Parkview Residential Home

Parkview Residential Home

Inspection report

Furze Hill Road
Ilfracombe
Devon
EX34 8HZ

Tel: 01271865657

Date of inspection visit:
21 November 2017
27 November 2017

Date of publication:
16 January 2018

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

Parkview Residential Home provides accommodation and support for up to 22 people who require support and personal care. The home is a two storey building in Ilfracombe in North Devon. Bedrooms are on both floors and all have ensuite facilities. There is a stair lift to enable people to access all parts of the home. Parkview Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This unannounced comprehensive inspection was carried out on 21 and 27 November 2017. At the time of the inspection there were 21 people using the service, two of these people were staying at the service for a respite stay.

We carried out a comprehensive inspection of this service on 22 June and 6 July 2016 and rated the service as requires improvement. At that inspection we found the provider had not met all of the regulations. This was because they had not followed the requirements of the Mental Capacity Act (2005); had not undertaken environmental risk assessments to ensure the premises and equipment were clean, suitable and well maintained for their intended purpose; there were poor infection control measures in place and poor governance of systems and processes for the assessment, monitoring and improvement of the quality and safety of the service. At that inspection we asked the provider to take action to make improvements. They sent us an action plan, telling us the actions they were taking to meet the relevant legal requirements and the timescales. For example: they said they would introduce consent forms by 31 April 2017. Risk assessments would be put into place and the laundry room would be rearranged to prevent cross contamination by the end of March 2017. They also confirmed questionnaires would be sent out to people, visitors and health professionals to ask their views about the service. At this inspection we found they had completed their actions and improvements had been made.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.' The registered manager said they had worked at the service for 20 years in different roles. They had agreed to take on the role of manager and had only recently undertaken their fit person interview with CQC and were registered as the manager on the 20 November 2017.

The registered manager was very active within the service and undertook shifts working alongside the staff. They led by example and had a high level of expectation of the staff to deliver good quality care. They were supported by the provider who worked at the home each day in the kitchen as the cook and a deputy manager. They had recognised there were areas of concern and were addressing these.

The registered manager had been working with a local NHS nurse educator who had been visiting the

service regularly and offering support as well as delivering training. The provider was also working with the local authority Quality Assurance and Improvement Team (QAIT) to access support and guidance to help improve the service further. The registered manager attended a local registered manager's forum where they could share information.

In response to the concerns raised at our last inspection the provider had made changes to the laundry room layout. This included putting in a sluicing sink and moving the laundry equipment around so soiled laundry did not come into contact with clean laundry. They had also had a second communal toilet put in on the ground floor. The home was clean and free from any unpleasant odours during our visits. The decoration was tired in some areas of the home however the provider had recently decorated the lounge and was working with people to choose the decorations they wanted in their rooms. The registered manager had completed a health and safety risk assessment and had several assessment tools to assess the safety of the service. However we identified a few areas which had not been covered. These included the exterior of the service where moss posed a slip risk on an external fire escape and hot water coming from taps which was too hot. Action was taken to address these and measures put into place to reduce the risks.

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 support this practice. The registered manager had put in processes required of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood their responsibilities in relation to the MCA and DoLS. They gained people's consent and maintained their rights.

People said they felt safe and cared for in the home. The registered manager had held meetings with people and sought their feedback about the food at the service.

Staff had a good understanding of what constituted abuse and how to report if concerns were raised. There were sufficient, suitably qualified staff to meet people's needs. The registered manager said they had several staff vacancies which they were actively trying to recruit to. They and staff had been undertaking additional duties where there were gaps on the rota. The provider said since the last inspection they had needed to use the services of a care agency where staff were unable to fill gaps. There were suitable recruitment checks in place.

There was a safe system to ensure the safe management of medicines at the service. Medicines were administered by staff who had been trained regarding medicine management. Staff had received regular supervisions and support with their performance and future development. New staff undertook an induction when they started working at the service.

People were supported to have a balanced and variable diet. Where people had specific dietary requirements these were catered for. The registered manager had asked people their views about the food at the service and were taking action to address concerns. People's health needs were managed well and they saw health and social care professionals when they needed to and staff followed their advice.

Staff were very caring and kind. They treated people with respect and dignity at all times. There was a friendly atmosphere at the home and a culture led by the registered manager and deputy manager about it being the people's home. One person said, "They always say to us, this is your home."

The registered manager was putting in place a new care plan format. They were in the process of rewriting everybody's care plans and had completed seven at the time of our visit. The new care plans were personalised and guided staff how to meet people's needs. The registered manager had put in place a

system to ensure the care plans were regularly reviewed. We have made a recommendation about people being given access to information in a format that was accessible to them.

Some areas of the environment were not suitable for people living with dementia. We recommended the provider consult current guidance on the design of environments for people living with dementia.

A care worker had dedicated time to support people to engage in activities that they were interested in. The registered manager confirmed they would be increasing the provision of activities by implementing additional hours for the staff member once they had a full complement of staff. This would enable them to undertake more individual sessions.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the registered manager. The registered manager was aware of their responsibilities in relation to the provider's complaints policy and the action they needed to take. People, relatives and staff were asked their views and these were taken into account in how the service was run.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe care and treatment. This is the second time the service has been rated Requires Improvement. We will be meeting with the provider to discuss our concerns, improvements needed and support that may be available.

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

Most aspects of the service was safe.

People had not been protected from the risks of unsafe and unsuitable premises

Health and safety risk assessments had been carried out but not always effectively. This put people at risk of not being protected against the associated risks.

People said they felt safe and staff had a good understanding of what constituted abuse and how to report if concerns were raised.

There were sufficient staff on duty to meet people's needs.

There were effective recruitment and selection processes in place.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well and they saw health and social care professionals when they needed to and staff followed their advice.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People and relatives gave positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect.

Staff knew the people they supported, their personal histories and daily preferences.

Staff were friendly in their approach and maintained people's privacy and dignity while undertaking tasks.

Visitors were encouraged and always given a warm welcome.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were being rewritten and were personalised and guided staff how to meet their needs. Their care needs were regularly reviewed and assessed.

People knew how to raise a concern or complaint. The registered manager was aware of their responsibilities in relation to dealing with complaints.

People were supported to take part in social activities. Improvements were being put in place to increase the activity provision at the home to ensure people had meaningful activities.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was putting in place quality monitoring systems at the home and reviewing polices to ensure they reflected the practice at the service, but these were not fully embedded.

Everyone spoke positively about the improvements at the service and how the registered manager worked well with them.

They registered manager undertook the day to day running of the service supported by a deputy manager and the owner who undertook the cooking at the service. The staff were well supported by the registered manager.

People, relatives and staff were asked their views and these were taken into account in how the service was run.

Parkview Residential 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 checked whether the provider was 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 21 and 27 November 2017 and was unannounced for the first visit. The second visit was announced as the registered manager had not been able to stay on the first day of our visit and we wanted to spend time with her looking at quality assurance systems they had put into place. The inspection team comprised one adult social care inspector, a bank inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of working with and supporting older people and people living with dementia.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with or spent time with seven people who lived at the service, a relative and nine members of staff. These included the registered manager, deputy manager, senior care staff and care workers and the activity co-ordinator. We also spoke with the provider who undertakes cooking at the service and a visiting community nurse. We spent time observing how people spent their time as well as how people were being supported by the staff team. We spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for four people with a range of needs, and sampled other records. These records included support plans, risk assessments, health records and daily notes. We looked at records

relating to the service and the running of the service. These records included policies and procedures as well as records relating to the management of medicines and health and safety checks on the building. We looked at three staff files, which included information about their recruitment and other training records. We also viewed a number of audits undertaken by the service to identify concerns to people's health and well-being.

Before our visit we sought feedback from the local authority safeguarding team and local authority Quality assurance Team (QAIT) to obtain their views of the service provided to people. After our visit we contacted health and social care professionals and the nurse educator to obtain their views of the service provided to people. We received feedback from two of them.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June/July 2016 we found areas of concern which posed a risk to people because there were not effective infection control processes in place, particularly in the laundry room. Environmental risk assessments had not been regularly carried out which meant people might be at risk from their surroundings. Not all areas of the service were found to be clean and hygienic. There had only been one communal toilet on the ground floor for people to use.

At this inspection we found the provider had taken action in response to our concerns and had installed a second communal toilet on the ground floor. They had rearranged the laundry equipment so soiled laundry was kept separate from clean laundry. New baskets had been purchased so people's clean laundry was sorted and kept in a room off of the laundry room before being returned to people. A sluicing sink had been fitted for staff to use if required. Staff used laundry bags to carry soiled laundry to the laundry room.

Staff followed infection control procedures and personal protective equipment was used where necessary. There was an up to date infection control policy in place. The home was clean throughout. The registered manager had an infection control audit template which they had started to complete. One person said, "It's generally very clean here I've heard of other homes that aren't clean but here it immediately looks clean."

At this inspection we found people were not fully protected from the risks of unsafe and unsuitable premises. On the first day of the inspection, water from taps in people's bedroom sinks and a sink in the communal toilet was very hot. The temperatures exceeded the Health and Safety Executive recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a possible risk of scalds for people who lived at the home. There had been no risk assessments undertaken to assess the risk of scalding to vulnerable people. We raised this with the provider and on the second day of our visit a plumber had been requested to fit a TMV on the communal toilet sink. They had also purchased warning stickers to place above sinks to make people aware of the hot water. The registered manager said they would complete risk assessment for each person at the service and where they assessed there was a risk to them they would have a TMV fitted to their sink. However baths at the service had thermostatic mixing valves (TMVs) which reduced the temperature They also confirmed they had put in place regular water temperature checking of the ensuite baths to ensure the TMV's did not fail.

The provider had no Legionella precautions in place. We discussed this with the provider and on the second day of our visit they had organised water testing kits and had put in place checks for purging unused taps and water temperature checks.

The registered manager had completed a health and safety risk assessment and where they had identified concerns these had been raised with the provider to action. However we found areas which were a concern which had not been included in the risk assessment. We discussed with the registered manager that we had identified the fire exit slope leading to the patio was slippery because of moss, as was the external fire escape stairs. The garden was terraced and in an area close to the patio there was quite a significant drop which could pose a risk to people. The registered manager said they would complete the risk assessments

again and include these areas. On the second day of our inspection the algae and moss had been cleaned away. This made it safer for people to use the patio. There had been no accidents or incidents relating to these areas.

The above examples are all a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us a Legionella test certificate and said this would be reviewed annually. They also sent a photograph to show that fencing had been erected next to the patio area. The whole patio area had been cleaned of moss and this would be regularly monitored.
People said they felt safe living at the home. Comments included, "You're not safe anywhere today, A lot of people you can't trust, but I feel safe here", "I feel very safe here. There will always be someone there to ask if you have a problem but I have none…they look after us really well" and "I believe I'm safe here that's why I like to be here."

Medicines were safely managed. People were happy with how their medicines were managed. One person said, "I get my medicines on time." Staff received training in medicines management and had regular competency assessments and observed practice. One staff member said, "I'm happy that medicines are safe and the training has helped me do the job."

Medicine administration records (MARs) were completed correctly with no signature gaps or anomalies. Three people's MARs did not have a photograph of the person. This meant that in the event of the service using agency staff they would not have a photograph of the person to aid recognition. The MAR charts also did not have contact details of the person's GP, any recorded allergies or the persons room number. We raised this with the provider and by the second day of our inspection these had been put into place.

People had their prescribed topical creams administered as prescribed. The registered manager had developed a list of homely remedies and had sent the list to the GP surgery for approval. Homely remedies are for things you could buy over the counter such as for indigestion, pain relief and constipation. Medicine information leaflets were held in a file for staff to use as a reference if required.

People were protected because risks for each person were identified and managed. Care records contained risk assessments for mobility, falls, nutrition and fluid monitoring and skin integrity. Where staff identified concerns in relation to people's skin integrity, pressure relieving equipment had been put into place.

People and visitors were also able to come and go as they pleased. We discussed the security at the service with the provider as we had been able to enter without being seen. Some people chose to spend some of their day outside enjoying the view. One person said, "I like it here. If it's sunny and warm I sit outside." However they might not always make it known to staff that they were leaving the service. We knew of two occasions when people had left the service and gone into the town unknown to staff. On the second day of our visit the provider had taken action and had added the front door to the call bell alarm system. This meant staff would be able to monitor people coming into the service and be aware when people left and could assure they had suitable clothing etc. Following the inspection the provider told us that they were having call bells fitted on all external doors to ensure staff would be aware of people entering and leaving the service.

The registered manager had used safe recruitment procedures to ensure people were supported by staff with the appropriate experience and character. They had ensured appropriate checks had been undertaken. These included, appropriate references, checks with the Disclosure and Barring Service (criminal records

check) to make sure people were suitable to work with vulnerable adults and exploring potential staffs employment history. The registered manager said they would review all of the employment files of staff employed before they took up position to ensure they all had the appropriate checks in place.

The registered manager made us aware that they had been actively recruiting to fill several vacant staff positions. They said they had filled some of the vacant positions; some new staff had started but were still awaiting employment checks for some to be able to start. The registered manager and staff had filled gaps where possible. The provider was also using the services of agencies to provide cover for duties when needed, they said, "This is the first year we have had to use an agency."

The preferred staff level each morning was a senior care worker and three care staff. When this was not possible and only a senior and two care staff were on duty a forth staff member would come in at midday to help with the lunches. At night two care staff were on duty. The care staff were also supported by a cleaner, a maintenance person and the owner who undertook the cooking at the service. People felt there were enough staff to support them. One person said, "Yes there is enough staff. I do my own personal care. Yeah they're pretty good, they're helpful and I have a laugh with them."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The staff were confident the registered manager was aware of their responsibilities and would take the appropriate actions to protect people and report any concerns One staff member said, "I'm level two newly qualified. Safeguarding is keeping people safe from harm either from themselves, others or the environment. Abuse can be physical, emotional, verbal, sexual and financial. I have every faith in the management."

External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment. Fire checks and drills were carried out. One person confirmed that fire test were carried out weekly. They said, "The fire alarm is tested every week. The notice board tells us that every Monday at 11 am it will be tested, so we do not leave our rooms at that time."

Staff were recording repairs and faulty equipment in the diary. We discussed this with the provider and on the second day of our visit they had purchased a specific maintenance book so they could have a clear maintenance log and sign off when they had been completed.

Staff had recorded accidents promptly and the actions they had taken at the time. The registered manager had a system to monitor accidents at the service and reviewed all accidents.

Good

Is the service effective?

Our findings

At our inspection in June/July 2016 the provider had not followed the legal process to make formal decisions in people's best interests in line with The Mental Capacity Act 2005 (MCA). At this inspection we found the registered manager had taken action to improve the understanding of the Mental Capacity Act (MCA) (2005) and the code of practice at the service.

The 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. For example, support with personal hygiene. Staff were able to tell us about the role of an advocate and were clear if someone did not have family or friends to support them they knew the service was there.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people who lacked mental capacity to make particular decisions were protected.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and was aware of how to make an application if they needed to restrict a person's liberties.

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. One person commented, "The staff seem to cope quite well with those they have. They are very good… they know their stuff."

Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service. The registered manager said they had identified that staff training had lapsed. They had been working with the nurse educator and training provider's to ensure staff had undertaken all of the provider's mandatory training and training specific to people's needs. Staff said, "We have had training on Dementia. I have had care plan writing, first aid. We plan to do safeguarding soon. We have had diabetes and infection control training. The manager is responsive. I am confident it would happen if I asked."

Staff had undergone an induction which had given them the skills to carry out their roles and responsibilities effectively. Staff on induction shadowed senior care staff and the registered manager to ensure they knew the service's routines and people's preferences. Staff said, "I started recently... I shadowed for about two

weeks it was really helpful. I had a disclosure and barring check (DBS) and they wouldn't let me do anything until my DBS came through. I think after 12 weeks probation I will have a meeting. It's a nice friendly little home, it's not regimental. People get personalised care. People are supported to be as independent as possible. I know about whistleblowing."

Staff received regular supervisions every six to eight week which were used to develop and motivate staff and review their practice. Staff were positive about the supervisions they had received and said they felt supported. The registered manager explained that they had not completed appraisals as they were new to post but would be undertaking these with staff.

Some areas of the environment were not suitable for people living with dementia. People's bedroom doors were a dark brown colour and the room number was black and positioned at the top of the door. This made it difficult for people to see. There was no personalisation of the door so was difficult for people to find their room if they had a poor memory. One person said they had entered the wrong bedroom by mistake on one occasion. The deputy manager said they had been in discussions with the activity person about making personalised name plaques for people's doors.

We recommend the providers consult current guidance on the design of environments for people living with dementia.

The main communal room had a cluttered appearance, with armchairs on one side and the dining tables on the other. The ceiling was low and the lighting dim. The television was on throughout our visit, we were told this was not usually the case. The room had been recently been painted and looked bare because pictures had not been put back on display. The registered manager said they were in discussions with people and staff about how they could make the room more welcoming and attractive.

The provider was undertaking a redecoration program at the home and was working with people to choose the colours they wanted their rooms. The registered manager mentioned they were working with a person who had a visual impairment, regarding the decoration of their room to ensure it was light and had appropriate lighting to ensure it maximised their vision.

People were supported to have regular appointments with health professionals. For example, GPs, community nurses, opticians, chiropodists and other specialists. Records showed that staff took appropriate action when needed and contacted appropriate health professionals. For example, where a person had been very constipated and uncomfortable. Staff contacted the GP who prescribed a medicine to help the person. The person felt much better as a result. The person's condition was monitored by staff and the medicine was reduced accordingly. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. One commented, "They are very good, they act on our advice and they contact us if they need help or advice. If they think someone needs a GP they ask us first."

People were supported to eat and drink enough and maintain a balanced diet. The provider said there was a six week menu which could be adapted, depending on seasonal produce. There was a white board in the dining area to advise people of the main meal choice. People were offered one main meal choice but there were alternatives available if they didn't like the option. The provider said "we know what everyone likes and they will tell us if they don't like something and can always have something else." We discussed the dining experience people might have if they had to wait for their alternative as they were only asked at the mealtime. The registered manager said people would be made aware of the meal choice prior to the meal so they could make it known if they did not like the option and could choose an alternative. They gave an

example of what they did on a Friday when they asked people their preferred fish option e.g. poached or fish fingers.

People were very happy about the food at the service. Comments included, "The food is very good", "The food is good and you can ask for something else if you wanted", "The food is very good I like everything. You can always ask for more of anything. I would like some fresh fruit available. I love fresh pineapple", "I eat everything that's put in front of me … I like the food very much, it's very good. They would always do something else but I like it all" and "I had lost weight before coming here but now I'm filling out and I can't feel my bones."

We observed lunchtime in the dining room. Tables were laid with tablecloths, napkins; cruet sets and a variety of sauces were available. Some people had plate guards to help them and others had requested that their food be placed in a bowl. The chairs all had arms so that people could adjust their position. People were able to choose where they had their meals. Some people liked to have their meals in their rooms but most had chosen to use the main dining room. The meal on the day of our visit was roast lamb, which people enjoyed. During the mealtime staff were present and offered people sauces and refreshments. The atmosphere was very sociable where people chatted and enjoyed each other's company. Where people had difficulties with their meals the staff ensured they supported them to maintain their dignity and had the appropriate foods. For example, one person who needed assistance with eating had a full size dignity napkin and a person with a special diet had a sugar substitute on the table and a specially prepared desert.

After the last inspection we recommended that people were involved in making decisions about what they eat and drink. These should reflect their individual choices and preferences. The registered manager had requested people complete a food satisfaction survey in August 2017 to find out people's views about the food choices and dining area. There were mixed views received from the seven completed surveys. The majority of people were happy with the food served at the home. However one person had rated the food and catering services as, 'poor' and two people rated the ambience of the dining room as 'poor'. The registered manager had developed an action plan and was trying to improve the dining experience at the service. This included, developing a light bite menu, a review of the dining area regarding the lighting, cleanliness of the carpets and tablecloths.

The cook was able to tell us about special diets people required, these included, diabetic and gluten free. We discussed with the provider that there was no record of people's dietary needs held in the kitchen. They confirmed that staff knew people well and knew people's dietary needs. We discussed that there was a risk to people of having the wrong diet if new and agency staff were not be aware. They said they would implement a requirement list.

Good

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. People's comments included, "The staff are fantastic, can't do enough for you. I'm settling in, the staff are kind", "It is home from home here I think", "They are very gentle and kind and I've never seen them be otherwise with any of the others either, it's like being home here, it's a homely feel, better than when I was at my own home. My friends comment on how much better I am" and "All of them are happy to help and very hard-working. I feel very relaxed and they chat with me when helping me but they are always very busy so only when they can. I think they could do with more help."

There was an unhurried and calm atmosphere. People were supported to take risks to retain their independence, for example, to mobilise freely and using the main staircase and going outside of the service. One person liked to change their own bed each week. They said, "The carer brings fresh bedding on a Tuesday night and puts it on my exercise bike. On Wednesday I have my shower and make my own bed that night."

Interactions between people and staff showed that staff were kind, friendly and caring towards people. Staff took time to speak with people in a dignified and respectful manner and ensured they were comfortable and had everything they needed. People were seen positively interacting with staff.

Staff treated people with dignity and respect when helping them with daily living tasks. Staff maintained people's privacy and dignity when assisting with intimate care. Staff knocked on doors prior to entering and explained what they were doing when undertaking personal care and using the manual handling equipment. People comments included, "The staff always knock on the door before they come in. They call for me in the morning but I often get up earlier. I always enjoy my cup of tea, lovely jubbly" and "They always knock on the door when the carer comes in with a cup of tea."

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. People were wearing scarfs and jewellery as they chose. Staff explained how they offered people choices during the day, such as what to wear, or what to do. One person told us "If I wanted to stay in my room I could, I would tell them."

People's relatives and friends were able to visit without being unnecessarily restricted. People said their visitors were made to feel welcome and could visit at any time. A person said, "When my daughter comes she is always offered a cup of tea or coffee". A visitor said, "I find it excellent, it's very cosy. My friend tells me she can't find fault with anything. The girls are friendly and kind when I come. My friend is really happy and she thinks the food is good."

Staff had supported people to make their bedrooms feel homely. People's bedrooms were personalised with their personal possessions. These included ornaments, photographs, cushions and pieces of furniture.

Good

Is the service responsive?

Our findings

People received care which was person centred and responsive to their needs. People's care records were up to date and held personal information, including people's likes and dislikes. Since the last inspection, work has taken place to implement a new care plan format and personalise people's care plans further. The new style care plans contained more detail regarding people's personal preferences and included information on what a person finds relaxing, spiritual and cultural wellbeing, end of life preferences, emotional support, health history, medicines and sexuality.

There was very little information in the old and new care plans about a person's life before they came to live in the home, where they had lived, what they had done in terms of occupations and interests or family members. However staff knew people well and could tell us about people's families and the new care plans were being developed.

Before people came into the home the registered manager visited people and completed a pre-admission assessment with people and their families if required. This gave them an opportunity to find out what people's requirements were and to assess that a placement at their service was appropriate. This information was then used to write care plans to guide staff about how people wanted to receive their care. The registered manager said these were reviewed each month and more regularly if people's needs changed.

Care plans reflected people's choices and wishes. For example, one person's care plan said they enjoyed having their nails manicured. When we spoke with the person we could see that their nails had been shaped and manicured in line with their preference.

People's care plans included information on how people's communication needs could be supported. However information at the home had not been provided to people in differing formats if they had a communication difficulty. The registered manager said they would ensure information was provided to people in a format appropriate to them.

We recommend the service consider how information could be made available to people to support assisted communication where they may benefit from this.

One person was receiving 'end of life' care at the time of our visit. Staff were ensuring the person was kept comfortable and had food and drink as they wished and were able. The staff worked closely with the person's family and GP to ensure they were informed. They also had medicines in place should the person require them for pain management.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. These were stored in an accessible place for staff to refer to and decide the next course of action

People were supported to take part in social activities. A care worker had dedicated hours to support people with activities. The registered manager and activity person was very passionate about supporting people to partake in activities. The registered manager said they intended to increase the hours allocated for activity provision at the service. We were given numerous examples of activities people had taken part in. These included, music, hangman, ball games, an outing for six people to see the Christmas lights being turned on and outings to a local farm and seaside town. The activity person said that one person had said they had a "wish to go to see a lifeboat before they died." This had been arranged and the person had thoroughly enjoyed the day. Another person wanted to go to town to get some new clothes, this had been arranged and as part of the outing they had stopped to have a coffee. The activity person said when they had increased hours they would be allocating time for everyone to go on meaningful outings.

The activity person was encouraging people to come out of their rooms to join in activities if they wished to. Where one person had not been able to due to poor health they had spent time with them on a one to one basis looking at the person's photographs.

People said there were times when there was little going on at the home but said they were happy with what was offered. Comments included, "They offer trips out but I don't want to go I'm content here", "One of the carers organises activities like outings and they're doing knitting for Christmas decorations" and "The vicar comes in regularly and has a church group who come in and chat." People and staff told us that a chiropodist and two hairdressers visited regularly. They also said that school children came at Christmas to entertain and a choir and a man with a guitar who did a sing along.

A care worker told us, "One of our staff members is very good with activities and she suggested a sweet trolley with some soft sweets for people with dentures. We push a trolley that has all different sorts of sweets and little bowls to put people's choices in. We put music on and we have a sing song and we bear in mind people who are a choking risk or who have a special diet. We have just introduced a movie tea time. People put their nightclothes on because it goes on until late. We ask them to pick a movie and they have buffet food like pork pies, sausages and popcorn. There is a little purple train that runs around the seafront and we hired the whole train in September time and they loved it."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The registered manager had implemented a new complaints procedure and policy. These gave people information about how and who they could complain to within the organisation and external organisations. The registered manager dealt with grumbles before they became a complaint. For example, one person had said they were fed up with cake after tea and would like dessert or fruit. The Registered manager had discussed this with the provider and it had been actioned. The registered manager said, she had told the person it was "sorted" and they said, "that was quick."

People and visitors said they would be happy to raise concerns with the registered manager and would be confident they would take action. One person said, "I've never had a complaint to make." The registered manager had received a complaint regarding an inappropriate movie being on the television. The registered manager had followed their procedure.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June/July 201 we issued a requirement because people and those important to them did not have the opportunity to feedback their views about the home and the quality of the service they received. There was no regular auditing to monitor infection control, health and safety or the environment and records were not always accessible. At this inspection we found the provider had taken action regarding most of these concerns.

There was a range of quality monitoring systems being put into place to review and improve the service. The registered manager had been working with the nurse educator to put in place a programme of audits and checks. They had numerous audit templates which they were intending to complete in order to monitor the service but had not been able to complete them all as they had been working duties. These included completing an infection control audit and undertaking a monthly medicine audit which had been last completed in August 2017.

They had not identified all of the concerns we found at this inspection. For example, they had not assessed the potential scald risks to vulnerable people of hot water in the sinks in their rooms, legionella checks had not been completed and not all environmental risks had been identified on the health and safety risk assessment. We discussed these issues with the provider after the first day of our visit and were assured on our second day by the actions taken in response to our concerns. The registered manager had also introduced regular monitoring audits of the hot water and water outlet flushing to ensure these were regularly checked. They said they would complete a more thorough environmental risk assessment following our comments and would action any concerns they identified.

The above are examples of a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and visitors said that the home was well led. Comments included, "It is well managed and everyone seems to know what they are doing", "I don't know who the manager is…but it is very well run. Very good. I have no complaints about anything"; "I do know who the owner and managers are. They are very good" and "It's good. It's well run."

We received positive feedback from all of the health and social care professionals contacted about the improvements that had been made at the service and the new leadership at the home.

The registered manager had worked at the service for 20 years in different roles and had been registered with The Care Quality Commission (CQC) as the registered manager on 20 November 2017. They had a deputy manager who was very supportive and had worked with the registered manager for many years. They had recognised there were a lot of things which needed doing at the service. The registered manager said, "We have done a lot; we realised we aren't there yet but we are definitely working on it." They had been working with an NHS nurse educator who had been visiting the service regularly and offering support when needed as well as delivering training. They had helped build links with other registered managers in the area

and given audit tools and guidance regarding policies. The registered manager had also had the local authority Quality Assurance and Improvement Team (QAIT) visiting the service and supporting with a new care plan format and undertaken a walk around and looked at environmental risks. The registered manager attended a local registered manager's forum where they could share information.

The provider worked at the service as the cook. They took responsibility for the food services at the home, the structural environment which included fire systems and checks and maintenance tasks. Both the registered manager and the provider said they worked well together and were respectful of each other's roles and suggestions. The provider spoke daily with the registered manager and was aware of staff shortages and new systems which were being implemented.
The registered manager was very visible at the home and in day to day charge supported by the provider and deputy manager. They had developed good working relationships with all having their delegated roles and responsibilities. The deputy manager said, "We have done loads." The registered manager said, "We respect each other… have a good working relationship and we have respect." Staff worked well as a team and felt supported. They were consulted and involved in the home and were passionate about providing a good service. The registered manager said, "I have some very loyal staff." A staff member said, "I get such positive feelings, everything is on the up. This is one of the nicest places I have ever worked, you hear laughter." Another said, "We are on the up."

The registered manager had been undertaking a lot of duties which had meant they had been having limited time to complete managerial duties. They confirmed that once they had a full complement of staff they would only undertake duties when they were unable to cover. They said, "I want to be totally off the floor and will cover as needed." This would enable them to complete all of the audits and checks required.

The registered manager was in the process of implementing new policies. They were reviewing the new policies and ensuring they reflected the practice at the service and then ensuring staff were aware of the new policy.

There were good communication systems in place for staff. These included a small consistent staff team that communicated well, and staff attended a handover meeting at the beginning of each shift. The registered manager said they attended all handovers when they were in the service. They said, "to deal with issues as they happen."

People and those important to them had some opportunities to feedback their views about the home and quality of the service they received. The registered manager had held 'resident and family' meetings. The minutes of the last meeting held on the 3 November were available in the hallway. The notes recorded action points such as needing a new activities room and more outside trips. The registered manager had also placed a suggestion box in the entrance conservatory for people and visitors to the home to make their views known. People confirmed the meetings were taking place. Comments included, "The residents' meeting is attended by the residents and relatives…the manager runs it. It is a chance to have your say" and "We have the residents meetings and they are ok."

The registered manager had a staff meeting planned to ask staff their views and to ensure they knew what was happening at the service. This was the first full staff meeting since the registered manager had taken up position, however they had been meeting with the senior care staff to ask their views and include them in changes.

Accidents and incidents were reviewed by the registered manager to look for trends and patterns. The registered manager was aware of all accidents at the home and was aware if there were any concerns which

needed to be addressed at the time. They said they had identified there had been less incidents during the summer but could not account for why.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement, for example GPs and Community Psychiatric nurses (CPNs). Health care professionals said the service made appropriate referrals and always acted on their advice or recommendations. One health care professional commented, "We have no current concerns about this service, no issues, they ring us…we have a fairly good relationship with them."

In the summer of 2017 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five with the highest rating being five. The provider had actioned the concerns identified, this included a floor strip and tile which had both been replaced. This confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager kept the Care Quality Commission (CQC) informed of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service. The CQC quality rating was on display in the main entrance. The provider did not have a website at the time of the inspection but were aware of the requirement to display the rating on it. After the inspection we were informed that the provider had a website and it displayed the rating.

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 care and treatment was provided in a safe way. They had not assessed the health and safety risks to people. The premises were not always safe. 12(1)(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems were not fully established to assess, monitor and improve the quality and safety of the services provided. 17(1)(2)(a)(b)