Hornby Healthcare Limited

Shoreline Nursing Home

Inspection report

2a Park Avenue
Redcar
Cleveland
TS10 3JZ

Tel: 01642494582

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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

This inspection took place on 20, 23 and 28 August 2018. The first two days of our inspection were unannounced. We returned to speak to the registered manager on 28 August following their return from annual leave.

At our last inspection in August 2017 we rated the service as Requires Improvement and found breaches of regulations 12 and 17. The breaches concerned the safe administration of people's medicines and the effectiveness of the provider's quality monitoring system.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and effective to at least good. During this inspection we found continued breaches of regulations 12 and 17 and a further breach of regulation 16. The latter breach concerned the investigation of complaints.

Shoreline 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 home accommodates up to 43 people in one adapted building across two floors. At the time of inspection, there were 37 people using the service. The provider was developing a separate upstairs unit for people living with dementia type conditions.

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.

People received their oral medicines in a safe manner. However, the documentation failed to demonstrate that people were receiving their topical medicines (creams applied to the skin) as prescribed.

People were nursed in bed using bedrails without protective covers that would reduce the risks of entrapment therefore there was an increased risk. During our inspection bumper cushions were sourced for most people. A further delivery was required to ensure everyone was protected. Assurances were provided by the provider and the registered manager that all bedrails in use would have the necessary covers. Airflow mattresses to reduce the risk of people developing pressure sores were not routinely monitored.

We found complaints made about the service required more thorough investigation to prevent complaints of a similar nature being made in the future.

Fire service personnel visited the home during our inspection and found work was required to update fire

safety. The provider stated they would follow the advice of the fire service and make the necessary changes.

Fluid intake charts did not include the target levels of fluid people could be expected to consume to maintain appropriate hydration levels. We found the staff had failed to complete people's daily records to show the care and treatment they had provided.

People's personal risks had been identified and risk assessments had been written to give staff the necessary guidance on how to keep people safe. However, we found the actions had not always been taken to mitigate the risks.

Following discussion with the provider and the registered manager about our findings they wished to point out that they would take whatever actions were necessary to make improvements.

Staff presented as kind and caring. We observed staff delivering compassionate care. However, this care was undermined by the failings of the service to keep people safe and document the care and treatment delivered to people who were living in the home at the time of our inspection.

People were complimentary about the food. The food served appeared appetising. We found mealtimes were very busy with people being left unsupervised in the upstairs dining rooms. We made a recommendation about reviewing people's dining experience.

Communication systems were in place. The staff handover notes which staff used to pass on pertinent information between shifts did not direct staff to include useful information, relevant to each person's care. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Pre-employment checks were carried out on staff before they began working in the service. This was to ensure staff were of suitable character to work with people needing support. Once employed in the service, staff were supported through an induction period. They received training and supervision from their line manager together with an annual appraisal.

The registered manager monitored people's dependency needs to monitor the staffing levels on duty. Rotas' showed there were consistent numbers of staff on duty each day to meet people's needs.

People were offered activities each day to provide stimulation and engage them in activities which met their needs. Adapted equipment was in use for those people who did not have the dexterity to use small items.

Arrangements were in place for people to receive appropriate end of life care. The registered manager reviewed the death of each person in the care home to learn if the service could improve in the support they offered to people.

Surveys had been used to monitor the quality of the services. The largely positive results had been aggregated and were on display in the home.

Partnership working was in place with other professionals. Staff made referrals to other key professionals for their support and guidance in managing people's care. The advice given by the professionals was incorporated into care plans and reviewed as necessary.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's topical medicines were not sufficiently documented to demonstrate people received them as prescribed.

People were nursed in bed using bed rails without bumper cushions to address risks of entrapment. Arrangements were put in place to rectify this issue.

Staff underwent pre-employment checks before they began working in the service.

Is the service effective?

Requires Improvement

The service was not always effective.

There were no target fluid levels in place for people's daily consumption. Fluid charts failed to effectively document the fluids people had drunk.

We made a recommendation for the service to review people's dining experiences.

We made a recommendation for the service to review handover notes.

People told us they enjoyed the food in the home.

Arrangements were in place to ensure the food for people who required their diet to be pureed was presented in an appetising manner.

Is the service caring?

Requires Improvement

The deficits we found in the service showed the service was not caring overall.

Staff treated people with respect and maintained their privacy. We found improvements were required to protect people's dignity.

Staff spoke in kind tones towards people and treated them with compassion. They carried out regular checks on people.

People were supported to be independent by staff who gave them the choice of receiving staff support

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints made to the provider needed to be more thoroughly investigated to reduce the risk of the same complaint being repeated.

Documentation to record people's daily care was not complete.

A range of activities was provided in the home to meet people's needs.

Is the service well-led?

Requires Improvement

Systems used to assess and monitor the quality of the service failed to identify the deficits we found during our inspection.

Daily records were not always accurate and up to date.

The provider and the registered manager had made improvements to the environment and had begun work on creating an area of the home suitable for people living with dementia.

Shoreline 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 20, 23 and 28 August 2018. The first two days of our inspection were unannounced. We returned to complete our inspection on 28 August 2018 and to speak to the registered manager who had just returned from annual leave.

Inspection site visit activity started on 20 August 2018 and ended on 28 August. It included speaking to people and their relatives, speaking to other professionals, reading people's care plans and other documents held in the home to demonstrate compliance with the regulated activity.

The inspection team consisted of two adults social care inspectors, one adult social care assistant inspector and a specialist advisor to the commission who had a background in nursing care.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make"

During the inspection we spoke with five people who used the service and five of their relatives. We also spoke with four external professionals and 15 staff including the provider, the registered manager, deputy manager, care coordinator, clinical lead, nurse, senior care staff, care staff, activities coordinator, kitchen, maintenance and laundry staff. We looked at 10 people's care records in detail, three staff recruitment files

and four staff training records.

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

Requires Improvement

Is the service safe?

Our findings

People's oral medicines were administered in a safe manner. Appropriate arrangements were in place for the receiving, storage, administration and disposal of medicines. Plans were in place to use an electronic system for the recording and administration of people's medicines. The records held by the service on controlled drugs matched those which were stored in a safe manner. Controlled drugs are those which are liable to misuse.

Guidance to staff was in place when people needed PRN ("pro re nata") medicines. These are medicines taken 'as and when needed'. We found two people where there was a discrepancy in the records as to their PRN dosage. The staff member on duty agreed to address this immediately.

Staff were required to complete documents to state specific arrangements were in place for people who required topical medicines (creams applied to the skin). Body maps were in place to show staff where to apply the topical medicines. However, we found information on the body maps did not always match the information on the administration records and there were gaps in these records. We spoke with the registered manager who expressed disappointment that these documents had not been completed.

Personalised risk assessments were documented in people's care files and actions put in place. However, we found one person whose risk of pressure sores was to be managed using personal care and topical medicines. Their records were incomplete and staff were unable to find their topical medicines charts.

Personal Emergency Evacuation Plans (PEEPS) were in place for people who used the service. They were accessible to emergency personnel who may need to evacuate people from the building. We checked the PEEPS and found these were not always accurate. In one person's PEEP we read they could use a walking frame. A staff member confirmed they could do this for a few steps but would not be able to evacuate the building.

This was a breach of 17 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found emergency pull cords had been removed from en-suite toilets. The deputy manager told us people had access to a new nurse call system which staff could ensure were with people all the time. We asked staff what would happen if people living with dementia were able to access toilets independently and asked how they would summon help. Staff were unable to tell us. We spoke with the registered manager and the provider on this issue. They told us they had recently applied for funding to put in place an electronic device to tell staff when a person had a fall. This meant people who fell in their en-suite toilets were unable to summon help.

Personal protective equipment (PPE) was available to staff in corridors to reduce the risks of cross infection. We observed staff use the PPE when providing people's personal care. Cleaning was on-going during our inspection. Communal areas of the home were clean and tidy. We saw in people's bedrooms carpets were

stained. The deputy manager told us plans were in place to replace the carpets. We found people's beds had the covering veneer worn away leaving the wood underneath. This meant the beds could not be cleaned to reduce the risks of cross infection.

Each bed in the home had bed rails. We observed people were being nursed in bed using bed rails without bumper cushions attached. This placed people at risk of injury or entrapment whilst in bed. During our inspection we drew this to the attention of the deputy manager who ordered bumper cushions. On the last day of inspection, we checked the beds in the home with the manager and the provider and found two people with bed rails without cushions. The provider and the manager told us they were awaiting further new cushions and agreed to replace the shorter cushions used on some rails. Following the inspection, the provider told us they had added the need for bumper cushions to their bed rails assessment.

Arrangements were in place to carry out regular checks on the building and its contents to keep people safe. These included checks on mattresses. We found people who used the service had airflow mattresses in place. Air flow mattresses are designed to support people at risk of pressure sores. We asked the registered manager for the monitoring arrangements for the mattress pumps to ensure they were working. They told us there were no monitoring arrangements in place for the airflow pumps. The registered manager agreed to address this issue.

This was a breach of 12 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we saw a door had been put in place on the first floor corridor. The door was locked with a small bolt at the top. The door gave access to a flight of steps leading to an emergency exit. Staff told us this was not a fire door and was there to stop people falling down the stairs. We contacted the fire service who had already arranged a visit to the home on the second day of our inspection. The fire service personnel required immediate removal of the door. We spoke with the registered manager on this issue who showed us records of previous discussions with the fire service and their acceptance of the door remaining in place. The fire service personnel raised further concerns including a lack of maintenance on fire doors leading to many not being suitable. They also required the provider to have a place a fire risk assessment carried out by a competent person. Following the inspection, the registered manager sent us information to show arrangements had been put in place for this to happen.

One person told us, "It's a good place." Relatives we spoke with during our inspection believed their relatives were safe in the home.

Accident and incidents were recorded by staff and reviewed by the registered manager to ensure all actions were taken which prevent any re-occurrence.

Staff had received safeguarding training. We found staff had raised concerns and information was passed to the local authority safeguarding team. This meant staff understood what was required to keep people safe.

The registered manager monitored people's dependency needs to work out how many staff should be on duty. We checked the rotas and found the number of staff on duty was sufficient to meet people's needs.

Policies and procedures were in place to protect staff and give them guidance on how to carry out their duties.

The registered manager spoke with us about lessons learnt on managing an influenza outbreak in the home

in January 2018. They told us going forward they had learned what actions worked best. The provider had installed a hand-washing sink in the upstairs dining room and a memo was sent to staff about the need for hand washing. We did not observe staff offering people the chance to wash their hands before their meals.

People's human rights were respected. Family life was promoted and relatives were welcomed into the service. Discussions had taken place with people and their relatives regarding their end of life preferences. This meant the service had considered people's right to life.

Pre-employment checks were carried out before staff began working in the service. Disclosure and Barring Service (DBS) checks were undertaken and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

Requires Improvement

Is the service effective?

Our findings

Arrangements were in place for the documenting of people's food and fluids. We found different types of charts were in place to monitor people's intake. However, we found the charts were incomplete. Staff were not aware of the fluid intake for each person but had documented in people's notes that people had consumed, 'Good food and fluids'. On some charts staff had documented for example people had been given 200mls of fluid but failed to record how much the person consumed. Other charts did not total the amount each person had each day. This meant records were inaccurate and could not be relied upon to provide a contemporaneous record of the care given to people.

After carrying out lunchtime observations we noted staff had written one person had eaten all their lunch. Our observations showed the person had not eaten a meal. We raised this with the deputy manager who addressed it with the staff member. The deputy manager explained this was a documentation error and the person had refused their lunch.

This was a breach of 17 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke with us about the food provided in the home and shared mainly positive comments about the food and drink available. A relative told us improvements had been made to the meals for people with a choking risk and said the home now provided food other than sandwiches so people could eat a teatime meal. Kitchen staff were aware of people's dietary needs and showed us meals suitable for people at a choking risk. They used moulds to provide people with pureed food in shapes which looked like the food they were eating. For example, pureed chicken was served in a mould the shape of a chicken leg.

Downstairs people were brought into the dining area for meals. They were encouraged to sit with one another. Staff sat with people who required support to eat and engaged people in meaningful conversation. People were encouraged to eat independently where possible, staff asked "Would you like to give it a go today or would you like me to help." Adapted crockery and cups were available for those with impaired dexterity. Staff used appropriate PPE and offered aprons to people to avoid their clothes becoming soiled. Staff regularly checked if people were comfortable and if they required anything else. Staff responded immediately to people's needs. In the event of a coughing incident, staff attended immediately and did not return to be seated with people until they were sure the person was safe and comfortable and had sufficient fluids. We found staff were very busy at mealtimes which left some people waiting for their meals.

We carried out our short observation framework for inspection (SOFI) and found people on the newly set up dementia area were eating together. Staff needed to leave the people unsupervised to get their meals from the hot trolley in the dining room next door. In the upstairs area of the home staff told us some people preferred to eat in their rooms. We saw one person in their room had their food placed on a side table to the side of their chair. They needed to turn sideways to eat. Another person was trying to hold onto a tray resting on their lap. The tray was tilted away from them and they stretched to eat the food on their plate. Following the inspection, the registered manager told us people preferred to eat in that position. Our observations

showed people were also left alone in the second dining room as staff ran in and out of the room to deliver people's meals to the room. This left one person sitting at a table who required support to eat whilst they sat opposite their table companion who was already eating. One person was offered and given tomato sauce on their meal by a member of staff who then left the dining room. Another staff member entered the dining room and offered the same person the same sauce. We spoke to the registered manager about our findings and they said staff did not usually serve meals in this manner.

We recommend people's dining experience is reviewed.

In the PIR the registered manager told us about their plans to make the home suitable for people living with dementia. Work had been carried out to make improvements to the home. An area of the upstairs living area had been set aside as a dementia unit. Murals had been painted on the walls and an indoor seating area with grass and benches was provided. The registered manager told us work was on-going in this area to make further improvements.

Elsewhere in the home some people had photographs on their bedroom doors to assist their orientation and there was signage around the building to indicate bathrooms and toilets. Some toilet seats were coloured for easy identification. The home did not have a garden area but had two outdoor balcony seating areas. One faced the sea and was used for people who smoked. Staff also used this balcony as a smoking area and told us one person who used the service smoked. A rear balcony area which adjoined upstairs bedrooms was available for non-smokers.

The provider and the registered manager were aware further improvements were still needed to the home and discussed with us their ideas.

Staff were supported through induction, training, supervision meetings and appraisals. The deputy manager allocated e-learning to staff and monitored when the training was completed. Staff new to working in a care environment were required to complete the Care Certificate. This is a nationally recognised qualification designed to support staff learn the values of caring and about their role. Visiting professionals had offered training in end of life care and infection control which had been taken up by the service.

Communication systems were in place to ensure information was shared between staff. These included a diary and handover notes between shifts. One staff member felt the handover notes could be improved to ensure pertinent information such as fluid intake was shared. We found one person who had a low intake of fluids one day. This was documented in their daily notes but not recorded in the handover sheets. Without staff having read everyone's daily notes they would not have been aware the person was possibly at risk of dehydration.

We recommend communication systems are reviewed.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made and

authorised by the relevant local authorities. Mental capacity assessments were in place and showed relatives had been involved in decisions. Arrangements were in place to ensure people or their next of kin had given consent for the person to receive the service.

Professionals we spoke with during the inspection confirmed staff worked effectively with them, followed their advice and sought ways to make improvements to the care of people. Advice given by professionals such as the Speech and Language Team (SALT) was incorporated into people's care plans.

Requires Improvement

Is the service caring?

Our findings

Whilst we observed staff to be caring when they engaged with people living in the home we found deficits in the home which showed the provider was not ensuring the service was caring overall. The caring nature of the staff was undermined by the lack of daily records to show they were meeting people's needs.

Staff were observed caring and having meaningful interactions with people. They used humour and banter to engage with people. It was evident that people were familiar with the staff providing their care and staff took an active interest and asked them about meaningful topics such as their family and interests. However, people told us that although some staff, "Would bend over backwards to help you", some staff could be abrupt. One person said, "Staff are good mostly, one or two are a bit funny, abrupt." Another person told us they felt staff spoilt them. We observed staff speaking to people in caring tones and treating people with compassion by ensuring they were kept warm and free from pain.

People's privacy was respected. All personal care was carried out behind closed doors. Staff were observed knocking before entering people's rooms. People's rooms were personalised with familiar objects such as ornaments and photographs.

Staff were aware of people's likes and dislikes. Throughout the day they checked with people to see if they needed anything. They asked people if they were 'alright' and offered them drinks. One person said, "I'm mostly OK." People had mixed view about staff protecting their well-being. One person told us, "I asked for a cup of tea an hour ago" and, "I know the tea trolley is coming around, but I shouldn't have to wait." Another person said, "I've drank my juice but can't lift my jug and I'd have to wait for one."

The service held resident and relative's meetings to involve people in the home. Following each meeting the registered manager devised an action plan and ensured improvements were made and people's requests were actioned. This included responding to people's requests for alcoholic drinks to be made available. The service had a, 'You Said, We Did' board to demonstrate they had listened to people and their relatives.

No one using the service at the time of our inspection had an advocate. An advocate is an independent person who helps people make decisions and represents their views to others if required. We saw relatives had been accepted as natural advocates for people. Staff listened to relatives and put actions in place. However, we spoke with one relative who felt they had not been listened to, and appropriate support had not been sought when they had identified a healthcare need. On the last day of our inspection we found staff had responded and advice from the person's GP had been sought.

People's care records were stored confidentially in lockable cabinets and rooms. Whilst walking around the home on our last day of inspection. The registered manager found people's personal care documentation to be stored in an open sideboard. The provider and the registered manager identified the lack of confidentiality and stated they would purchase a lockable cabinet for the purpose of storing people's daily records.

Relatives told us they thought staff were friendly. One relative told us staff were, "Very friendly." Another relative described the provider as a, "A caring director." A third relative described the staff as, "Very caring", and told us their family member had wanted to return to the home after a period of hospitalisation. Relatives were welcomed into the service by staff and brought with them dogs who were friendly towards people.

Staff supported people to be independent. We observed staff offering to help people if they wanted assistance. They guided people to seats and encouraged them to walk slowly. Provision was made to enable people to eat independently. Plate guards to prevent food falling off the plate allowed people to use cutlery without the support of staff.

Staff provided explanations to people throughout the day. They told people when it was mealtimes and times for activities. For example, they offered people opportunities to spend time playing dominoes. They explained to people when their relatives were due to visit.

Requires Improvement

Is the service responsive?

Our findings

The provider had a complaints procedure in place. Since our last inspection the provider had received complaints. We saw one complaint about two issues had come via a local authority commissioner. One issue was about fire risks; the registered manager had responded to state there were no concerns and proper checks were in place. We spoke with the fire service who had arranged to visit the service on one of our inspection days. They found actions to be taken to reduce risks to people. The second issue was about a staff member refusing to support a person to bathe. There was no evidence on file to show this had been investigated by the registered manager. The registered manager responded to the local authority that no member of staff had refused the person a bath. We spoke with the registered manager about how they had conducted the investigation. They told us they had spoken to staff.

Following the inspection, the registered manager provided us with information regarding their investigation including a concern that a person had been refused a bath due to low water temperatures. During our inspection we found bathing records which showed people had not been offered a bath or a shower in August. This meant appropriate investigations had not been carried out to identify what might have caused the complaint and the actions taken to prevent similar complaints.

This was a breach of 16 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to people's care plans to provide guidance on people's needs and how they would prefer their care to be delivered. People's care plans contained person-centred information. This means they contained information which was relevant to each individual person. They included for example, detail on people's mental capacity, their nutritional needs, continence needs and skin integrity. Where individual risks were identified, care plans were accompanied by personal risk assessments. These were reviewed on a regular basis and updated where people's needs had changed.

The registered manager told us in their PIR they were in introducing a system of checks known as 'intentional rounding'. This is a method of regular checks on people to ensure they were comfortable and well cared for. The checks were kept in people's rooms and staff were documenting when the checks were carried out.

Daily notes were recorded by staff to demonstrate the care and treatment people received. Documents were in place to ensure people's care planning was carried out. We reviewed these documents and found significant gaps in people's records. For example, according to the records some people had not been offered or refused a bath in August. There were gaps in the recording of people being offered shaves or having their teeth cleaned. We drew the deputy manager's attention to a bowel movement chart which had not been completed. They advised us the chart was not accurate. There were gaps in people's personal care records. Whilst there were gaps in the morning routines gaps were particularly prevalent in the evening. In one person's records staff had failed to document any personal care on an evening. The provider, the registered manager and the deputy manager said people were being offered personal care.

This was a breach of 17 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection there was no one receiving end of life care. Discussions had taken place with people and their relatives about the care they required at the end of their life. The registered manager told us they were working towards the Gold Standards Framework (national standards for end of life care) and showed us how they had reviewed each person's death in the home to ensure lessons could be learnt and the service improved.

Monthly reviews took place to ensure efforts were made to discuss advance planning with people using the service. For people who did not wish to be resuscitated in the event of their heart stopping documents known as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were on file. We spoke with a member of staff who talked about supporting a person at the end of their life. Their work had included ensuring the person had capacity to make decisions and supporting their wishes. A professional spoke with us about how staff were supportive of relatives who were experiencing end of life care of a family member. They told us staff very supportive and provided relatives with drinks and food. The service had received thank-you cards from relatives. One relative wrote, "Dad's main concern during the latter stages of his life was that he could make a pain free exit, and thanks to your outstanding efforts he was able to leave us in a dignified painless manner." Other comments included, "The way you supported me in a very difficult and distressing time, it was wonderful how you cared for her and me and I will need forget it" and, "Thank you from the bottom of our hearts for all the love and care you gave my mum."

The service made active efforts to engage people in meaningful activities. An activities coordinator had been appointed since March 2018. Activities were often limited by funds but the home had made active efforts to raise these through competitions and fayres of which involved people using the service and donations were taken from the local community. The activities coordinator had also completed a fundraiser in her personal time to raise funds for people using the service. People were assisted to get out into the community with staff members. The home brought in singers, gardening, movie days, games and regular buffet and social gatherings to promote meaningful interactions between people. Efforts had also been made to ensure that activities were accessible to everyone, such as hand making larger bingo tickets so that people were able to engage in the activity. Pictures were kept of these events and photography consent forms were in place.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and effectiveness of the service. However, we found the audits undertaken on a regular basis failed to identify the deficits we found in the service. For example, the medicines audit did not address the gaps we found in topical medicines charts. In one person's audit for their teeth cleaning we saw the auditor had ticked in mid-August the person's teeth was being cleaned twice a day. However, on the person's personal care chart there were no teeth cleaning records for in August. Audits had failed to identify the risk of entrapment in bed rails where bumper cushions were not in use.

Personal care charts, fluid charts, bowel movement charts and topical medicines charts were not always accurate and up to date. The records failed to show the service was maintaining a contemporaneous record of the care and treatment provided to each person who used the service.

This was a breach of 12 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt supported by the registered manager. Professionals described to us a registered manager who was welcoming, friendly, and open to ideas for improvement. Relatives described the registered manager as approachable. One relative said, "We see the manager quite a lot, any problems I'd raise it with her."

In the PIR the registered manager told us about the improvements they intended to make. They had introduced a number of those improvements into the home including the development of an area for people living with dementia. We found the registered manager had questioned the practices in the home. For example, all deaths were reviewed for areas of improvement. Food and the presentation of food using moulds had improved. Action plans were put in place after every resident's meeting and followed up. During our visit new blinds were fitted and there were plans to make further improvements to the environment.

The provider and the registered manager told us they wanted to encourage a culture of continuous improvement. We spoke with the provider and the manager about the disparity between the systems the registered manager had put in place to improve the service and the delivery of people's care. Following our feedback to the provider and the registered manager both expressed a strong willingness to make the necessary improvements for the service to achieve a rating of good.

Surveys to measure the quality of the service had been distributed to relatives and people who used in 2018. The results of each question were aggregated. The aggregated outcomes were displayed in the main entrance as well as the actions taken to improve on feedback given from the last survey. We saw the feedback on the service had been largely positive.

Notifications about important events which the service is required to send to the Commission by law, had been submitted by the registered manager.

The registered manager held staff meetings to keep staff informed of events. Following our inspection, a staff meeting was due to take place so staff could if informed of the outcome of the inspection.

Relatives and staff facilitated access for people to the local community. The home is situated with views of the beach and a local park. Photographs were on display of people using the local facilities.

We found there was partnership working between the staff in the home and other professionals and between the staff and relatives. This has led to other professionals offering to provider additional training to staff in their area of expertise. One professional had arranged with the registered manager to deliver training to staff in September 2018 on the importance of fluid intake. Referrals were routinely made to care professionals to seek their knowledge and skills to address people's needs. Relatives had worked in partnership with the service to develop the décor.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to do all that was reasonably practicable to mitigate risks to people. Regulation 12(2)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to investigate complaints and take action in response to any failure identified by the complaint or investigation. Regulation 16(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(2)(a) The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2)(c)