Ramsgate Care Limited

Ramsgate Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 8 August 2017 and was unannounced. The inspection was prompted in part by notification of an unexpected death. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of medicines, management of weight loss and skin care. This inspection examined those risks.

Ramsgate Care Centre provides accommodation and personal care for up to 42 older people and people living with dementia. The service is a large purpose built property. Accommodation is arranged over two floors and a lift is available to assist people to get to the upper floor. There were 40 people living at the service at the time of our inspection.

The registered manager was leading the service and was supported by an area manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in April 2015 we found that accurate and complete records had not been maintained in relation to people's medicines. At our inspection of August 2016 we found that some improvements had been made. At this inspection we these improvements had not been consistently maintained and accurate records had not been maintained in relation to all the medicines people received. There was a risk that information would not be available to staff and health care professionals to help them plan people's care. The stock of one person's medicine was inaccurate by one tablet. Other records about people's care were accurate and complete.

At our last inspection we found that checks on the quality of the service had not been effective. At this inspection we found that checks on the quality had been completed to make sure it was at the standard the provider required. Action was taken quickly to address any shortfalls found. However, the most up to date medicines check had not identified the shortfalls we found at the inspection.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager understood when CQC should be notified of significant events however we had received notifications as required.

People told us the menu was 'boring' at our last inspection. At this inspection we found that staff had planned menus with people and people were offered a balanced diet. People told us they enjoyed the food and there was a wide variety of food on offer. Meals were prepared to meet people preferences and spiritual and cultural needs.

People had privacy and staff provided the supported they needed discreetly. People were involved in planning what happened at the service. Staff and people planned the activities on offer together. People told us they had enough to do every day and were planning outings.

At our last inspection we found that some risks to people had not been assessed and action had not been taken to mitigate all risks. At this inspection we found that assessments of people's needs and any risks to them had been completed. People had agreed ways to manage risks with staff. Their care was planned and reviewed with them, to keep them safe and help them be as independent as possible. People's care plans had been reviewed and updated when their needs changed. People were supported to have regular health checks such as eye tests.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had applied to the supervisory body for a DoLS authorisation when people who lacked capacity to consent were restricted. People were supported to go out and could move around the service and grounds freely. Staff followed the principles of the Mental Capacity Act 2005 (MCA) and supported people to make choices in all areas of their life.

Plans were in place to keep people safe in an emergency, including plans to evacuate people from the building. Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team.

Complaints received had been investigated and people had received a response to their concerns. People and their representatives were confident to raise concerns and complaints they had about the service.

At our last inspection we found that action had not been taken to seek and act on feedback people and other stakeholders. At this inspection we found that people, their relatives, staff and visiting professionals were asked for their views of the service. Everyone was satisfied with the service provided. Staff had regular opportunities to share their experiences of the service and told us the management team supported them to try new ideas they had.

The registered manager supported staff to provide a good level of care and held them accountable for their practice. Staff were clear about their roles and responsibilities. They shared the provider's view of a good quality service and were motivated.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff worked as a team to meet people's needs.

The provider had recruitment procedures in place and staff had been recruited safely. Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Staff met regularly with the registered manager to discuss their role and practice and were supported to provide good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risks of unsafe medicines management.

Risks to people had been identified and staff supported people to be as safe as possible.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

The provider had recruitment procedures to make sure staff were suitable to work at the service.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

People were confident to raise any concerns they had with staff. Concerns raised had been investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records about some people's medicines were not all accurate. Some records could not be found.

The provider has not notified relevant authorities of all notifiable events.

Checks were completed on the quality of the service and action was taken to address shortfalls. However, some shortfalls had not been identified.

People and staff shared their views and experiences of the service and these were acted on.

Staff and the registered manager shared provider's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Ramsgate Care Centre

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 8 August 2017 and was unannounced. The inspection team consisted of two inspectors.

The inspection was prompted in part by notification of an unexpected death. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of medicines. This inspection examined those risks.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. This was because we inspected the service sooner than we had planned. We reviewed notifications and other information we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

Before the inspection we received concerns from one person's relatives about the management of medicines, nutrition and skin health. We received information from a Coroner about the circumstances of one person's death at the service. The local authority commissioner told us they had no concerns about the management of medicines following a visit they completed shortly before our inspection.

During our inspection we spoke with eight people living at the service, three people's relatives and friends, a visiting health care professional, the registered manager, the area manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for five people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection since the provider for Ramsgate Care Centre changed it's legal entity in November 2016.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. People and their relatives told us, "I know I am safe here and can always ask for help", "I feel safe knowing someone else is about if I need them", "I feel safe, I don't need much help, but it is good to know the girls are there if I need them" and "I know my relative is safe and I am always told what is going on". However, we found that people's medicines were not always managed safely.

Our inspections of April 2015 and August 2016 found that records of medicine administration and stock levels were not always accurate. At this inspection we found that for two medicines the number of medicines recorded as in stock was incorrect. We checked the number of medicines held in stock and found they were correct so it was the record of the stock that was not accurate. We also found that staff had not recorded on two occasions when they had administered people's medicines. Without correct records of what medicines had been administered by whom and when, the provider could not be assured that people were receiving the medicines they were prescribed at the right time. There was a risk that staff and visiting professionals would not have the correct information when making decisions about people's medicines.

The stock level for one person's medicine was incorrect by one tablet. Staff administered the medicine from a monitored dosage system which showed the time and day that each tablet should be administered. We found that on the day of our inspection staff had administered the dose for the following day. No records had been kept to demonstrate why this had occurred and what had happened to the missing tablet. Staff had not followed the provider's Medicines Management
Safe Handling and Administration of Medications policy and procedure. The registered manager had not been informed so the mistake/error could be investigated and appropriate action taken.

The registered persons had failed to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection some handwritten entries on people's Medicine Administration Records (MAR) had not been checked by a second person to reduce the risk of mistakes. At this inspection we found that handwritten entries had been checked and countersigned by a second staff member.

Staff were trained in managing medicines. Staff's medicine administration skills had been checked each year by a member of the management team. We observed staff administering peoples' medicines safely and in a caring manner.

Some people were prescribed medicines 'when required', such as pain relief. Guidance was provided to staff about the 'when required' medicines each person was prescribed, such as when it should be offered. We observed a staff member checking with a person if they had any symptoms and needed their 'when required' medicine. The person said they did and this was administered quickly by staff.

People's medicines were ordered, stored and disposed of safely. When people began to use the service their

medicines were checked in by two staff. Any missing medicines were obtained promptly.

At our last inspection we found that although risks to people had been identified, assessed and regularly reviewed, action had not been taken consistently to reduce risks. At this inspection we found that risk assessments had improved and contained detailed guidance to staff about the support people needed to stay safe. The impact of people's health conditions had been considered when looking at risks. For example, one person's skin integrity risk assessment identified an increased risk to their skin if they did not eat and drink well. Staff knew about the risks and encouraged the person to eat and drink often. The person told us they enjoyed the food at the service and we observed them eating the lunchtime meal they had chosen. The person's skin was healthy at the time of our inspection and they were supported to change their position regularly. People who were at risk of developing skin damage used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy.

People's risk of losing weight had been assessed each month. People who had lost weight had been referred to a dietician promptly. The action's required to support people to gain weight, including dietician's advice was included in people's care plans and followed by staff. People had gained weight. For example, one person was referred to the dietician as they had lost 2 kg in weight in one month. The dietician's advice had been followed and the person gained 1 kg in weight the following month. Kitchen staff followed up to date information from the dietician and provided people with the high fat diets they required.

Some people were living with diabetes. Detailed guidance had not been provided to staff about how to support people with diabetes at our last inspection. The registered manager had obtained detailed guidance from a community matron about the management of each person's diabetes including their usual blood sugar range and the action to take if people became unwell. Staff understood the action they needed to take if people became unwell. Staff described the symptoms they would look for if people had high or low blood sugar. Records showed that people's blood sugars had been recorded and if the staff had any concerns they contact the specialist nurse for advice. Staff had followed the advice given by the specialist nurse, written feedback from the nurse in people's records had been positive. People told us that they thought the staff supported them with their diabetes and they felt safe.

People had been involved in planning how they remained safe. Two people told us they had discussed the risk of falling out of bed with staff and had agreed that bed safety rails should be used. Their comments included, "The safety rails make them feel safe" and "I like the bars on my bed, they make me feel safe as when I turn over I may fall out". Another person told us staff had asked them if they would like bed safety rails to make them feel safe. They had decided they did not want to use the rails and were not at risk of falling. Risks associated with the use of bedrails had been identified, such as the risk of people trapping their limbs between the bedrails. We observed that bedrails bumpers were fitted correctly to the bedrails, covering the gap between the rails. This reduced the risk of entrapment.

Some people were not able to use the call bell to call staff when they needed support. Staff completed regular checks on these people and provided any assistance they needed. Other people used hand bells to call for assistance.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. One person fell often. The risks to them had been assessed and they had received advice and guidance from health care professionals. The person had decided not to follow the advice, so staff checked on them often to make sure they were safe. Other people used equipment to alert staff when they stood up and we observed staff providing support promptly.

A fire risk assessment had been completed. People had personal emergency evacuation plans (PEEPs), which included guidance to staff about how to move people to keep them safe in an emergency. Evacuation equipment was available to support people to evacuate promptly. Regular tests were carried out on fire safety equipment.

At our inspection in August 2016 we found that action had not been taken to mitigate the risk of people being scalded by hot water from taps. At this inspection we found that maintenance staff checked the temperature of tap water regularly and adjusted temperature control valves when necessary. Staff knew what a safe water temperature was and checked the temperature of people's baths before they used them.

Regular checks were completed on all areas of the building and equipment to make sure they were safe. For example, checks on gas and electrical equipment and hoists. Outside contractors were contacted promptly when there were concerns about equipment.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us they were confident that any concerns they raised with the registered manager would be listened to and acted on. Staff were aware of their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

There were enough staff on duty to meet people's needs. People told us they did not have to wait for the support they wanted and staff had enough time to support them to do things for themselves. One person told us, "The staff come when I call usually quite quickly". We observed staff respond promptly when people asked for support.

Staffing levels were planned around people's care and support needs. Many staff, including the registered manager, had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team or staff employed by the provider who worked at other services. For example, during our inspection an activities coordinator from another services covered for the usual activities coordinator who was on leave. The deputy manager post was vacant at the time of our inspection and the registered manager was being supported by the area manager. The deputy manager post was being advertised.

The provider had recruitment procedures which were followed by the registered manager. Checks had been completed on new staff to make sure they were honest, trustworthy and reliable, including police background checks. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. People had been invited to join the interview panels but had declined. The registered manager observed candidates interactions with people as they were shown around the service and used this feedback as part of their recruitment decisions.

Good

Is the service effective?

Our findings

We observed people being supported and encouraged to make choices about all areas of their lives. People told us they made decisions including what they had to eat and drink, where they spent their time and who with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 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.

People received the support and time they needed to make decisions. We observed people being shown items to help them make a decision, including drinks and condiments at lunchtime. Everyone was supported to make day to day decisions. People who were able, had given their permission for staff to complete tasks on their behalf such as managing their medicines and had signed to confirm their agreement.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. One person told us, "The manager and I have agreed how to make sure I am safe when I go out, I am happy with that as I can fall a lot". Other people went out with staff, friends and family. Another person told us, "I am taken into town to buy anything that I need". Applications for DoLS authorisations had been made to the local authority for people who were under constant supervision.

Staff supported people to maintain good health. We spoke with one visiting health care professional who told us that staff identified changes in people's health quickly and called them promptly. People told us staff contacted their GP when they felt unwell. People were supported to see health professionals and attend health care appointments. Staff or people's relatives accompanied people to attend health care appointments. This was to support people to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. People had regular health care checks including sight and hearing tests and chiropody treatment.

At our last inspection we found that people had been asked for their views on the menu but these had not been acted on. At this inspection we found that people had been involved in planning the menus and were happy with the choice of food on offer. Changes had been made to the teatime menu in response to concerns received by the Care Quality Commission and shared with the registered manager. Their comments included, "The food is good and there is plenty of it, I am never hungry", "The food is good, they know what food I can't have and always make sure that I have food I can eat", "I like the food, I have a choice and eat well" and "The staff always ask me what I want to eat, the food is ok".

Staff knew about people's likes and dislikes and how much they liked to eat and drink. Meals and drinks were prepared to people's preferences and spiritual and cultural choices. Each person was asked what they wanted from the menu, most people had chosen to have fish and chips from a local takeaway which was one of the options on the day of our inspection. People told us they enjoyed the fish and chips and most people chose to eat them from the paper wrapping. Some people had asked for peas with their meal and these were offered to everyone. People helped themselves to condiments including salt, vinegar and sauces. People who did not want fish and chips were offered alternatives. Soft food was prepared for people who were at risk of choking.

People were offered a choice of drinks and snacks throughout the day. Hot drinks were offered regularly and cold drinks were available in the lounge and people's bedrooms. People were encouraged to drink regularly during our inspection. Staff were aware of the risk of people becoming dehydrated.

The risk of people losing weight had been assessed and people had been referred to a dietician when necessary. People who were at risk of losing weight were offered food fortified with extra calories and had gained weight. People who needed a low sugar diet were offered the same foods as other people made with sweetener rather than sugar.

Staff had received the training they needed to complete their roles. When staff began working at the service they completed an induction, including core training such as moving and handling and safeguarding. New staff shadowed more experienced staff to get to know people, their preferences and routines. Staff were observed completing tasks before they were assessed as competent to work alone. Some skills, such as medicine administration were assessed annually to make sure staff's had maintained their skills. Further training and support was provided where it was assessed that staff's skills required improvements. Most staff had completed recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Staff received regular training and updates. Staff completed practical training and practiced skills such as moving people safely. We observed staff supporting people to move safely from one place to another. Thirteen staff had completed training in recording basic health observations provided by community nurses. This enabled staff to give information about people's breathing or blood pressure when they made referrals to health care professionals such as GPs and paramedics to help them make decisions about people's care and treatment.

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development. The registered manager told us it was "Nice to get time to spend with staff" during the meetings. The registered manager was supported by the area manager.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind, caring and had time to spend with them. Their comments included, "It's lovely here. I wouldn't want to be anywhere else", "I am happy here, the staff are nice", "I can ring the bell if I need help and they will come", "The staff are kind and caring, they look after me" and "The staff are lovely and we have a good laugh together".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. When staff assisted people at mealtimes they sat with the person, made eye contact and spoke discreetly. Staff encouraged conversation between people at the table so the person they were supporting felt involved. One person told us, "I come down to lunch each day and sit with the boys on my table and chat."

Staff including the domestic staff and administrator, knew people well and understood what was important to them, such as their own space and made sure people's wishes were respected. One person told us, "I decide to spend time in my room but know I can join in with activities if I want to". People shared jokes with staff and laughed together often. We heard one staff member greeting a person in the morning by saying, "Hello beautiful". The person responded positively and told us they liked being greeted in this way.

Staff explained to us what each person was able to do for themselves and what support they needed. They worked in accordance with the provider's philosophy of care and supported people to remain independent for as long as they wanted. We observed one staff member reassuring a person when they became anxious about something they had done which made them embarrassed. The staff member reassured the person and chatted to them about ways they could remain independent and reduce the risk of them being embarrassed again. At the beginning of the conversation the person had been upset, at the end of the conversation they were smiling and told they staff member they were happy with what had been agreed.

Signs were used around the service, to help people find important areas such as bathrooms and toilets. Staff told us the signs and landmarks such as a telephone box helped people move around more independently. Work was planned to further improve the environment, including a shop in the grounds so everyone could be supported to 'go out' to the shops if they wanted to purchase items.

People told us they had privacy and decided how much privacy they had. One person told us, "Staff always knock on the door before they come in". We observed staff knocking before they entered people's bedrooms and bathrooms. Staff explained to us how they maintained people's privacy and dignity by keeping them covered when they were supporting them to wash. Staff offered people assistance discreetly and were not intrusive.

People's relatives and friends were free to visit them whenever they wanted. Several people received visitors during our inspection. People were encouraged to bring personal items into the service such as pictures and ornaments to help them feel at home. People's rooms were decorated to their taste.

Information about people currently using the service, including care records, was held securely. They were only available to people who needed it such as staff and health care professionals.

People who needed support to share their views were supported by their families, solicitor or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Good

Is the service responsive?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

Some people moved into the service quickly for care and recuperation on the advice of their GP. The registered manager met the people when they arrived, assessed their needs and planned their care with them. New people did not move into the service in the evening or at weekends. This was to make sure that staff could obtain support and advice from their healthcare professionals quickly if they required it.

People had planned their care with staff and their relatives when necessary. Some people had signed parts of their care plan to say it was accurate. Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. One person told us, "I can do most of what I need myself, but the staff help me when I need it". Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. For example, when people were able to change their own position in bed and the aids they used to walk safely.

Guidance was included in people's care plans about all areas of their life, including their daily routines and preferences. This included when people preferred to get up and go to bed and the foods they liked and did not like. People told us their preferences were respected and followed by staff. Routines were flexible to people's daily choices, such as having a lay in. One person had chosen to lay in on the day of our inspection. Staff told the person when they woke up, "Breakfast is on its way. You had a lay in this morning".

People's care plans were reviewed monthly to make sure they continued to meet their needs and preferences. People were involved in these reviews when they wanted to be. When people's needs changed staff spoke with the person about the support they wanted and agreed this with them.

At our last inspection we recommend that the registered manager seeks advice from a reputable source about activities for people with living dementia and involve people in planning the activities on offer at the service. The registered manager had acted on our recommendation and people told us the activities had improved.

Two new activities coordinators had been employed to work at the service since our last inspection and activities were due to begin at the weekend as well as during the week four days after our inspection. At our last inspection we found that people had not been supported to go on days trips they requested. At this inspection we found that people had been on trips to a local wildlife park and other places they had chosen. More trips were planned including to the local theatre. People told us they enjoyed these outings.

Some people preferred not to take part in group activities and spent time chatting with the activities staff in

their bedrooms. Everyone was offered the opportunity to go out with staff on shopping trips or to local cafes and pubs, including people who usually chose to stay in their bedrooms. Everyone who wanted to go out had been supported to do so.

At our last inspection we found that people did not received the support they needed to participate in games such as bingo. During this inspection we observed that the activities staff involved every one and gave them the support they required. People took part in the games and told us they enjoyed them. Other people played games such as chess without staff support. People had chosen to pay 20 pence to play bingo. This was because they wanted to have a better selection of prizes.

Staff subscribed to audio newspapers and radio programmes to support people with visual impairments keep up to date with news and current affairs. People had told staff about their spiritual preferences and were supported to follow these if they wanted to. Religious services were held for people who wanted to attend.

People and their relatives told us the registered manager and staff listened to any concerns they had and addressed them. One person told us, "I don't have any complaints but would speak to the manager about anything". Another person's relative said, "I would go to the manager if I had a complaint". The complaints procedure was available to people, their relatives and visitors in the main entrance to the service.

Concerns raised to the Care Quality Commission had been shared with the registered manager. These had been investigated and action had been taken to improve the service where shortfalls had been found.

Any minor concerns people or their representatives raised were resolved quickly by the registered manager to stop them getting worse. The registered manager used complaints and concerns as an opportunity for develop and improve the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that checks on the quality of the service had not identified shortfalls we found during the inspection. At this inspection we found that regular checks had been completed on all areas of the service including the environment, medicines and the support people received. A check had been completed on some people's medicines the day before our visit in response to concerns we had raised with the provider. This check had not identified the shortfalls in medicine management we found at the inspection. Other checks completed had been effective and action had been taken to address any shortfalls found.

The registered persons had failed to effectively assess, monitor and improve the safety of all areas of the service provided to people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records about some medicines were not correct on the day of our inspection. Other records we viewed about the care and support people received and the day to day running of the service were accurate. Information about people was available to staff when they required it, including care plans and preferences.

Following our inspection we asked to look at records in relation to a specific incident. The provider and registered manager were not able to provide us with all the records we required. The registered manager told us the records had been thrown away. The provider later confirmed that no records had been thrown but they continued to be unable to provide us with some of the records we required.

The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each person's medicines. The registered persons had failed to maintain securely all records, including a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. There had been a number of deaths that had not been reported to the CQC.

The registered person had failed to notify the Commission without delay of a number of deaths. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Previously we found that action had not been taken to seek and act on feedback from people and others. Quality assurance questionnaires had been sent to people, their relatives, staff and visiting professionals shortly before our inspection. Some responses had been received. All the questionnaires completed by people were positive. One person had commented, "I am full of admiration for the caring and patient attention given by all staff from managers down to cleaning staff. You provide a very good standard of care.

Thank you". A visiting healthcare professional had commented, "Staff endeavour to provide an atmosphere which resembles one big happy family. They truly care for each individual. I would not hesitate to recommend this home".

People and their relatives were involved in planning what happened at the service at regular residents and relatives meetings. Minutes of the meetings were written by people's relatives. Actions were recorded and followed up at the next meeting to check they had been completed. Requests including more fillings in sandwiches and more butter and jam on scones had been provided.

There were regular team meetings and staff told us their views and opinions were listened to. Staff were also reminded of the standards the registered manager expected and invited to discuss any concerns they had. For example, some staff felt they were 'struggling' to meet people needs at times. The registered manager reminded staff how staffing levels were assessed, including the dependence assessments of people's needs. They had also reminded staff to ask a manager for support if they were struggling.

The registered manager had been leading the service for several years and knew people well. One person told us, "I know the manager, she often comes in to help me and chat". Staff told us they were supported by the registered manager who was always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member said, "I would go to the manager about anything and they will sort it out".

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. Staff turnover was low. One staff member told is, "I am happy here, I have worked at other homes but this is the best". All the staff we spoke with told us staff worked well together to provide people with the care and support they needed. One staff member said, "We work as a team and look after each other".

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The provider had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be. This vision was shared by the registered manager and staff. All the staff we spoke with told us they provided people's care in the way they would like their family to be cared for. One staff member told us, "We treat people as members of our family, which they are".

The registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them at different times of the day and observing their practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area.

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 16 Registration Regulations 2009 Notification of death of a person who uses services The registered person had failed to notify the Commission without delay of a number of deaths.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to ensure the proper and safe management of medicines.

The enforcement action we took:

We applied a condition to the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to effectively assess, monitor and improve the safety of all areas of the service provided to people. The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each person's medicines. The registered persons had failed to maintain securely all records, including a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided.

The enforcement action we took:

We applied a condition to the provider's registration.