The Firs Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection visit took place on 27 February 2018 which was an unannounced comprehensive inspection. We returned announced on 7 March 2018 so we could review the provider's quality assurance systems, talk with more staff and to see how the provider supported those people who smoked, to be kept safe.

The Firs is a mental health nursing home, which provides care for up to 25 people over two floors. At the time of our inspection there were 23 people living at The Firs.

People in care homes receive accommodation and nursing and/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.

A requirement of the service's registration is that they have a registered manager. 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 and the associated Regulations about how the service is run. At the time of our inspection visit there was a registered manager in post who had been registered at this location since July 2016.

At our last comprehensive inspection in September 2016, we rated the service Requires Improvement overall. We found a breach of the regulations because risks were not managed safely. We found further improvements were needed to ensure learning was taken to identify patterns and trends when accidents and accidents occurred. Staff did not always support people in line with the mental capacity act and the provider's quality assurance systems needed to be improved.

We completed a focused, follow up inspection to look only at 'Safe' in July 2017, to check whether improvements had been made. We found sufficient improvements had been made so the service was no longer in breach, but further improvements were still needed to show how they analysed accidents and incidents. Medicines management had improved but further improvements were needed around medicine protocols, for 'as and when required' medicines. This was because there was no information for staff about when to administer this type of medicine.

At this inspection we found improvements had been made since our last inspection visit but further improvements were still required in their quality monitoring systems. Analysis of incidents and accidents had been undertaken although the system required more simplification so it provided a clear picture of what had happened. The registered manager was confident any accidents and incidents were brought to their attention and any action needed, was taken. Medicines protocols for 'as and when' medicines were in place and being followed. Staff supported and offered people choice, even if they lacked capacity but improvements were still needed in the recording of best interest decisions.

People were pleased and satisfied with the quality of care provided. People were encouraged to make their own decisions about how they lived their lives.

People received care and support in line with their expressed wishes and goals that promoted and improved people's social skills. Staff encouraged people and supported them to remain as independent as possible so they did not de-skill people. People maintained important relationships with those closest to them and people were happy with living in a shared home.

For people assessed as being at risk, care records included information so staff knew how to minimise risks to those in their care. Staff knew how to support people to minimise identified risks to the person and others.

Care plans contained information for staff to help them to provide the individual care people required, but more detail was needed to support the provider's vision of person centred care. Staff knowledge of people was comprehensive, but these details were not always included in people's care plans.

All staff understood what actions they needed to take if they had any concerns for people's wellbeing or safety. Staff felt confident to raise concerns to the management and provider. People's care and support was provided by a caring and consistent staff team and there were enough staff to provide care when people needed it.

Staff received essential and regular refresher training to meet people's needs, and effectively used their skills, knowledge and experience to support people.

Staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge ensured people received consistent support so the right decisions and outcomes were made. Staff understood the importance of seeking people's permission, before any care and support was provided. Best interest decisions did not always record how decisions had been reached.

People were supported and encouraged to be involved in leisure interests to keep them active and to have fulfilling lives. People and staff worked together to help promote their social and lifestyle skills.

Staff supported people to ensure they maintained a balance diet. People had choice of food and drink at mealtimes and throughout the day.

People received support from other healthcare professionals to ensure their overall mental health and physical wellbeing was maintained. Some people took responsibility for some of their own medicines such as inhalers, while staff supported them with their other medicines for their safety. Regular checks and monitoring ensured medicines continued to be given safely.

Examples of audits and checks were completed that assured the registered manager and the provider that people received a good service. Some improvements to audits and checks had been made by the registered manager but they continued to fall short in some areas, of what was required by the regulations. Training schedules were not completed, falls analysis required further improvement and records to support people's best interest decisions needed to be completed. Policies in relation to people smoking had not been identified as being incomplete, even though they were reviewed in November 2017.

The registered manager told us they were committed to continually improve the service and wanted

people's experiences to remain positive. The actions and thoughts given to improving people's experiences was noted when we returned for our second day.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

At the last inspection this home was rated as 'requires improvement' in this area, because some aspects of medicines administration were not managed safely and risks to people were not always recorded. At this inspection, systems were much improved. Regular checks on medicines ensured potential errors were kept to a minimum, and that people received their medicines safely and as prescribed. People felt safe living at the home. They were supported by enough experienced staff who were available to provide their care and support at times people preferred. Staff understood their responsibilities to report any concerns about people's safety or if they believed people were at risk of abuse. The registered manager analysed incidents and accidents but needed to improve their systems.

Is the service effective?

Good

The service was effective.

At the last inspection this home was rated as 'requires improvement' in this area, because staff did not support people in line with the Mental Capacity Act 2005. At this inspection improvements had been made. People were involved in making day to day decisions about their care and support needs. People received support from a staff team that were trained and had the knowledge to meet people's needs. People were offered meals and drinks that met their dietary needs. Links with other healthcare professionals were in place to respond to people's changing needs, limiting further interventions or hospital visits. The environment supported people to live their lives as they wanted and provided space for people to meet friends and family or spend time on their own.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the last inspection this home was rated as 'requires improvement' in this area, because the provider and registered manager's management systems were not effective. Actions identified as requiring improvement at our last inspection visit continued to require further improvements. There were a number of continued shortfalls in relation to the quality assurance systems and processes. Staff found the registered manager supportive, approachable and responsible in solving problems and responding to concerns.

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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 visit took place on 27 February 2018 and was unannounced. The inspection team consisted of two inspectors. One inspector returned announced on 7 March 2018 to review more records and to look at the provider's quality assurance systems.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, the provider completed 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. The PIR was an accurate reflection of what we found during our visit and the improvements needed.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas of the home, or their own room when invited. This was to see how people spent their time, how staff involved them in making decisions about their care, how staff provided their care and what they thought about the service they received.

We spoke with five people who lived at The Firs. Our conversations with people were limited, because they

did not want to spend a lot of time with us, but they gave us an insight into their experiences of living at the home. The report does not contain many quotes from people, but does report their feelings. We spoke with the registered manager, four nurse staff and five care staff (In the report we refer to these as staff).

We looked at two people's care records and other records including individual risk assessments, quality assurance checks, daily notes for people, medicines, health and safety information and environmental checks.

Good

Is the service safe?

Our findings

At the last inspection we rated safe as Requires Improvement. We found risks to people's care were not effectively managed which resulted in a breach of the regulations. We found accidents and incidents were not monitored to identify patterns and trends. Our follow up inspection in July 2017 found some improvements had been made and they were no longer in breach of the regulations. However we found additional concerns in that medicines protocols were not in place to inform staff when to give 'as and when' medicines safely so they continued to be rated Requires Improvement. At this inspection, we found improvements had been made and we rated the service as Good.

Everyone we spoke with told us they liked living at The Firs and people said they felt safe. People said the staff were friendly which made them feel relaxed in their company. One person said, "Staff are brilliant." People told us they shared rooms with other people and they told us they got on well with each other. People said the staff who supported them were approachable and they had no concerns asking any staff member for help or assistance.

Staff told us they had safeguarding training and understood the signs that could indicate a person was at risk of harm or abuse. Staff had confidence to challenge poor practice and to share any concerns with the manager, CQC or the local authority. Where a safeguarding concern or incident had been identified, the registered manager had taken action to report this to the relevant organisations who have responsibility for investigating safeguarding issues. They also informed us by submitting a statutory notification and the outcome of those investigations. The registered manager told us following one incident between two people who shared a room, those people now had their own room to reduce any potential further incidents and potential harm.

Risk assessments and care plans identified where people were at potential risk, the likelihood of the risk occurring, and if it did occur, the actions that should be taken. Care plans and risk assessments were reviewed to ensure they continued to support and inform staff about how to keep people safe. Staff's knowledge of people meant they knew what to do and how to support people.

A number of people at the home smoked and risk assessments and agreements were followed to ensure this activity operated safely. However, we found two people who on occasions, smoked in their own room, and in communal bathrooms instead of outside in a designated smoking shelter. The provider's own 'substance' policy, which included drug misuse, alcohol and smoking, did not cover smoking in the home. The smoking agreements we reviewed demonstrated what was being done should not be accepted by staff. To minimise this risk, staff told us and we saw, additional smoke alarms were in place, they were regularly tested and people's bedding was fire retardant in line with Health and safety guidance. Plastic bins had been replaced with metal bins to limit potential fire risk. At the end of our first day of the inspection visit we shared our concerns with the registered manager regarding people smoking in the home.

At the second day of our inspection visit the registered manager had acted on our feedback from our first visit. The registered manager said, "Since your first visit you have made me think about the risk…are we

doing enough." In response to their reflection, they had contacted the fire authority who had confirmed they were satisfied the home had taken sufficient measures to minimise risk and the provider had updated their smoking policy. In relation to one person who smoked in their room on a weekly basis, the registered manager was arranging a meeting with an advocate, the individual and the fire authority to satisfy themselves, what was being done was sufficient to keep the person and others safe from risk and would then update their smoking agreement.

Staff understood the risks associated with the type of care and support people needed, especially people who needed support to promote their personal care and social involvement. For example, some people enjoyed going out on their own. Agreed risk assessments recorded what time staff should expect people back and if this was not followed, protocols meant staff considered next steps, such as contacting known associates or the police. Descriptions and people's clothing were updated daily so they could provide an accurate description to anyone who could help conduct a search if required.

For other people, risks were considered and had been improved following our last responsive inspection visit in July 2017. Some completed risk assessments included managing risks associated with self-harm, suicide, risk of falls, risk of choking and substance abuse. The registered manager said, "We have done a lot of work on this to make them more detailed."

There was sufficient experienced nursing and care staff to meet people's needs. People told us there were enough staff to care for them. People were able to do activities they had planned, were able to go out when they wanted to and there were enough available staff to support this without affecting the service provided. Staff confirmed staffing levels met people's needs. One staff member said, "Sickness levels weren't too bad and care workers will normally 'mop up' any shifts when staff are sick." Staff said they had bank staff who could be called upon to help support safe staffing levels. The registered manager reviewed people's needs and, if they increased, they considered increasing staffing levels.

People received their medicines as prescribed, from trained and competent staff. Systems ensured medicines were ordered, stored and administered safely. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly and for some people who had medicines on an 'as and when' basis, protocols included when to administer, the reasons and safe dosage limits.

Staff understood infection control measures and how to reduce the risk of cross infection. Staff explained they used personnel protective equipment (PPE) and the reasons why. During our inspection visit the home was being cleaned by domestic staff. They explained they used a colour coded mop system in line with current infection control guidance. They said this helped reduced risks of cross contamination.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of the home environment, infection control risks and water safety. Records confirmed these checks were up to date. In addition, there was regular testing of fire safety equipment and fire alarms so people and staff knew what to do in the event of a fire.

People who used the service had Personal Emergency Evacuation Plans (PEEPs) although some required updating as two people had recently moved rooms and their PEEP did not reflect this. PEEP's are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency.

The registered manager reviewed accidents and incidents to see if patterns or trends emerged. They said they did not have many incidents, but their system did not support easy identification of trends or patterns. The registered manager said they were going to look to simplify their process so it provided a clearer picture, but they were confident action was taken to limit similar incidents from happening.

Good

Is the service effective?

Our findings

At the last inspection we rated effective as Requires Improvement. We found people were offered choice in aspects of their care, although the service had not consistently followed the principles of the Mental Capacity Act (2005). Staff were knowledgeable about people's needs but staff had not received continuous training. At this inspection, we found improvements had been made and rated the service as Good.

No one we spoke with had concerns with the effectiveness of the service. We summarised one person's view in what an effective service meant for them. They told us they liked the home because they had their own room and enjoyed listening to their radio. They said the food was alright and they had choices and if they didn't like something, they had other options to choose from. They said they preferred to stay in the house, but went out of the home at the week-end, with family. They told us they could get up and go to bed when they wanted to. Other people said they liked the home, enjoyed playing games and doing what they wanted to do.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Improvements had been made since the last inspection, such as people agreed with to staff keeping their cigarettes, matches and lighters by completing 'smoking agreements'. However, one person continued not to follow this.

Following our second inspection visit in July 2017 the registered manager was seeking the support of an advocacy service to help the person make safe decisions and choices whilst living at the home. The registered manager said the advocate would be part of a multi-disciplinary team to decide best outcomes for this person.

Staff gave people choice and respected their decisions. People were not forced to do things against their will. Staff said it was important to continually promote choice as people's decision making varied. Staff asked people what they wanted to do, if they wanted to go out, what to eat and drink or whether they needed any help with any activities they had planned.

Six people were subject to an authorised DoLS, because the decision for them to live at the home had been made in their best interests. Other people had agreed they needed staff support when they went out, and this was recorded in their agreed risk assessments. Some people at the home were treated under community health orders and the provider followed guidance in terms of regular reviews and appointments to ensure people's mental health wellbeing was maintained.

Staff told us their training was effective in helping them support those in their care. Staff said they received refresher training and records showed future training was planned for. One staff member confirmed they had an induction which included being shown emergency procedures and being introduced to people and

their needs. They said part of their training was to shadow experienced staff for a week before going on the staff rota. They said they were undertaking the Care Certificate. This staff member said they were learning about mental health through informal discussions with staff. They said, "The team were brilliant and the manager wanted the best for the staff and the best for the residents." They said, "Certainly, people get good care and support."

The registered manager continually booked training but needed a more effective system that told them, what training staff had received and when refreshers for staff were due. However, they were confident staff had the training when needed. Training was discussed at supervisions which care staff said were, "Set supervision sessions every three months."

Two people living at the home had risks associated with eating and drinking. Staff told us they knew people's individual requirements, likes and dislikes and made sure people received their food, drink and support in a way that continued to meet their needs and was nutritionally balanced where possible. Lunchtime was in two sittings. Staff said this was because it had become 'chaotic' having everyone at lunch together so people alternated between first and second sitting on a weekly basis. Staff said this worked well because nobody disagreed when they checked with people, which sitting they were on. The lunchtime we saw was calm and managed well.

People had access to and used services of other healthcare professionals such as GPs, nurses, dentists, psychiatrists and mental health teams. Staff followed advice and recorded professional visits and outcomes.

People's bedrooms were located over two floors. People could lock their own rooms and had a key so they could come and go as they wished. The registered manager's office was a focal point for people to have a chat about any issues they had, speak with the registered manager and to ask for their cigarettes. People had a communal lounge area to watch television and to sit and chat with each other. Quieter rooms were used for those who wanted limited disturbance from others. A secure garden area was available for people to use and some people, who smoked, used this area. People's rooms were decorated and furnished to their own choice and people said they liked their rooms.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at The Firs as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People had no concerns about the staff that supported them and said they were happy with the care and support they received. One person said, "Staff are brilliant" and another person said, "It is very nice at the home and the staff are nice." Everyone said staff were friendly and supported them.

People received support from a consistent staff team which staff recognised, helped people, especially those who were anxious or who did not adapt well to change. Staff told us they enjoyed working at the home. Some staff had worked at The Firs for over 10 years and knew people very well. One staff member said, "It is like a family as 'you spend most of your time with them' (people)."

The registered manager was proud of their staff team and said they all worked hard and it was always to improve the quality of care people received. The registered manager 'walked the floor' and watched how staff engaged and supported people which gave them confidence people were being cared for to the standards expected. They said people felt cared for because they had freedom and choice. They said people were not confined to rooms, so they were able to express themselves and do what they wanted to do because, "This is not a secure unit."

From conversations with people living at the home, they told us they could live their lives as they wanted, without restriction and with staff support where needed. We saw people walking freely around the home and sitting in lounges and the dining room as well as their own rooms. Some people were seen going outside to the back garden for a cigarette. The larger lounge on the ground floor was a bit cold, but this was because the door was often being opened and shut when people went out to the garden. The garden was maintained and was a welcoming environment for people to sit out and enjoy. Staff told us one person tended to plants in a greenhouse. We saw people coming and going, in and out of the house when they went for their walks and returning from their walks.

During our first inspection visit one person had recently had their birthday and a balloon was in the lounge where staff and people had celebrated with him. During our inspection visits people were calm and going about their daily lives. In the morning a game of bingo was played in the dining room, which was very popular. Those who did not want to play sat in the lounge and watched the television or read their newspaper. A member of staff supported a person to put on a film on they wanted to watch. There was a good rapport with staff when the bingo was played.

Staff respected and maintained people's right to dignity and privacy. Staff told us personal care was only carried out in private rooms for those who needed it. Staff told us, when providing personal care, they always kept people informed of what they were going to do so people felt involved and knew what was happening. They ensured the doors were closed and curtains drawn so people did not feel vulnerable when receiving personal care.

People's views and choices about their care and support needs were respected and followed. People told us care staff knew and understood their personal background, cultural preferences and how they wanted their care delivered. One staff member told us in October they celebrated 'black history month'. They told us for the last event they researched famous and influential black women and talked about what they had achieved and the differences it made to the wider world. Culturally specific foods could be and were prepared, if people wanted to continue to eat them.

Care plans were focussed on supporting people to achieve their personal goals. For example, staff supported people to give up smoking. People were encouraged to go out into the community to improve their social and communication skills. Staff supported people by taking them to shops to buy products, but supporting people to take the lead. Care plans were reviewed regularly with people so they could ensure their care plan supported them in what they wanted to achieve.

Where rooms were shared, privacy curtains were provided to give people some degree of privacy. Staff said people's compatibility to share a room was considered. Staff checked sleep patterns before people shared a room so people's privacy was not unnecessarily disturbed.

Staff said they helped some people maintain their appearance and cleanliness to ensure people's dignity was maintained. When providing personal care, staff were respectful and covered people as much as possible and in some cases, promoted people to do as much for themselves. During our first visit we saw staff responded quickly to help one person to change their wet clothes.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

A nurse told us care staff were responsive to people's needs. They said care staff were very knowledgeable about people and they reported back to the nursing staff if they had any concerns, about their health. Staff were knowledgeable about the people they supported and knew in detail, what worked well for them. Staff had worked at the service for a number of years and people living at the home had built up trust with staff. Staff said they had a handover at each shift change which meant essential information was passed on to them so they knew how people were feeling. Staff said they worked well together and communication was effective.

One staff member told us they had made good progress with the care records following our last inspection visit. Care plans included information about people's goals and objectives to help promote their daily life skills and social engagement. Care plans were reviewed, but some care plans needed more detail specific to people's individual needs. For example, one care plan required more detail around their 'relapse in behaviours', or becoming verbally challenging. However, from speaking with staff it was evident staff knew people well and knew what to do. The registered manager told us they had spent a lot of time improving care plans which was still a 'work in progress'. They assured us actions would result in care plans being more detailed and person centred. Following the inspection visit we spoke with the registered manager who told us improvements in care plans had been made.

People were supported and encouraged to follow their own hobbies and leisure interests to keep them active and to have fulfilling lives. A staff member told us, "People have a good range of activities both within and outside of the home. Some go to church, others like shopping." This staff member said activities were tailored to people's needs. Another care staff member said they were proud about the activities they offered people, particularly at the weekend, such as cinema, bowling and going out. People said they enjoyed watching television, going in the garden, sitting and chatting and going out to the shops. Group activities such as playing cards and bingo were played indoors, were also popular. One staff member said they helped people with life skills such as making cupcakes and pizzas. They also said some people helped with food preparation before mealtimes, although they did not do any cooking.

No one at the time of our inspection visit received end of life care. A staff member said a person had recently passed away before our inspection visit. They explained how they supported this person at the home because it was their wish to spend their final days at the home, which they did.
Nursing staff said they would have discussions with people and the GP, as well as considering other health care providers to help support people at end of life. The registered manager said they did mention end of life care at care reviews, but they said people in their care did not wish to discuss it. The registered manager said conversations would be held with the person, families or advocates at the time so people's wishes where known, could be supported.

People knew how to make a complaint if they were not happy, but people were pleased with the service. In the last 12 months there had been no reported complaints. The registered manager felt this was because they had an open door, were always available and their staff team dealt with issues quickly which prevented complaints from escalating.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we rated this area as Requires Improvement. This was because the systems and processes that informed the provider about the quality of service they delivered were not always effective. At this inspection, it was clear actions had been taken in some areas, but we found issues raised at the last two previous inspections had not been addressed sufficiently.

At the inspection in September 2016 we found the systems in place to monitor and manage risks to people were not entirely effective and had failed to provide opportunities for reflective practice.

Analysis and reflective practice would determine if any preventative action could be taken to reduce the likelihood of further incidents/accidents. There were limited systems in place to ensure staff received the training they needed or that staff's competencies had been checked following training. People's rights had not been upheld in line with the MCA. Assessments of capacity and best interest meetings had either not been considered or not completed. When we returned in July 2017, we found improvements had been made in the assessment of people's risks and new systems had been introduced to ensure the risks associated with people's individual needs were now better managed. Although these improvements had been made we found further work was needed to ensure risk assessments were carried out consistently and to ensure people were protected from the risk of reoccurring accidents or incidents.

At this inspection visit we found further improvements had been made to some of these systems and processes. For example, individual risk assessments were more detailed and focussed on supporting each person. However other systems continued to lack clarity and sufficient information for the registered manager to be assured actions taken addressed the causes and minimised the risks of a reoccurrence.

The registered manager recorded accidents and incidents and attempts were made to identify patterns, however it was still not clear from their own analysis whether there were patterns or trends to incidents that had happened. The registered manager and staff when asked said there were no patterns and the registered manager was confident they had received accident forms for each accident and incident. They agreed they needed to simplify their process so they knew key information to help them identify patterns easily so action could be taken.

A training schedule dated January 2018 was in place but had not been updated to show training completed before or since January 2018. Staff told us they had received training but this was not recorded. The registered manager knew some staff had completed it, but could not find their certificates or proof they had attended. They agreed to update their training schedule so it provided an accurate picture of staff's training.

Decisions made in people's best interests did not record how decisions had been reached. For example, the person who smoked in their room lacked capacity to recognise the risks of this activity and there was no family or advocate involvement in the decision. We were told 'a decision had been made', but there were no records to show how this decision had been reached. The legislation requires that 'important decisions' made in a person's best interest are recorded. The 'agreed' actions, 'to monitor, make regular room checks

and make hourly checks' were carried out, but the decision was not in line with the provider's smoking policy, had potential to put the person and other people at risk. The use of advocacy services had been identified as an improvement area in the providers PIR. Previous best interests decisions dated 18 January 2017 had not recorded the 'decision to smoke', nor the reasons why a decision had been reached for one person. This was the same as at previous inspections, The registered manager assured us this would be completed following the multi-disciplinary meeting.

Care plans had been reviewed but some care plans lacked detail. One person's care plan said they could become verbally and physically aggressive. Staff knew how to de-escalate situations but the approaches that staff used to calm the person were not written down. The registered manager said, "Some are better than others." The registered manager said they were unable to check all care plans but said, "We need to distribute the case load, I need to make it simpler." The registered manager had recently implemented a care plan audit. We saw an audit dated 22 February 2018 which looked at five care plans. This audit identified improvements for a person's diabetic care plan, and a person's diagnosis of Alzheimer's needed to be included. Dates for action were end March 2018, when the registered manager would review again to check improvements had been made to the care plans.

Fire safety checks, tests and drills were completed and regular testing of equipment ensured risks to people were minimised. However, PEEPS for some people had not been updated so in the event of an emergency, there was potential to cause unnecessary confusion and delay to ensure people remained safe.

From our discussions with the registered manager, we found they had made improvements to some areas and recognised additional improvements were still needed. The registered manager saw the CQC inspection as an opportunity for them to reflect on what they do well, what they had achieved and what needs improving. The provider's PIR included plans for improvements in the areas we found required improvement. The registered manager gave us assurances they would make the improvements needed.

The staff team felt supported by each other and management. One staff member said, "I feel there is a good morale between the staff and the registered manager is very people centred." Staff were complimentary of the registered manager. One staff member said the registered manager had only just returned to the home prior to the last inspection. They told us the registered manager since then had made positive changes.

People's personal and sensitive information was managed confidentially. Records were kept securely in the staff office, so that only those staff who needed to could access those records.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. This helps us to monitor the service and be aware of potential risk so can respond where necessary.

The provider completed a PIR and returned this to us before the deadline. We found this reflected what we saw and where the registered manager had identified the need for improvements, which reflected what we found.