

The Abbeyfield Kent Society

Abbeyfield Edward Moore House

Inspection report

Trinity Road
Gravesend
Kent
DA12 1LX

Tel: 01474321360
Website: www.abbeyfieldkent.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 20 and 21 July 2016 and was unannounced. Abbeyfield Edward Moore House is a care home providing accommodation and personal care for up to 39 older people. At the time of our inspection 23 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

The home had a manager who had been in post for 2 months and was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection undertaken on the 19 and 23 November 2015 we found a number of breaches of Regulation at that inspection and we rated the service as Requires Improvement. The breaches of regulation related to staffing levels, safeguarding people from abuse, managing accidents and incidents, managing medicines safely, and the cleanliness of equipment used to help people. We also required the registered provider to make improvements to the processes for, staff recruitment and training, meeting people's nutritional needs, providing personalised care and monitoring and improving the quality and safety of the service. The provider sent us an action plan stating they would have addressed all of these concerns by January 2016 and this action had been completed. At this inspection we found the provider was meeting these regulations.

People's care plans and risk assessments contained information about their personal history and support needs that enabled staff to support them safely. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

The medicines trolley was left unlocked and unattended on one occasion during the inspection. Medicines were administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. We have made a recommendation about the safe management and storage of medicines.

People were supported by staff who were trained to recognise the signs of abuse and who knew how to report concerns they had about people's safety. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Policies and procedures were available for staff to support practice.

There was a sufficient number of staff deployed to meet people's needs. There were robust recruitment practises in place to ensure that staff were safe to work with people. Staff received appropriate induction and training to ensure the safety and wellbeing of the people they cared for. We have made a recommendation about implementing and maintaining a robust supervision schedule.

People had access to health and social care professionals. Staff made appropriate referrals to health professionals for people when their needs changed.

People's dietary needs were met. People did not always have access to food options that promoted their health and wellbeing. We have made a recommendation about meeting people's dietary needs.

Staff knew people well and used their knowledge of people's personal history to provide personalised care. People enjoyed interacting with the staff.

People were supported by staff who respected their dignity and privacy. Personal information about people was not discussed in communal areas.

People and their relatives were involved in assessments and monthly reviews of their care plans. Reviews also took place when a person's needs changed.

Activities were planned and provided in a personalised way. People were offered activities based on their likes and dislikes. People's rooms were decorated to reflect their personal preferences.

People and their relatives had access to the complaints procedure and they know how to make a complaint if they needed to. People and relatives' feedback was sought through satisfaction surveys.

People, relatives and staff said the manager was approachable, took time to listen to them and had improved the atmosphere of the home. The manager had made improvements to the way the service was run so that people had greater freedom to access other communal areas within the building and the grounds. We have made a recommendation about sustaining a robust supervision schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were sufficient numbers of staff to ensure that people were cared for in a safe way. Safe recruitment procedures were followed in practice.

The medicines trolley had been left unlocked and unattended once during the inspection. Medicines were administered safely.

There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions and were asked to consent to their care and treatment.

The manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People's dietary needs were met. People did had access to food options that promoted their health and wellbeing.

People were referred to healthcare professionals promptly when needed.

Good ●

Is the service caring?

The service was caring.

Good ●

Staff communicated effectively with people and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of activities that responded to their individual needs. The provider had ensured that a suitable amount of outings and daily activities were provided to stimulate people's interests and meet their daily social needs.

People's care was personalised to reflect their likes, dislikes and personal preferences.

The delivery of care was in line with people's care plans and risk assessments.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

Quality assurance monitoring processes were in place and audits were carried out to ensure the service was safe and effective.

Staff received regular supervision to ensure competence.

The manager and staff team were aware of their roles and responsibilities and what was expected of them.

Surveys had been carried out with people, relatives and professionals in order to gather the views of people involved in the service.

Abbeyfield Edward Moore House

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 and 21 July 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A current PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed the previous inspection report and PIR. We also reviewed information which had been shared with us by the local authority and other people, and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with five people who lived at the service to find out about their experiences of living at the home. We carried out observations in communal areas and looked at care documentation to see how they had their care provided.

We looked at four people's care plans. Looking at care documentation is an important part of our inspection, as it allows us to capture information about people receiving care. We also looked at daily records, risk assessments and associated daily records, charts and Medicine Administration Records (MAR). We read diary entries and other information completed by staff, policies and procedures, accidents and incident records, quality assurance records, meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for two staff and records of staff training, and supervision.

We spoke with nine staff including six care staff, the activities coordinator, the chef and the manager. We also spoke with one district nurse involved in the care of people using the service. We observed staff interactions with people and the care and support provided in communal areas. We spoke with five relatives of people who lived at the service during the inspection.

The last inspection took place on 19 and 23 November 2015. The service had been required to make improvements to staffing levels, staff training and recruitment, safe storage of medicines, infection control, meeting nutritional needs, person centred care and systems for reporting, monitoring and auditing the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said "I feel perfectly safe." Relatives we spoke to said "I know they keep my relative safe", "I feel I can go home and rest. I wouldn't worry now" and "I am pleased she is safe here. I go home knowing she is in good hands."

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that people were not asked if they were ready for their medicines, and the temperature of the medicines storage area exceeded safe levels. We issued a warning notice in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

Medicines were administered safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate including the Medication Administration Record (MAR). A member of staff said "I always check the MAR to see what medicine people are taking. I am sure to ask people for their consent. I give people their medicines in the lounge or their rooms as they prefer it." Staff knew why people were taking their medicines and were able to answer their questions and reassure them. When people had difficulty understanding what staff said they repeated it slowly and clearly to them in a patient manner until the person had understood.

Medicines were kept locked securely in a designated room when not in use. The secure room contained a fridge which was used solely for the storage of chilled medicines. A new fridge had been put in place as part of the action plan from the previous inspection. Staff recorded the room temperature at the hottest point of the day and checked fridge temperatures daily. When the room temperature had exceeded the appropriate temperature due to unusually hot weather staff had sought advice and followed guidance to cool the temperature of the room by putting 2 electric fans in place, opening the window and placing bowls of ice in the room. The manager told us "I have made a business plan to request air conditioning for the medicines room because there aren't any other suitable rooms on site."

However the medicines trolley was left unlocked and unattended on one occasion during a lunch time medicine round. There was a risk that people could have access to other people's medicines which may cause them harm or prevent the other person from being able to take them. The manager took appropriate action to address this with staff during the inspection. We recommend that the service consider current guidance on the safe management and storage of medicines and take action to update their practice accordingly.

People's risk assessments were based on the needs of the individual and reviewed monthly, or sooner when people's needs changed. People had specific risk assessments in place if they were at risk of skin damage, weight loss, or falls. Staff were aware of the risks that related to each person and followed the guidance in the risk assessments. One person had epilepsy and staff were aware of the signs that the person may be experiencing a seizure and the action to take. Another person liked to walk freely around the home, but

sometimes they would have a fall. Their relative told us "It is important they have the freedom to walk it really gives them quality of life." The risk assessment in place supported staff to appropriately monitor the person whilst enabling them to continue to be independent. The risk assessments took into account people's individual circumstances and preferences. Staff checked that people had the equipment and aids they needed within easy reach so that they could move around safely.

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that risk to people's safety are not always managed to make sure they were protected from harm and incidents were not always thoroughly monitored, investigated and reported appropriately. We issued a requirement in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

Staff had received training to protect people from abuse. They knew how to recognise the signs of abuse and how to report their concerns. All of the staff we spoke with were clear about their responsibility to report suspected abuse. Staff we spoke with said "If I was concerned a person was being abused I would report it to my senior or home manager. I could also contact the care quality commission or social services" and "I would report any concerns I had straight away." Staff were aware of the whistleblowing procedure, staff said "If I couldn't tell my manager there is a number I can call on display in the office." There was a safeguarding and whistleblowing policy in place for staff to refer to. This included information about how to report concerns and staff knew they should report to the local authority or the police if necessary.

Accidents and incidents were recorded, tracked and monitored using a spread sheet that summarised what had occurred, outcomes and actions. For example, when a person was found to have fallen out of bed, records showed '[a] pressure mattress is now in situ to alert staff at night if [the person] gets out of bed'. This information had been transferred to the person's care plan and risk assessment to assist staff in managing risks to the person and maintaining their safety and wellbeing. The manager carried out monthly audits of accidents and incidents and compared them to previous audits to identify possible trends or patterns to help minimise the risk of repeat occurrences.

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that there were not enough skilled staff deployed in the home to meet people's needs. We issued a warning notice in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

There were sufficient numbers of staff for people to be cared for safely. The manager said "I use the dependency scores in people's risk assessments to inform care planning and the number of staff required." The manager had reviewed how staff were deployed to ensure people's needs were met. Staff said "I think we have enough staff now" and a relative said "The staffing levels are brilliant now." The service employed 28 care workers, one activities coordinator who worked full time, two cooks, six domestic staff, one maintenance person and one gardener. Staffing rotas indicated sufficient numbers of care staff were deployed during the day, at night time and at weekends. The manager was actively involved in supporting people at the home and covered staff absence when needed.

Staff recruitment procedures were followed and thorough checks were undertaken to ensure people's safety. Criminal checks had been made through the Disclosure and Barring Service (DBS) before staff started their employment. The service ensured staff were eligible to work in the UK and held copies of people's documents such as passports to confirm this. Staff employment history had been checked and references sought from previous employers including their most recent employer.

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 12 of the

Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the cleanliness of equipment used to help people did not meet required standards of hygiene. We issued a requirement in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

The manager ensured the premises were safe for people by having a thorough system of daily, weekly and monthly checks and a maintenance plan for the premises. Equipment used to help people had a weekly cleaning schedule that was completed by staff and checked for compliance by the manager. The fittings and equipment were regularly checked and serviced; certificates were held to show this had taken place. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive and included, water temperatures, Legionella testing, gas and electrical installation, service logs relating to the lift, appliances and fire alarms and emergency lighting. Where water temperatures had gone above the appropriate range action had been taken within 24 hours to repair the fault. The equipment people needed to help them move around was checked and serviced annually. The communal areas and people's rooms were checked regularly to ensure hazards were identified and appropriate action taken.

Is the service effective?

Our findings

People were supported to maintain their health and access to healthcare services. People we spoke with said "They call the GP to see me when I need it" and "When I get an infection they make sure I get my antibiotics."

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that dietary advice given by SALT was not always followed. We issued a requirement in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

People's dietary needs were met. When the dietician had provided guidance about people's diets it was followed. The chef we spoke to was aware of people who required low fat options and followed dietician advice for people who required soft food or pureed meals. The chef said "I prepare soft food and pureed meals for people that need it and I make sure there is low fat yoghurt or low fat ice cream available." The chef provided meal options for people with diabetes. Where the dietician had identified people who needed to lose weight the chef provided them with diabetic meal options. The manager advised a dietary preferences folder was in place and was going to be implemented by the head chef to all kitchen staff. The folder identified people's dietary needs including people who needed to lose weight or gain weight. The chef we spoke to said "The care workers keep me informed about people's dietary needs." A relative we spoke to expressed concerns that their relative's diet was not appropriate to promote their weight loss, they said "They think diabetic food is diet food... I am not sure they manage my relative's diet properly." The manager took appropriate action and followed this concern up with the chef during the inspection.

People were able to eat at their own pace and as independently as possible with support from the member of staff when they needed it. A relative we spoke to said "My relative is eating better since moving here. They encourage them to do things for themselves. They can have a drink whenever they want one." People were greeted when they entered the dining room and asked if they were ready for their meal. If a person did not want to sit at the table and eat their meal staff supported them to have their meal in the way the person preferred. Staff said, "Residents can eat in the lounge, their rooms or dining area, we ask what they would prefer." The menu for the day was displayed in words and pictures on white boards in both of the dining areas. People who had difficulty reading, visual impairments or struggled to read the menu because of dementia were shown pictures of food and meals to help them decide what they wanted to eat. One person we spoke with said "The food is really nice."

People were offered a choice of lemon or orange squash with their meal and they were offered hot and cold drinks throughout the day. People were able to eat and drink at any time throughout the day and were not restricted to mealtimes. People were able to ask for alternatives if they did not want one of the two main menu options and one person was observed having an omelette instead. There were condiments such as salt and pepper on the tables for people to help themselves. People were offered gravy with their meals and people could say how much they wanted on their dinner. People enjoyed a relaxed atmosphere at meal

times and chatted with each other. Staff joined in with conversations with people when they were serving them food. There was specialist equipment available such as plate guards for people who needed it to help them eat independently .

Staff responded effectively when people's health needs changed. The manager and staff were sensitive to the needs of people and their families when they identified a person needed to move to a more suitable care setting. Continuing health care assessments were arranged when appropriate and people and their families were reassured they would be supported through the process until the person found more suitable accommodation. People received regular visits from health care professionals. People were referred to the GP, district nurse and dietician when appropriate. Records of visiting health professionals were documented in people's care plans which were updated to reflect the medical advice that was given. A district nurse visiting the home said "If they have concerns they contact the local referral unit, they don't wait until our next visit."

People were supported by staff who helped them to maintain and improve their health. One person who had been identified as at risk of weight loss had gained weight because staff ensured they had support with meals and that they had nutritional supplements prescribed by the GP. A district nurse told us "They are good at following advice to support wound care. As soon as a skin tear appeared they let us know and they applied the Proshield (skin protecting cream) correctly, in a couple of weeks it healed." One relative we spoke to said "When they noticed a blister on my relative's foot they called me straight away and arranged for the district nurse to visit."

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 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.

Staff asked people for their consent before they helped them with their meals, to move around, or with their personal care. Staff said "I ask them if they want my help to wash" and "I always ask if the person is ready before lifting them in the hoist". People were asked where they wanted to sit and were able to choose to sit with people whose company they enjoyed.

Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision and who would not be safe to leave the home on their own. Applications had also been made for people who required assistance with personal care and best interest decisions had been made. The manager had considered the least restrictive options for each individual. The CQC had been appropriately notified when DoLS applications had been authorised. Staff were trained in the principles of the MCA and the DoLS and were able to tell us of the main principles of the MCA. Staff we spoke to said "Everyone has capacity until proven otherwise" and "Even if a person doesn't have capacity for finances they may be able to make decisions for other situations."

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 18 of the

Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that staff did not have all the essential and specific training and updates they needed. We issued a warning notice in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

Staff had received training specific to people's needs including epilepsy awareness, Parkinsons, diabetes awareness, stoma care and challenging behaviour. Staff had access to training opportunities and attended yearly refresher courses when appropriate or one off training relating to a person's specific needs. Staff received a thorough induction that included dementia awareness, palliative care, fire safety, safeguarding, infection control and safe moving and handling. Staff we spoke to said "The induction included moving and handling and I learned how important it was to talk a person through what is happening" and "I learned how easily cross infection can happen. I always wash my hands and make sure I wear personal protective equipment." During their six month probationary period staff were supported to complete the Care Certificate. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The manager said "I am hiring staff who can demonstrate they are caring and offering level two training to ensure the highest quality staff. Caring is the most important skill." Staff competencies were assessed during induction before staff worked with people unsupervised.

People were cared for by staff that were appropriately supported in their roles. Supervisions had not been taking place regularly since December 2015. The new manager had been in post for two months and was in the process of implementing a supervision schedule which included observations of staff performance. Staff felt supported by senior staff and the new manager, staff told us they could ask for guidance or talk about any concerns they had when they needed to. There was an effective system of communication between staff to ensure continuity of care. Staff handed over information about people's care verbally to the staff on the next shift twice a day.

Is the service caring?

Our findings

People and their relatives told us they were happy with the way staff supported them. One person said "They look after us wonderfully here." Relatives we spoke to said "The staff are kind by nature, they are very helpful" and "They are always caring and kind. I am very happy that my relative is well looked after."

Staff knew people well and used their knowledge of people's personal history to provide personalised care. A person was unsure where to sit and staff were able to remind them where they usually sat with their friends to chat in the afternoon. People enjoyed interacting with the staff who were able to talk with them about their family, previous jobs and hobbies. Staff we spoke to said, "I have time to read care plans or to get information from family" and "We have time for one to one with people to get to know them." One person told us staff knew them well and were able to reassure them when they needed help to calm down.

People were supported by staff who respected their dignity and privacy. Handover's between staff shifts took place in a private room so that this information was kept confidential. Personal information about people was not discussed in communal areas. People's records were kept securely in a locked office and only accessible to staff and appropriate professionals to maintain confidentiality. When staff were supporting people they were considerate of their privacy and used a portable screen when needed in communal areas. Staff ensured that doors to people's rooms were closed when providing personal care and one staff said "I leave the room when I am not needed so they have some privacy."

People and their relatives were involved in assessments of their needs. When people who were living with dementia had difficulty communicating their likes and dislikes staff gathered the information from relatives. Each person had a 'key worker' allocated to them. Key workers are named member of staff with special responsibilities for making sure that a person has what they need. One person said "They talk to me about my care, they ask how I have been keeping, if you are being well looked after and if there is anything I am worried about." One relative we spoke to said, "The staff involve me in my relative's care."

Staff knew people's preferred names and how to communicate with each person. Staff showed people pictures of the menu options and explained to people what they were to help them make a choice. When staff were using a hoist to move a person they talked to the person and explained what they were doing and reassured them. Staff showed interest in people and were attentive to their needs, when people said they were cold staff offered to close the windows in the lounge and provided blankets. People chatted and laughed with the staff throughout the day.

Staff encouraged people to do as much as possible for themselves. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame. People were asked if they were able to wash, dress and undress themselves and offered support when needed. People were able to do what they wanted when they wanted, one person said "I can sit in my room and listen to my music whenever I want" and "I like to sit and read my paper in the garden before lunch."

Is the service responsive?

Our findings

People and their relatives told us they received support that was responsive to their individual needs. People we spoke to said "I have no complaints. Staff really are lovely here" and "I have had no reason to complain." Relatives we spoke to said "If I had to complain I would approach the staff. I am sure they would look into it thoroughly", "They have been able to support my relative's complex needs so we don't have to move them" and "My relative is eating better since moving here."

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that people did not have access to activities to meet their needs and there were limited activities to choose from. People expressed they wanted activities and trips outside the home. We issued a requirement in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

Activities were planned and provided in a personalised way. The activity coordinator provided a range of activities including board games, baking, dominoes, arts and crafts, card games, sing alongs and movies. People were offered a range of group or one to one activities and they could choose what they preferred. Special events were celebrated including the Queen's birthday, Wimbledon, Easter and St Patrick's Day. The activity coordinator said "Every week I do a different theme and people can join in by painting, colouring or helping to make the display." One person's care plan stated they enjoyed knitting and the person was teaching a member of staff to knit.

People were offered the opportunity to go on outings, they had recently visited Greenwich Park and another outing was planned to visit Herne Bay for the annual air show. There were also visits by entertainers and the opportunity for people to experience pet therapy from Zoolab and Causeways Pony Parties. One relative said "My relative has always liked animals. The staff were able to support them to pet the pony which they really enjoyed."

People had their needs assessed before they moved into the home to make sure the service could meet their needs. People's needs were clearly documented regarding their health including, prescribed medicines, mobility, communication, breathing, nutrition, continence, skin integrity, and sleeping pattern. The assessments were person centred and identified people's interests, likes, dislikes and preferences of day to day living. People were encouraged to decorate their bedrooms as they wished with photos, ornaments and their own furniture to make them feel at home.

People's care plans and risk assessments were reviewed monthly or when a person's needs changed. Two people had experienced falls and their care plan and risk assessment had been updated to reflect that one person had a pressure mat put in place for and one person needed to be reminded to use their walking frame when leaving the dining table. The staff developed people's care plans as they gathered more information about them and knew them better over time. One relative we spoke to said "When I wasn't able to attend a review staff contacted the person I nominated to go in my place."

People and their relatives had access to the complaints procedure and they knew how to make a complaint if they needed to. There had been five complaints in the last 12 months and each had been appropriately responded to and investigated within the set timeframe. People and their relatives were informed of the outcome of their complaint and all complaints had been resolved satisfactorily for those involved. Four compliments had been received in the last 12 months from family members and health professionals. Compliments from relatives said 'I would like to say how pleased we are with my relative's care' and, 'All my relative's needs are being met and the atmosphere is lovely.'

People and relatives' feedback was sought through meetings and satisfaction surveys. At residents meetings people were asked for their feedback and suggestions regarding laundry, their bedrooms, meals and activities. People had requested more pets to visit the home and the Causeway Pony Party had been invited to attend the following week. At the relatives meetings people's family members had commented on the new open plan of the building and complimented the new inside garden. A resident and relatives survey had been sent out in April 2016 however the results had not yet been received or acted upon. We recommend that the service seek advice from a reputable source and take action to improve their response to residents and relatives feedback.

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the manager. One person told us "It's improved a great deal since the new manager." Relatives we spoke to said "The new manager is brilliant I saw changes straight away" and "In a few short weeks it's a different place." Staff we spoke to said "The new manager is easy to talk to, she always has her door open" and "The new manager is more approachable, they have definitely improved the atmosphere."

At our previous inspection on 19 and 23 November 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that systems to monitor the quality of service were not effective and action taken to remedy quality concerns was not timely. Safeguarding concerns were not being reported appropriately to the local authority or CQC. We issued a requirement in relation to this breach in regulation and an action plan had been submitted by the provider detailing how they would be meeting the legal requirements. This action has been completed.

The previous registered manager had left and began the process of de-registering with the CQC May 2016, the new manager had been in post for two months and began the process of registering with the CQC in May 2016. The new manager had implemented a new system for the recording and reporting events that occurred. These had been reported to appropriate professionals including the Care Quality Commission and the local authority. The manager had a good understanding of their responsibilities regarding 'duty of candour' and the importance of being open and transparent. The manager attended meetings with the local authority to keep up to date with current guidance on best practice for managing safeguarding concerns. The manager told us that they were always keen to learn from incidents to improve future practice.

There was an effective quality monitoring system to identify issues in service delivery and areas for improvement. The manager completed a Care Monthly Quality return every month for the provider that summarised all events that had occurred during the month, including accidents and incidents, infection control, care documentation, medicines, health and safety. When any shortfalls were identified, action was taken to remedy them. In the quality monitoring for staffing completed in June 2016, it had identified that "Supervisions had not been taking place', the action recorded was 'This issue will be addressed in supervisions for senior and head of departments.' The manager provided an example of the new supervision format and the planned supervision schedule. The manager said "We will ensure training is effective by monitoring performance and using supervision and observation. We will encourage staff to reflect on training in supervision." It was too early to demonstrate the effectiveness of the intended supervision process. We recommend the service seeks advice about sustaining an effective supervision schedule.

The manager was also the manager of another home for the same provider. The manager split their time evenly between the two services alternating mornings and afternoons on a weekly basis to ensure they knew what happened each day. There was a deputy manager in post who managed the home in the absence of the manager. The manager told us "I want it to be a home from home, to have warmth. I want staff to enjoy coming to work and people to enjoy the activities, outings and entertainment." The manager would cover staff absence so that people did not have to be supported by agency staff they did not know.

The manager told us about their vision to drive forward improvement at the home. The manager said "It is a partnership between us, I am raising expectations and encouraging staff to develop and improve their performance to deliver high standards of care." Staff were positive about the support they received from the manager. Staff told us they could talk to the manager about any issues or concerns they had. Staff we spoke to said "I have talked to the manager about my shifts and they have been helpful" and they were confident that they would be supported. Staff were able to give their feedback at monthly meetings and offer suggestions for changes. Staff requested that door codes were changed and this had been actioned.

The manager had made improvements to the way the service was run so that people had greater freedom to access other communal areas within the building and the grounds. The manager had also ensured that signs with words and pictures were put up to help people with dementia or memory problems to find their way around the building more easily and to recognise different rooms and facilities. A plan to redecorate the home was in progress.

Policies and procedures were available for staff to support practice. Staff were allocated pigeon holes where they received reminders of training, and leaflets about safeguarding and dignity in care. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Information relating to whistleblowing, safeguarding and dignity in care was displayed in the staff room.