and would arrange for the doctor to call if necessary.

Health care professionals told us that the service was very responsive to people's needs. They said that the registered manager ensured that their advice was acted on and ensured that people received the care they needed.

Before people moved into the service a pre-admission assessment was completed to ensure that the service was able to meet people's individual needs and wishes. Care plans were then developed from the assessments and discussions with people, and their relatives. Relatives told us how their loved one had visited the service on several occasions to ensure they would be familiar with the service and staff, to reassure them before they made the final decision to live at the service.

Care plans did not always record all the information needed to make sure staff had the full guidance and information to care and support people in a person centred way. They lacked detail of how people preferred to receive their personal care, for example, one plan stated 'continues to have two staff for personal care to assist with washing and dressing' but there were no details of how this person preferred to be supported, what they could achieve for themselves or what their preferences and choices were. There was, therefore, a risk that people were not receiving their care and support in the same way to ensure they received consistent safe care that was responsive to their needs.

Staff described to us what people were able to do for themselves and how they met their needs in the ways they preferred, but this was not fully detailed or recorded in the care plans. The records of people's personal history varied, some were very brief therefore staff did not always have full
details of what was important to people.

One care plan stated that a person was 'unable to express their needs but would call out in pain. Cognitive abilities are very poor, with no insight'. There were no guidelines in place to explain what this meant to the individual, and how staff were supporting them to ensure they received the care they needed.

Where people had specific medical conditions, such as diabetes, this was monitored through their care plans. However, there was no guidance for staff to follow or what action they should take if people living with diabetes needed medical attention.

In some cases there was information in the professional visitors section of the plan to confirm that people had been seen by health care professionals, such as dieticians. Details on the advice from the dietician regarding plans to be put in place were recorded, such as 'provide milkshakes fortified with cream, milk powder', but this was not cross referenced to the nutritional information in the care plan.

The care plans were not person centred to ensure that people's preferences and choices of how they received their care were fully met. This is a breach of Regulation 9(3)(b) and 9(3)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us that they would review the format of the care plans and would introduce a new format to ensure the plans were person centred. This was an area for improvement.

Staff told us that they had received training on how to positively support people with their behaviour, and took their lead from senior staff should an event occur. They were confident that situations were handled calmly by the registered manager, who would then seek additional help from health care professionals when required.

The service was very responsive in accessing health care professionals for people who needed support with their behaviour. Health care professionals told us that the service responded positively to support people with their behaviour. They told us that they worked well with individuals to ensure that every effort was made to reduce their behaviour before 'as and when required' medicines were administered. They told us that this medicine was administered as a last resort to make sure people were safe.

Relatives told us they had been consulted about their relatives care and support. They said they were consulted when required and kept updated if there were any concerns. The care plans had been regularly reviewed to ensure that staff were aware of people's current needs.

There were no dedicated hours for an activity co-ordinator. There were people who visited the service to provide entertainment, such as 'music for health' and sport activities. Staff also provided activities, such as playing cards, board games and bingo. Although people's preferred hobbies and pastimes were recorded in their care plans, the activities were not structured around people's preferences, which may be more meaningful to them.

People and relatives told us that they would not hesitate to complain if they needed to. All of the people and relatives spoken with said they did not have any complaints. One person said that they only had to mention an issue and the registered manager took notice and sorted everything out.

There was a system in place to respond to complaints but this had not been used since the last inspection. The registered manager told us that they spoke with people and their relatives regularly and this helped to resolve any issues before they became complaints. Relatives told us how supportive the registered manager was and genuinely cared and supported them with any issues of concern. There were systems in place to ensure that any complaints were responded to appropriately. Staff felt confident to pass complaints they received to the registered manager and action would be taken if needed. There was a complaints procedure in place which required updating to include the current legislation and process.

Positive compliments from relatives were also recorded about the service. They included: "Thank you for all your kindness and care given to our relative. We know they were happy and trusted all of you which gave us comfort". "Thank you for taking such good care of my relative". "Thank you for the outstanding care and your expertise and understanding of people living with dementia".

Requires Improvement

Is the service well-led?

Our findings

People, relatives, health care professionals and staff told us the service was well led. They said the registered manager and provider were very supportive and their goal was to provide a quality service. Health care professionals told us the service was good and proactive, to ensure people received the care they needed.

One person said: "I would definitely recommend this home, it is a good service. They have asked me on several occasions if I am alright and I am happy here".

Relatives said: "The manager is excellent, very supportive both to my relative and the family. The manager always comes to have a chat when we visit". "I would not hesitate to recommend this service".

Health care professionals told us that this was a good service; they were confident about the management and staff, and were satisfied with the service.

The provider was in touch with the service daily and visited the service each week; they knew the people living at the service and staff well. The registered manger and staff told us they were supportive and responded to their requests to improve the service. The provider and registered manager made a commitment during the inspection to address all the shortfalls identified during the inspection, to make sure that people received a good service at all times.

The registered manager told us that they checked the service regular, such as the medicines, health and safety, infection control and care plans. However, there were no formal records to confirm this. The system currently in place was not effective because shortfalls found during this inspection had not been identified.

The registered manager had not ensured that staff had received formal one to one meetings and a yearly appraisal to discuss their training and development needs.

Records were not always completed fully, such as medicine records did not show the full details when people refused their medicines, evidence of the induction training and completion dates on actions on the risk assessments.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given the opportunity to feedback their opinions about the service. A quality survey was sent to people, relatives, and health care professionals each year. The most recent one had been in March 2015. The feedback from health care professionals had been positive. Their comments were as follows: Health care professionals: "The staff are welcoming, any issues are dealt with immediately". "The people always seem happy and supported, the staff are always readily available and know their residents". "The registered manager and staff are very efficient, professional and caring". The outcome of the survey had not been

summarised so that people could be informed of the outcome and any comments or recommendations could be used for the continuous improvement of the service. This was an area for improvement.

During the inspection the registered manager took action to address some of the issues, such as arranging to implement a process for all of the policies and procedures to be reviewed and amended.

There was good communication between the staff. Staff handovers highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities and the staffing structure ensured that they knew who they were accountable to and confident to raise issues with the registered manager to discuss their practice and ask for guidance if needed.

Staff understood the visions and values of the service, and shared the philosophy of providing personalised care. They said people were treated with the utmost respect, and were cared for as individuals in a way that suited them best. They told us: "The organisation is well led; you can go to the registered manager with any problems and talk with them confidentially". "This is one of the best homes. We can go to our manager with anything". "We work hard as a team to make sure people receive the care they need. We are a good team". "We offer a really good care service". "I would put my relative in here; it is the best care home in Dover". "There is good communication with staff, we all work well together". "We have a good reputation as standards are high". "This is really good dementia care".

The service was a member of The Enabling Research in Care Homes (ENRICH) initiative and Research Ready Care Home Network Research Ready Care Home Network which aims to improve the consistency of support for research outside the National Health Service. The registered manager had information about dementia and provided relatives with a book of top tips for carers and families of people living with dementia.

Services that provide health and social care to people are required to inform us of important events that happen in the service. The registered manager had informed us of events in a timely way and had taken appropriate action following any incidents.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care plans were not person centred to ensure that people's preferences and choices of how they received their care were fully met.

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 failed to mitigate risks in relation to proper and safe management of medicines, the premises and the health and safety of people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to identify the shortfalls at the service through regular effective auditing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving regular supervision or an appraisal of their performance to identify any learning and development needs