Prasur Investments Limited

Sandrock Nursing Home

Inspection report

1-3 Sandrock Road
Wallasey
Birkenhead
Merseyside
CH45 5EG

Tel: 01516303254
Website: www.sandrocknursinghome.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Sandrock Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation for up to 28 people who require nursing care. The inspection of this service was unannounced and took place on the 19 December 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The registered manager was a long standing member of staff and had been in post for over 13 years.

At our last visit to the service in June 2017, we identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate and placed in special measures. During this visit we followed up the breaches we identified at our previous visit and found that improvements had been made. We found that some further progress was still required with regard to Regulation 11 in respect of the need to obtain consent in accordance with the Mental Capacity Act 2005 and Regulation 12 with regard to safe care and treatment and the service remained in breach of these regulations. This demonstrated that there were still aspects of the service that were not well-led which meant the service remained in breach of Regulation 17 in respect of good governance. It was clear however that the manager and staff team had worked hard in the six month timescale between inspections to address the majority of the concerns previously identified. As a result of the improvements made, the domains of safe, effective and well-led which were rated inadequate at our last inspection, received a new rating of 'requires improvement. The ratings for the domains of caring and responsive remained the same.

We looked at the care files belonging to six people. We saw that the assessment of people's risks had improved. The majority of people's risk management plans contained sufficient information for staff to follow to mitigate risks in the delivery of care and people's care plans were person centred. This meant that people's individual needs, preferences and wishes in relation to their care were documented for staff to be aware of in the delivery of care. We identified continued concerns with the documentation of people's wound care. This information still remained unclear which meant it was difficult to tell if people's wounds were healing and if people were in receipt of the care they needed. Risk assessments demonstrating that some people's bed rails were suitable for their use were not always available or regularly reviewed to ensure they continued to be the safest option to meet people's needs. We spoke with the manager about both of these issues.

It was obvious that the manager had considered the use of the Mental Capacity Act 2005 in the planning and delivery of people's care since the last inspection but further improvements were required. This was because some people's capacity to consent to decisions about their care had been assessed where their

capacity to consent was in question, but other people's capacity had not. This meant there was no evidence that some people's consent to their care had been legally obtained.

Concerns identified at the last inspection with regards to the premises, the call bell system and the recruitment of staff had all been addressed. A new call bell system was in place and operational in all parts of the home. People had access to call bells and there was an automated system in place to alert staff to check on the welfare of those people unable to use their call bell. This helped mitigate risks to people's health and welfare. New flooring had been installed in the lounge, the garden had been tidied and made secure and a faulty fire door had been fixed. Improvements to the standard of fire safety arrangements had also been made. Attention was needed to some of the home's window restrictor which did not meet current safety standards and the appearance of the home in some parts still required refreshing.

During our visit, we saw that staff were kind, considerate and compassionate and we observed that staff ensured people had a choice with regards to how they lived their lives at the home and consented to the care that was given. People we spoke with told us that the staff team were kind and treated them well. Relatives confirmed this. Relatives told us they felt people were happy with life at the home, were always smartly presented when they visited and felt people got enough to eat and drink. People we spoke with told us that although they did not always have a list of menu options to choose from at mealtimes, an alternative was always provided if they did not like what was on offer. People confirmed that they got enough to eat and drink and were happy with the quality and quantity of food and drink they received.

People who lived at the home and relatives had mixed opinions on the quality of the activities provided at the home. Some activities were provided such as quizzes and bingo but it was clear that people felt there should be more variety. The activities co-ordinator was on annual leave at the time of our inspection so we discussed the activities on offer with the manager. They showed us evidence that they were looking into ways to improve the range of activities available.

We checked medication management and found that medicines were managed safely and administered correctly. Stock levels were correct and medication was stored securely and at the right temperature. We found that the actual time people's medication was administered was not recorded. Recording the actual time that medication is administered is important. It ensures people have the right time interval between medication rounds and is important for time critical medication that needs to be given at certain times of the day. This aspect of recording required improvement.

Staff were spoke with were knowledgeable about people's needs and the people they cared for. They spoke about people warmly and it was clear they had genuine affection for the people they looked after. All of the people we spoke with felt staff had the skills and experience to care for them effectively. We saw that the gaps identified in the training of some staff members at the last inspection had been addressed. The majority of staff had now completed the provider's mandatory training programme and we saw that staff received appropriate support to do their job role.

New systems for the monitoring of the quality and safety of the service had been introduced since our last inspection and were a work in progress. These systems were designed to help the manager and the provider to mitigate risks to people's health, safety and welfare. Audits were in place for checking and addressing issues with regards to the home's environment, the equipment in use, care plans, medication and accident and incidents. We saw that action plans were developed were concerns were identified.

All of the people and relatives we spoke with were complimentary about the service, the manager and staff and all felt the service was well led. During our inspection, we found the manager to be pleasant, open and

receptive to our feedback. Staff were welcoming and friendly and atmosphere was relaxed and homely. It was clear that the staff team had worked hard to improve the service since our last inspection. The overall rating of this service at the last inspection was inadequate, at this inspection the rating had improved to 'requires improvement". As a result of the improvements made, the service is no longer in special measures.

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 consistently safe.

Risk assessment and management plans had improved but the further improvements were required to mitigate risks to people's skin integrity and the risks associated with the use of bed rails.

Improvements to the home's call bell system, the safety of garden and the arrangements in place with regards to fire safety had all been made since our last inspection.

Staff recruitment was satisfactory and staffing levels were sufficient. The issues associated with out of date criminal conviction checks for existing staff had been addressed.

Medication was stored and managed safely but medication records needed to include the actual time of administration.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people's capacity was assessed appropriately but other people's capacity was not. It was clear the manager had started to implement the provisions of the Mental Capacity Act 2005 but this required further development.

The gaps in the training of staff members identified at the last inspection had been addressed and records showed that staff member received the training and support necessary to do their jobs effectively

People told us the food was good and they got enough to eat and drink. People's special dietary requirements were catered for.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported with their personal care needs in a way that promoted their right to privacy and dignity.

Everyone we spoke with said the staff were kind and caring. Our observations of care confirmed this. People spoke highly of the staff team and the way people's support was provided.

The atmosphere at the home was warm and homely. We saw that staff chatted to people throughout the day which promoted their well-being.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were identified and described in a person centred way.

Care plans contained information about people's needs and preferences to enable person centred care to be delivered.

People who lived at the home and their relatives were happy with the support provided and told us that they were well looked after.

People's care plan reviews were not always meaningful to enable staff to be aware of any changes in people's needs and care.

Activities were provided but people and relatives commented on their limited variety.

Is the service well-led?

Requires Improvement

Improvements to the management of the service had been made but these were not sufficient in some areas of service delivery. This meant the service was not consistently well-led.

There were new monitoring systems in place to check the service was safe and of a good standard.

There were mechanisms in place for people who lived at the home and their relatives to feedback their opinions of the service.

People and their relatives were complimentary about the service. They told us they were more than happy with the service provided and felt it was well-led.

Sandrock Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 December 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor 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 service.

Prior to our visit, we looked at any other information we had received about the home and any information sent to us by the provider since the home's last inspection. We also liaised with the local authority who funded people's living arrangements at the home.

On the day of the inspection we spoke with three people who lived at the home, five relatives, a visitor and a visiting healthcare professional. During our visit we also spoke with the registered manager, the nurse on duty, the cook and the maintenance person.

We looked at the communal areas that people shared in the home and visited a sample of individual bedrooms. We reviewed a range of records including six people's care records, medication records, staff records, policies and procedures and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we had serious concerns with regards to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) and the use of covert medication. Regulation 12 relating to safe care and treatment. Regulation 13 with regards to safeguarding people from abuse and Regulation 19 relating to the safe recruitment of staff. At this inspection we saw that significant improvements had been made. The service was now compliant with regulations 13 and 19 and the majority of improvements required to comply with Regulation 12 had been achieved. There was a continued breach of Regulation 11. This was not specific to the use of covert medication but people's decision making overall. The rating for this domain has changed from inadequate to requires improvement.

At our last inspection clinical information about people's pressure sores and wound care management was poor. At this inspection we found little improvement had been made. We found that information about the size, status and on-going progress of people's wounds was still unclear. From the records we looked at it was difficult to tell whether people's wounds had been assessed. People's wound care was not properly documented and it was difficult to tell if people were in receipt of the clinical care they needed. It was also difficult to tell if people's wounds were healing.

For example, one person was noted as having had an allergic reaction to one of the dressings applied to a wound. Despite this, the specific dressing had not been noted. This meant there was a risk that staff members may unwittingly apply the same dressing again and cause the person avoidable harm.

Some people had bed rails in place to mitigate the risk of them falling out of bed. There was little evidence that bed rail risk assessments were completed and regularly reviewed to ensure bed rails were safe and suitable to use. We asked the manager about this, they told us that a bed rail risk assessment was completed when bed rails were first installed on the person's bed but that these risks assessments had since been archived.

Guidance from The Medicines and Healthcare products Regulatory Agency (MHRA) with regards to the use of bed rails advises that "Risk assessments should be carried out before use and then reviewed and recorded after each significant change in the bed occupant's condition, replacement of any part of the equipment combination and regularly during its period of use". There was no evidence that this had been done to ensure that people's bed rails remained safe and suitable to use.

This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was limited evidence that the risks associated with the use of bed rails and people's wound care were properly managed.

At our last inspection, we found that although people's risks in relation to mobility, nutrition, pressure sores and falls were recorded they were not always up to date. At this inspection, we found that people's risks assessments were in the majority up to date and identified people's risks. Some of the risk management advice was still generic but for the most part staff had the guidance they needed to prevent risk. This was an

improvement since our last inspection.

At our last inspection, staff training in how to safeguard people from abuse had not been properly completed. We checked staff training records again at this inspection. We found that the majority of staff had now received this training. The staff we spoke with understood how to keep people safe and how to protect people from harm.

We asked three people who lived at the home if they felt safe. They all said yes. One person said "I feel safe here with the staff, all the staff treat me well. They are always asking me am I well and Ok" and another person said "I feel safe but the staff can vary between good and not so good."

Relatives and visitors we spoke with told us they felt people were safe. One relative told us "I think (name of person) is safe here, their legs have gone & their mobility is poor. The staff help them (the person) with a hoist so they don't have falls or anything else anymore".

At our last inspection, some people did not have call bells in place to enable them to call for help and some people were unable to use the call bell. The call bell system installed in the home was also not fit for purpose. At this inspection, we saw appropriate action has been taken.

The provider has purchased a new call bell system which was operational in all areas of the home. There were also more call bell monitors in place for staff to refer to when a call bell rang. This enabled staff to respond to people's calls for help quickly. We saw that each person now had a call bell in their room to call for help. For those people who were unable to use their call bell, the new call bell system had been programmed to sound an alert and display an automatic reminder to staff every two hours to remind them to check on the welfare of these people. This helped staff mitigate risks to their health and safety.

The majority of the people and the relatives we spoke with felt there were enough staff on duty to meet people's needs. One person told us "There are enough staff night & day, I have never had to use a call bell". Another person said "There is enough staff through the day and night. If I ask for anything they deal with things quickly. I am never kept waiting but I don't ask for much. I can wash and dress myself but the girls help me sometimes". One person we spoke with voiced concerns about staffing levels and we spoke with the manager about this person's concerns directly.

Comments from people's relatives included "There are more than enough staff. They are lovely to all the residents not just to (name of person)". Another relative said "On an odd occasion there doesn't seem to be enough staff but that's not the normal". Staff we spoke with during our visit told us there were enough staff on duty to help people. During our visit we found the number of staff on duty to be sufficient to meet people's needs.

We looked at the staff files belonging to three staff members. We found staff recruitment to be safe Each file contained the person's application form or CV. Two staff had gaps in their employment history from one employer to another but there was no evidence the reasons for this had been explored prior to appointment. We asked the manager about this. They told us they had discussed these gaps with the staff members concerned at the time of appointment but acknowledged that they had not documented this or sought information to verify the staff member's explanation. This aspect of safe recruitment required improvement.

All of the files we looked at contained evidence of a criminal convictions check, previous employer references and proof of personal identification. This indicated that staff were subject to appropriate pre-

employment checks to ensure they were suitable to work with vulnerable people. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. At our last inspection, a significant number of staff had not had their criminal conviction check renewed for over ten years. At this inspection we saw that this had been rectified and staff now had up to date criminal conviction checks on file. A system had also been in place to alert the manager to when a criminal conviction check needed to be renewed.

We looked all around the premises and saw that the home was clean but the paintwork in some areas of the home needed and on the day of our inspection parts of the home were very cold. We asked the manager about this. They told us the heating was not working. An engineer had been called and attended the home during our inspection to try to fix the problem. When we asked the manager and staff about how long the heating had been offer, we were told conflicting information.

During the inspection, the manager had taken some action to address the temperature. They organised for portable heaters to be in place and most people were provided with a blanket. We observed however that that there did not appear to be enough portable heaters in use to ensure all areas of the home were warm. For example, three people's bedrooms upstairs were extremely cold with a recorded temperature of 15° degrees and 18°degrees. We asked the manager to ensure these bedrooms were heated before people retired to them for the evening.

We saw that people's bedroom windows had window restrictors in place but found that the window restrictors did not comply with current health and safety guidelines. We asked the manager and the maintenance person to rectify this without delay. After the inspection, we received confirmation from the manager that the window restrictors had been replaced.

At our last inspection, there was a wooden ledge across middle of the lounge floor which presented a trip hazard. At this inspection, this had been removed and new flooring installed in the lounge area. Prior to this inspection, the home's garden was unkempt and unsecure. At this inspection the gardens had been tidied up, the rubbish removed and the garden area was secure. An unsecure fire door identified at the previous inspection was now alarmed so that it alerted staff to when it was opened. The trailing wires noted in some people's bedrooms at the last inspection had also been removed or made safe.

Certificates in relation to the safety of the building and its equipment showed that all safety checks were up to date and carried out regularly. At our last inspection, we found that the personal emergency evacuation plans (PEEPs) in place for people who lived at the home were not fit for purpose and did not contain sufficient information on people's needs and risks in an emergency situation. At this inspection, we saw that this had been addressed. People's PEEPs had been updated, and gave emergency personnel important information on the support people would require in an emergency evacuation.

Fire training for all staff members had been refreshed and there was some evidence that fire drills had been practiced. We saw that the majority of these drills had been completed in the daytime and we spoke with the manager about conducting fire drills at different times to ensure all staff members had practiced the procedure to follow in the event of a fire. We saw that fire alarm testing, automatic fire door closure and emergency lighting checks were carried out weekly alongside a monthly fire warden checklist and check of the home's emergency grab bag. This was good practice and ensured that fire safety arrangements in the home were regularly reviewed. The home's fire risk assessment had also been reviewed in November 2017.

We looked at the way medicines were managed in the home. At our last inspection, we found that the

administration of medication was safe but that the Mental Capacity Act 2005 had not been followed with regards to one person's medication which was given covertly. Covert medication is hidden in the person's food or drink without their knowledge. At this inspection, none of the care files we looked at indicated people were in receipt of covert medication but we saw that the manager had considered the use of the Mental Capacity Act in the planning and delivery of people's care.

We checked the medication administration charts (MARs) of seven people and did a stock check. We found that the balance of people's medication matched what had been administered. This indicated that had received the medication they needed. Medication was administered by registered nurses only and stored securely. We saw that a daily ten point checklist has been introduced to remind the nurse to check key areas of medication such as signatures, average temperatures, and stock. This was good practice.

We found however that people's medication records did not record the actual time that people's medication had been given. This meant there was a risk that people may be given a second dose of their medication without a safe time period occurring in between each dose. It also meant that it was not possible to confirm whether people in receipt of time critical medication had been given it at the correct time. We spoke with the manager about this.

We saw that 'as and when' required medication had care plans in place to advise staff of the circumstances under which 'these medications were to be administered. Some people required clinical observations to be undertaken before their medication was administered and records showed that these checks were undertaken.

Some people required the use of a prescribed thickening agent in their drinks to mitigate the risk of them choking. We saw information on how much thickener to use in each person's drink was clearly documented. We asked three staff members about the use of thickening agents and they were clear on the process to follow when using these medicines.

Accident and incident forms had been completed when an accident and incident occurred. We found that the information recorded on people's individual accident and incident records was not always adequate. For example, people's records did not always record the immediate action taken, the follow up observations of the person's health and welfare or whether any referrals to specialist services had been made.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we had serious concerns with regards to Regulation 11 of the Health and Social Care Act with regards to the need for consent. Regulation 18 in respect of staff training and Regulation 15 with regards to the environment. At this inspection significant improvements had been made and the provider was now compliant with regulations 18 and 15. Further improvements were required with regards to compliance with regulation 11. As a result of the improvements made, the rating for this domain has been changed from 'inadequate' to 'requires improvement'.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection people's ability to consent to decisions about their care had not been assessed in accordance with the MCA. At this inspection, we saw that some progress had been made with regards to the MCA but further improvements were needed.

We looked at six people's care files. Out of the six care files we looked at, five people lived with varying degrees of memory loss and confusion. We found evidence that some people's capacity had been assessed appropriately. For example, one person's care file showed that their capacity to consent to the decision to live at the home had been assessed. Another person's capacity to keep themselves safe outside of the home had been assessed prior to an application to deprive them of their liberty being submitted to the Local Authority. This was in accordance with the MCA. People's care records contained information on people's ability to make simple day to day decisions and where people had appointed legal representatives to make decision on their behalf, this information was recorded appropriately. This was good practice.

Other people's capacity to consent to specific decisions about their care had not always been assessed appropriately and information about some people's capacity to consent conflicted with other documentation in their care file. This demonstrated that although some progress on the implementation of the MCA had been made, its application was inconsistent and required further development.

For example, an application to deprive one person of their liberty had been submitted to the Local Authority but there was no evidence in their care file that their capacity in respect of this had been assessed. This meant there was no evidence that the person's ability to keep themselves safe was impaired.

Another person had bed rails in place. Under the MCA and DoLS legislation, use of bed rails can be seen as a

form of restraint, for which legal consent must be gained. We checked the person's care records. We saw that the person's bed rail risk assessment stated that the person had consented to their use. Other information in their care file however raised concerns over the person's capacity to consent to this yet there was no evidence that a capacity assessment had been completed with regards to this.

We saw that CCTV recording was in use in some areas such areas as the lounge which meant that people were constantly observed. There was nothing recorded to evidence that people had consented to this or that a best interest decision been made. The information Commissioner had not been contacted with regards to the use of CCTV. The manager told us the CCTV equipment had been in use for some time. We asked the manager to contact the Information Commissioner for advice on the use of CCTV equipment and its consent for use.

These examples are a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the implementation of the MCA and DoLs legislation was not consistently applied to people's care where their capacity to legally consent may be impaired.

All of the people we spoke said the food was good. They told us that although there was not a range of menu options to choose from, they could ask for an alternative if they did not like what was on offer. One person told us said "The food is good and wholesome. I don't get a choice but if it's something I don't like I will be given an alternative. I can go to the hatch anytime and ask for a cup of tea. We are offered hot, milky drinks at night if we want them".

All of the relatives we spoke with spoke positively about the meals provided. One relative said "(Name of person) gets plenty to eat and drink and they (the person) seem to have maintained their weight. It always looks good and smells nice." Another relative said "(Name of person) gets plenty to eat and drink and it always seems to look nice. I was asked to have my Christmas dinner with (name of person) last year and it was beautifully cooked".

A visitor to the home told us "My friend gets enough to eat and drink. It always looks appetising when I see the food. I have also observed the other residents can just go to the hatch and ask for tea/ coffee at will".

We observed that people could choose where to dine. Most people sat in the lounge but some chose to eat in their rooms and we saw that staff respected this choice and took their food to them. Some people needed support to eat their meals and we observed that people's meals were served promptly and the support provided person centred and relaxed. Staff were attentive and pleasant at all times and it was obvious that they knew the person they were supporting.

On the day we inspected, the lunchtime meal was sausage rolls & beans with half a round of bread and butter. Followed by arctic roll or diabetic jelly. People's main meal was served at 5pm and was beef stew and dumplings followed by rice pudding with jam.

We visited the kitchen and spoke with the cook on duty. The kitchen was clean, tidy and well organised. We asked the cook about people's special dietary needs such as diabetic diets and how they prepared fortified meals for people at risk of malnutrition. We found they had sufficient knowledge of people's individual needs and how to prefer meals in accordance with their requirements. There was also information about people's special dietary requirements on a noticeboard in the kitchen for all staff to be aware of. This included information on those people who required thickening agents to be added to their drinks to enable them to drink safely.

We checked people's care files and saw that people's nutritional needs and risks were assessed. Records showed people had the involvement of the community dietician or the speech and language therapy team where there were concerns about their dietary intake or their ability to eat and drink.

We found however that the system for recording people's food and drink intake was not fit for purpose for those people who needed their dietary intake to be monitored. There were two systems in place to record this information but staff were not using either system consistently. We saw that one system was paper based and the other was computerised. Some staff were completing the paper based system whereas others were using the computer to record this information. This meant there was no single or accurate record of the amount of food and drink people had consumed which made it difficult for staff to tell whether the amount of food and drink consumed was sufficient to prevent weight loss. This aspect of nutritional care required improvement. We discussed this with the manager who assured us they would address this without delay.

At our last inspection, some staff had failed to complete the provider's mandatory training programme which meant there was a risk they did not have the skills, knowledge and competencies to support people safely and effectively. At this inspection the manager told us that they had worked hard to encourage staff to complete the training but that this had not been without its difficulties.

We looked at the manager's training schedule and saw that the gaps identified in the training of some staff members with regards to moving and handling, safeguarding and fire training at the last inspection had all been addressed. Training certificates were in place to evidence this. Records showed that overall the majority of staff had now completed the provider's training programme in safeguarding, infection control, moving and handling, mental capacity, deprivation of liberty safeguards, fire safety, first aid, health and safety and challenging behaviours.

All of the relatives we spoke with felt that staff were adequately trained and had the right skills and knowledge to meet people's needs. Their comments included "The staff definitely have the right skills to look after the people here. I see them using hoist etc. They also deal with people if they start shouting or become anxious"; "The staff are highly trained in all aspects of their care work, they seem to help everyone very well" and "The staff are so deft in dealing with (name of person). They are so quick and clever in all they do. (Name of manager) is on the ball and excellent to deal with".

Records relating to the supervision and appraisal of staff showed that staff received the support they needed to do their job role effectively.

Requires Improvement

Is the service caring?

Our findings

At our last inspection, no breaches of the health and social care regulations were identified but the overall rating for this domain was considered to require improvement. At this inspection, the rating has remained the same. This was because people's right to privacy and dignity were not always respected.

For example, during our visit, we saw that gentlemen who lived at the home had access to a visiting barber. We observed that the barber and staff at the home did not ensure people's right to privacy and dignity was respected during this visit. The barber styled the hair of several gentlemen in the communal lounge directly in front of other people, relatives and visitors to the home. This was not very dignified. We drew this to the manager's attention. They told us they were disappointed with this, as they had spoken to staff and the barber directly and asked them to ensure people's hair was cut in the privacy of the home's shower room.

We also observed that a visiting chiropodist cut one person's toenails in the communal lounge. A privacy screen was put up in an attempt to protect the person's dignity, but the privacy screen was not wide enough to preserve the person's dignity and other people were able to see the person whilst their chiropody services were provided. These observations of people's care did not indicate that staff always ensured people's privacy and dignity were respected at all times.

A lock on one communal toilet door also did not work which meant that people's privacy when using these facilities was placed at risk.

The above issues had a direct impact on the rating given to this domain.

All three people that we spoke with during our visit told us that staff were kind and caring towards them. One person said "Definitely at all times. They are also kind and patient with some of the other difficult residents. I can shower myself but the staff are always nearby in case I slip or anything. I can dress myself without assistance". Another person said "The staff are kind and considerate and they always treat me with respect".

All relatives felt their family members were well cared for and smartly dressed at all times. One relative told us "The staff are very kind and caring to my partner, they care for them (the person) very well, they always looks clean and tidy". Another said "The staff are excellent and very caring, I have no concerns, and I would give them 12 out of 10 if I could".

We saw that a satisfaction survey conducted in December 2017 generated positive results and showed that people who lived at the home and their relatives were happy with the service provided. Comments from relatives included "Staff have taken a long time to ensure that (Name of person) feels at home and in very difficult circumstances" "Please, please, please let my relative stay here it's wonderful", "We invariably feel very welcome and staff cater to all my relative's needs" and "Start at the top staff are lovely and caring". Our observations of care confirmed this.

We observed that staff were kind and compassionate in their approach and people seemed relaxed and comfortable in their company. Staff chatted to people and used positive touch to reassure them. It was clear that staff knew people well. Staff we spoke with had an understanding of people's needs and spoke about people affectionately. It was obvious from the staff we spoke with that they had a genuine fondness for the people they looked after.

We found the atmosphere at the home to be warm and homely. All the relatives and visitors we spoke with said they were made very welcome when they visited and all said they were offered a drink when they arrived.
One relative said "I haven't visited (name of person) for a while through illness. I was made to feel special when I just came in, hugs and welcomes. (Name of person) always seems happy and content". Another relative told us "I come and see (Name of person) once a week and they (the staff) always treat me very well. They always make me a cup of tea. (Name of person) is happy and settled here."

A visiting healthcare professional we spoke with told us "It (the home) has a good feel and the staff are really helpful. I feel comfortable with them if I need support. The residents always seem to be happy and there's a good rapport between the staff and residents. They treat them with respect. I would put my mum and dad here if needed".

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, people's care plans were not written in an individualised way. They lacked sufficient detail about people's needs and care and staff had little guidance on how to provide person centred care. This meant there was a breach of Regulation 9 of the Health and Social Care Act. At this visit, we found that improvements to this information had been made. These improvements meant that the service was no longer in breach of Regulation 9

Most of the people we spoke with were happy with their care and the way in which their support was provided. One person said "They are very nice people and I am very lucky that my family chose this home for me". Another person told us "The staff are very good here, I do have a few memory problems and can wander, I know the staff will point me in the right direction. They make sure I am back in the lounge and not near the door".

All of the relatives we spoke with told us they thought the support provided to people was good and responded to people's needs. One relative told us "The home is always really clean and never smells. I hope the care home passes its inspection because I don't want to move my husband".

At the time of our inspection, the activities co-ordinator was on annual leave. We asked people about the activities on offer and all of the people we spoke with said that activities were sometimes provided. One person said "There are quizzes which happen every other day. Not much else happens. We have singers now and again, I enjoy that". Another said "We don't have much by the way of activities. Now and again we have a singer comes in or we have an odd game of bingo. The residents are mostly too old or not interested".

Most of the relatives we spoke with told us they had witnessed various activities when they visited. Comments included "I have seen the residents playing bingo and doing other things, I have also seen singers now and again"; "I have observed activities in the past. I have also observed a member of staff playing chess with my friend" and "There are various activities that go on at different times. They do have singers and various entertainers come in. They have the 'PAT dogs' that come in occasionally."

People who lived at the home and their relatives provided feedback on the activities on offer at the home via a satisfaction survey in December 2017. Feedback included "We could do with more activities and stimulation" "My relative has been encouraged to participate in 11 art which is really important to them" and "It is a shame that more use is not made of the outside space". We asked the manager about the activities on offer. They told us that they had some improvements planned and showed us evidence that they had started to look into sourcing a minibus service to enable people to go on trips out.

We looked at care records for six people who lived at the home. We saw that people's care records had been reviewed since our last inspection and that additional information relating to people's specific needs and care had been added. There was 'This is Me' information available for each person. This provided staff with information on people's personal life history, preferences and social interests and gave staff guidance on what was important to the person in their day to day life. This type of information gave staff an improved

understanding of the person they were caring for. When we asked staff about the people they cared for, they were able to demonstrate that they knew about people's care and what was important to the people.

Some people who lived at the home lived with memory loss and confusion and we saw that care plans contained information about their ability to communicate and how staff could support the person to express their needs. For example one person's care plan advised that the person did not like to be hurried and needed time to collect their thoughts especially in the morning. Another person care plan referred staff to the fact that the person loved to talk about their family which gave staff an insight into how to connect with the person.

We found that care plans now contained sufficient information about people's medical conditions and it easier to understand the referral to and on-going involvement of other health care professionals. This was an improvement since our last inspection. Records showed that people's health needs were monitored and all care files contained evidence that people had regular access to their GP, chiropodists, opticians and dentists etc.

At this inspection we found there were records in place to show people had received regular support or encouragement to change position in order to prevent the build-up of pressure on one area of skin. This was an improvement since our last inspection and demonstrated that people received the repositioning support they required to mitigate risk of skin breakdown. People at risk of pressure sore development had pressure relief mattresses in place and we that the maintenance person undertook a regular check of the pressure relief equipment to ensure it was set at the right pressure for each individual person to assist with the prevention of pressure sore development.

People's care plans and risk assessments were reviewed monthly. At our last inspection, these reviews were uninformative about changes in people's needs and care. At this inspection, we found this was still the case. Risk assessments had been reviewed and some changes in people's needs noted but the explanation for these changes and the impact on the person's health and well-being was limited. There was also no adequate information on whether the support provided to the individual was effective. This meant it was sometimes not possible to tell if the care provided was responsive to people's needs.

Relatives we spoke with spoke highly of the staff team and told us that staff were good at keeping them up to date with people's care. One person said "They phone straight away if anything is going on with my (Name of person). In fact I think they notify me too much, in the best sense of the word".

We spoke with three people about whether they had any complaints or concerns. One person expressed a concern that they sometimes had to wait for staff support. We referred this person's concern directly to the manager. We asked relatives if they had any concerns or complaints about the service and the support provided. None did but all felt comfortable to express their concerns to the manager if they needed to. One relative told us "(Name of manager) is a good manager, I have spoken to (name of manager) lots of times and always get a good response. They always make time to speak with you."

Requires Improvement

Is the service well-led?

Our findings

At our last visit, we found the systems in place to monitor the quality and safety of the service were inadequate. This meant there was a breach of regulation 17 of the Health and Social Care Act and indicated the home was not well-led. At this visit, some improvements had been made. This has resulted in a change of rating for this domain from inadequate to requires improvement. We found however that some of the improvements implemented since our last inspection required further development. As a result of this, the service remained in breach of Regulation 11 and Regulation 12. This showed that there were still aspects of service delivery that were not well-led. This meant that there was a continued breach of Regulation 17 as the governance arrangements in place were ineffective in achieving sufficient improvements in respect of obtaining people's consent in accordance with the Mental Capacity Act 2015 (Regulation 11) and the provision of safe and appropriate care (Regulation 12). This meant that insufficient action had been taken in these areas to mitigate risks to people's health, safety and welfare.

Since our last inspection, a new quality assurance framework has been put into place to monitor the quality and safety of the service since our last inspection. The manager told us that some of the systems were still fairly new and were a work in progress. The manager had been assisted in this work by another member of staff who was a health and safety trainer. We spoke with this staff member and found them to be knowledgeable about the systems and improvements required for full compliance with the health and social care regulations.

A general risk assessment had also been carried out on the property which had identified a number of environmental issues that needed addressing. An action plan to address these issues was in place and in progress. There were a range of monthly checks on the equipment in use for example, bed rails, pressure mattresses, bath hoists and wheelchairs. The audits recorded a good level of detail with regards to what had been checked and whether any action was required to ensure the equipment was safe to use. Where action was required, it had been taken.

At our last inspection, there were no care plan audits in place to check that the information provided to staff in the delivery of care was adequate, accurate and up to date. At this inspection, we saw action had been taken to address this. A 'Resident of the Day' system had been introduced from 12 December 2017. This system was designed to ensure that each person had a full review of their care and records every five weeks. This review was to include information relating to the person's weight, blood pressure, risk assessments and medication. Guidance was sent to care staff and nurses as to what this meant and how it was to be achieved. At the time of this inspection, it was too early to check the effectiveness of this system.

We saw that accident and incidents were recorded and analysed on a monthly basis with a breakdown of the type of accident and incident, the time and location of the accident and incident and the actions taken. This analysis was important as it enabled the manager and provider to identify trends in when, how and where accident and incidents occurred so that preventative action could be taken. The accident and incident analyses reviews indicated that the number of accidents and incidents in terms of falls decreased in the month of November 2017. The manager told us that the introduction of the new call bell alert system

had ensured that regular checks were made on people's welfare and more people were using the new call bell system to ask for help prior to mobilising. They told us this had a direct impact on reducing the number of falls people experienced.

At our last inspection, we found that the manager and the staff team had not always notified outside bodies of serious incidents. Since the last inspection, we found evidence to indicate that the manager had discussed with staff the circumstances in which a serious incident must be reported to outside bodies. They had also held discussions with staff about potential safeguarding incidents and when to involve the local authority. We checked the manager's safeguarding records and saw that one incident had not been reported as a safeguarding event to the CQC. We spoke with the manager about this. We found that although the manager had good understanding of safeguarding they were not always clear when to report the incident to CQC. We discussed this with the manager.

During our visit, the feedback that we received from the people who lived at the home and their relatives was positive. All spoke highly of the staff team and the manager and felt that the home was well run.

People's comments included "The manager is (Name of manager). They come and have a chat now and again. I think the home is run well. I would give them 10 out of 10. I have worked in the care system and I know this home is run very well". Another person said "I think the home is run as good as it can be, I am comfortable here".

The feedback from people's relatives included "I think it's very well run and it always feels homely. (Name of Manager) is easy to talk with"; "I think the home is run really well and (Name of Manager) is very approachable and chats when you need it" and "(Name of Manager) is very approachable, you can tell them (the manager) anything. They have got excellent people skills. I have the highest regard for them (the manager)".

The home had a well-established staff team and all of the staff team felt supported by the manager. A nurse we spoke with told us that staff worked well together and "All helped each other out". The manager had worked at the home for over 13 years and it was clear they were well liked by people who lived at the home and their relatives.
During our visit, we found that the manager was open and receptive to our feedback and the culture of the home was positive and transparent. We found that the manager had taken on board the concerns identified at the last inspection and had made adequate improvements in the six month time period between inspections to take the service out of 'special measures'. Ongoing improvements were still required with regards to skin integrity and wound management, the implementation of the mental capacity act and ensuring people's dignity was respected at all times in the delivery of care. We discussed these issues directly with the manager both during and at the end of the inspection.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always ensured that people's capacity to consent to decisions about their care was consistently undertaken in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always ensured that the risks associated with the use of bed rails and people's skin integrity were properly managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There remained aspects of service delivery that were not well-led. This meant the governance systems in place were not always effective in mitigating risks to people's health, welfare and safety.