Pages Homes Limited

Ash Grove Care Home

Inspection report

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Date of inspection visit:
05 February 2018
06 February 2018

Date of publication:
21 March 2018

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

We inspected Ash Grove Care Home on 5 and 6 February 2018. The inspection was unannounced. The home has been inspected four times since 2014. At the inspections of December 2014 and July 2015, it was rated as inadequate and a range of breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. Following these inspections the CQC took enforcement action in accordance with its procedures. An inspection took place in April 2016 where we found improvements had been made and the home was rated as requires improvement. However despite these improvements, we continued to find three breaches in Regulations.

At a further inspection, which took place in May 2017, we found there were still breaches of three regulations. Risks to people were not always safely managed in relation to pressure damage and their health needs. Protocols for people who had been prescribed 'as required' medicines were not always in place. There were not always enough staff working to support people safely. Concerns had been identified through the quality assurance system, however, these had not all been addressed. People's records were not always up to date and did not reflect their current needs. We also identified areas of practice that required improvement to ensure people were consistently supported in a dignified manner, and that people had enough to do during the day. The home was rated Requires Improvement and CQC took enforcement action in accordance with its procedures. The home was also placed in 'special measures.'

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements, and confirm that the service now met legal requirements. We found there were no breaches of regulation and improvements had been made in the required areas. The overall rating for Ash Grove Care Home has been changed to 'Good'. We will review the overall rating of 'Good' at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

Ash Grove Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ash Grove Care Home provides accommodation and personal care for up to 30 people in one adapted building. At the time of the inspection there were 14 people living there. People living at the home were older people, some of who were living with dementia. They had a range of needs associated with old age and their health.

There was no registered manager at the service at the time of the inspection. However, there was a manager working at the home and responsible for the day to day running of the service. They had commenced the

registration process with the Care Quality Commission and their registration was confirmed the week following this inspection. 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.

At this inspection we found significant improvements had been made and the provider is now meeting the regulations. However, time is needed to fully embed these improvements into everyday practice and ensure improvements made are sustained and the service continues to develop.

Staff were kind and caring. They treated people with respect and compassion. People's rights to make their own decisions and choices were upheld and encouraged. Staff knew people really well. They had a good understanding of people's individual needs and preferences. They were able to tell us about the support people needed and their personal histories and interests. Accurate records and care plans were maintained. This helped to ensure that people got individual and person centred care.

There were enough staff, who had been appropriately recruited to meet people's needs. Risk assessments were in place. They were detailed and provided clear guidance for staff. Staff had a good understanding of the risks associated with the people they looked after. Staff understood the procedures to safeguard people from the risk of abuse and discrimination.

People received their medicines when they needed them. There were systems to ensure medicines were ordered, stored administered and disposed of safely.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards assessments had been made to determine peoples' capacity and appropriate referrals were made to the local authority if people needed to be deprived of their liberty to ensure their safety and well-being. People were cared for by staff that had received training and had the skills to meet their needs.

People were supported to maintain good health. They had access to health care services to maintain their health and well-being. Staff monitored people's nutritional needs. People had a choice of food and drink that met their individual needs and preferences.

There was a comprehensive activity programme which people enjoyed participating in as they wished. This was being reviewed and developed to ensure it consistently met people's individual needs and preferences.

Complaints had been recorded investigated and responded to appropriately.

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

Ash Grove Care Home was safe.

There were enough staff to meet people's needs.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were systems to ensure medicines were ordered, stored administered and disposed of safely.

Staff understood the procedures to safeguard people from the risk of abuse.

Is the service effective?

Good

Ash Grove Care Home was effective.

Staff received the training and support they needed to enable them to meet the needs of people who lived at the home.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to external healthcare professionals such as the GP when they needed it.

Is the service caring?

Good

Ash Grove Care Home was caring.

People's privacy and dignity were respected.

Staff knew people well and treated them with kindness, understanding and patience.

People were supported to make their own decisions and choices throughout the day.

Is the service responsive?

Good

Ash Grove Care Home was responsive.

People received care that was person centred and met their individual needs and choices. Staff had a good understanding of providing person-centred care.

There was a range of activities taking place and people were supported to do what they chose throughout the day.

There was a complaints policy and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

Improvements had taken place since our last inspection in relation to people's records and the quality assurance system. However, these needed time to be fully embedded into practice.

The manager promoted an inclusive and open culture.

There were effective systems to assure quality and identify any potential improvements to the service being provided.

Ash Grove Care 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 5 and 6 February 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records, four staff recruitment files. Training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with 11 people who lived at the home, two visitors, and nine staff members including the manager. We also spoke with the provider who was present throughout the inspection. We also spoke with a visiting health and social care professional. Following the inspection we contacted with a further three health and social care professionals who visit the service to ask for their feedback.

People who lived at Ash Grove Care Home were not all able to verbally share with us all of their experiences of life at the home because of their dementia needs. Therefore we spent time observing people in areas throughout the home and were able to see the interaction between people and staff and watched how people were being cared for by staff in communal areas.

Good

Is the service safe?

Our findings

At our last inspection in May 2017 we found the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were sufficient numbers of staff deployed. Risks to people had not been well managed in relation to their health needs and pressure damage risks. At this inspection we found improvements had been made and the provider is now meeting the regulations.

People told us they felt safe living at the home. One person said, "I feel safe and secure, no problems on that score." Another person told us, "I'm happy living in the home and I feel safe here."

There were enough staff working each shift to support people safely. Throughout the inspection people were attended to in a timely way. Staff were relaxed and supported people at their own pace. One person told us, "I feel safe here and there are sufficient staff. I have a call bell in my room and it is responded to." Another person told us, "Very good staff and work really hard." Since the last inspection there had been changes within the staff team. Some staff had left the home and recruitment had taken place. The manager had assessed people's needs and determined staffing levels based on these needs. The manager told us they had used dependency tools to assess staffing levels but found these did not take into account all aspects of people's needs. Therefore had used their knowledge of people and staff to ensure there were enough staff working each shift. The manager had also identified staffing requirements through the audit system. For example, analysis of falls showed a number had occurred during the early evening when staff were responsible for preparing supper. Therefore a supper cook had been employed and the number of falls at that time had reduced.

There were three care staff working each day and this included a senior carer. An activity co-ordinator worked five mornings and when they were not on duty a fourth member of care staff worked to ensure people had enough to do. The manager and team leaders worked most days in addition to the care staff. The manager explained if a staff member was off sick then a team leader or themselves would be available to provide care and support. As well as the care staff there were housekeeping staff and cooks who worked each day and maintenance staff during the week. There was an on-call system which meant staff could contact the manager if they had any concerns. The manager told us the on-call system was being developed to include other senior staff and enable them to have some free time. There was a limited use of agency staff. At the time of the inspection there was regular use of agency staff at night whilst recruitment took place. This was limited to one member of agency staff who had worked at the home some time and was familiar with people and routines of the home.

At the last inspection protocols were not in place for all medicines that had been prescribed 'as required' (PRN). People took these medicines only if they needed them, for example if they were experiencing pain. At this inspection there were PRN protocols for all medicines that had been prescribed PRN. People were able to have their PRN medicines when they needed them. Currently, when PRN medicines were given this was recorded on the back of the medicine administration record (MAR) to show why the medicine was required

and whether it was effective. However, the manager had introduced a new way of recording when people had received these medicines. This included a separate record for when each PRN medicine was given and related information. The manager told us this would enable them to analyse people's use of PRN medicines over time.

There were established systems to ensure people received their medicines safely. People told us they received their medicines when they needed them. One person said, "Medication is done successfully." Medicines were ordered, stored, administered and disposed of safely. Medicines were given to people individually and staff signed the MAR after the medicine had been taken. The MAR showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Only staff who had received medicine training and completed competency assessments to ensure they had the appropriate knowledge and skills were able to give medicines. Medicines were audited each time they were given, weekly and monthly to identify if there were any shortfalls for example ensuring PRN protocols were in place. Individual care plans contained detailed guidance about people's medicines. These included how people would like to take their medicines and at what times they would like them. One person had been prescribed medicines that needed to be taken regular intervals. Staff enabled the person to develop a detailed care plan to ensure they received their medicines at a time of their choice and supported them to maintain their health.

At our last inspection we had asked the provider to make improvements into the way they managed people's safety. We found these improvements had been made people's safety was maintained and risks to people were well managed. Staff knew people well, they had a good understanding of the risks associated with their health, care and support. Risk assessments were in place and were used to identify and reduce risks. Some people were at risk of developing pressure wounds. Risk assessments and care plans contained guidance on how to support people through the use of equipment and good skin care. Some people were at risk of falls. The risk assessments and care plans demonstrated what measures were in place to reduce the risk of falls and injury. Where people chose to take risks the risk assessments were regularly reviewed to identify if other measures could be taken and staff worked with people to encourage them to stay safe.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant information to ensure all staff were suitable to work in the care environment. This included employment histories, suitable references obtained and each member of staff had a disclosure and barring service (DBS) check to ensure they were safe to work within the care sector. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols.

The provider promoted a safe and clean environment. Security measures were in place and all visitors entering the service signed a visitor's book. Health and safety checks and general maintenance were established and completed routinely by the maintenance staff. The maintenance staff had good oversight of ongoing work and maintenance required to keep people safe and the home in good order. There were regular servicing contracts which included the gas, electrical appliances and water temperature. There were personal emergency evacuation plans (PEEPs) to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire checks took place and this included fire drills for staff. Where people were able they were encouraged to participate in the fire drills. The home was clean and tidy throughout. Staff received regular infection control and food hygiene training. They were observed to use the appropriate protective equipment such as gloves and aprons when supporting people and providing meals. There were adequate handwashing facilities available throughout the home.

People were protected against the risk of abuse because staff knew what steps to take if they believed

someone was at risk of harm or discrimination. Staff received regular safeguarding training and were able to tell us what actions they would take if they believed someone was at risk and how they would report their concerns. They understood their own responsibilities in order to protect people from the risk of abuse. They were aware they could report concerns to external organisations. Staff gave us examples of when they had raised concerns and what steps they had taken to safeguard people. Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe. When safeguarding concerns had been identified, this information was shared, when appropriate, with all staff. This helped ensure staff were aware of what actions to take to protect the person and prevent a reoccurrence.

Good

Is the service effective?

Our findings

At our last inspection in May 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured staff had the skills and competence to meet all people's health needs safely. We also found improvements were needed to ensure people received appropriate support at mealtimes. At this inspection we found improvements had been made and the provider is now meeting the regulations.

People were supported to receive effective care because staff received appropriate training and support to enable them to meet people's needs and achieve effective outcomes. Training was delivered in line with current legislation, standards and evidence based-guidance. There was an ongoing training programme which demonstrated what training staff had received and when training updates were required. Staff had a good understanding of people's healthcare needs and how to support them. They had received training related to diabetes, catheter care, Parkinson's Disease and dementia. Staff were able to tell us how they would support people at the home, who were living with these conditions. Care plans guided staff and contained information appropriate to each person and how their health needs affected them. They also contained further general information about the conditions which staff could refer to. The manager told us she was constantly reviewing training to ensure it reflected the needs of people who lived at the home.

Training was provided through a workbook system. Staff completed the workbooks to demonstrate their knowledge. These were then assessed by the manager, once staff had demonstrated a level of understanding a further workbook was given which was then passed to an external organisation for marking and a certificate once completed. This helped ensure staff had learnt from the training provided and were able to support people competently. Staff were able to complete these workbooks at their own pace and were supported to do so. The manager held small training groups where staff could work with them to complete the books and further develop their understanding. One staff member told us they liked the workbooks as they could take their time to learn what they needed. They told us the group training sessions were useful to help reinforce their learning and gave the opportunity to discuss subjects they understood less well.

Where appropriate face to face training was provided. This included moving and handling, medicines and fire safety. The manager told us hoists were not currently used to support people living at the home. However, they may be required if a person's needs increased. Therefore regular demonstrations of equipment were provided for staff to be reminded and practice their skills.

Staff who were new to the service completed an induction which included an introduction to the home and time shadowing other staff. This allowed them to get to know people and understanding their care and support needs. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision or at other times if concerns in relation to performance and training were identified. Staff told us they always had an opportunity to discuss any issues and training needs with the manager and felt well supported. The manager had commenced annual appraisals for staff who had worked at the home for longer than a year.

People were supported to have enough to eat and drink throughout the day. They told us they enjoyed the meals and were given choices. Comments included, "We get a choice of food." "Food is ample and tasty," "Food is very good" and "The food is lovely." People were given a choice of food and drink that suited their individual and cultural needs and choices. The cook and staff had a good understanding of people's individual dietary needs, likes and choices. There was information available within the kitchen and in people's care plans about the type of diet people required, this included soft and diabetic. Some people had difficulty in swallowing and required thickened fluids. Staff were aware of this and told us how they prepared these drinks. People were weighed regularly and this helped to identify if people were at risk of malnutrition. If people had lost weight or required professional support the GP had been contacted for referral to the dietician or speech and language therapist. Where guidance was provided this had been followed.

People were supported to choose their own meals each day. People were supported to eat their meals where they chose. Some people preferred to eat in their own rooms others came to the dining room. People came in to breakfast when they wished and were offered a choice of what they would like to eat. One person told us, "The cook is brilliant. I get bacon and egg every morning, it just appears." During the morning people were asked to choose what they wanted for lunch. They were supported to do this by looking at photos of the options and a verbal description to inform their decision. There was also a copy of the menu available for people to read. At lunchtime, when it came to choosing their pudding option people were shown both dessert options again to help inform their choice. If people did not like what was on the menu then alternatives were always available. People were provided with support as appropriate. This included the use of adapted plates and cutlery. They were supported to eat at their own pace and in the way that suited them. This helped maintain people's independence and sense of self-worth.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They received regular training and told us how they supported people to make their own decisions and choices. The 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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. Some people chose to make decisions that may be considered "unwise." Mental capacity assessments were in place to demonstrate people had capacity to make these decisions. Throughout the inspection we observed staff asking people's consent prior to offering care and support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff.

People were supported to maintain good health and received on-going healthcare support. Records, and

discussion with staff, confirmed they regularly liaised with a wide variety of health care professionals. This included the GP, community nurse, speech and language therapist (SaLT) and chiropodist. Staff were attentive to changes in people's health and when there was a change people were referred to see their GP or other appropriate professional. Staff were regularly updated at handover and throughout the shift about changes to people's health and the support they needed. Routine and regular appointments were organised and staff ensured people saw a dentist, optician and chiropodist when needed.

People's individual needs were met by the adaptation of the premises. Ash Grove Care Home was an old building which had been adapted and enlarged over the years. There was level access throughout the home through the use of a passenger lift. Stairways were narrow and had handrails each side. These had been painted in a darker colour than the walls and were easy for people to see. The narrow stairways enabled people to use the stairs confidently as there was appropriate support. There was signage throughout the home to direct people to communal areas, toilets and fire exits. There was a secure courtyard garden which people were able to access throughout the ground floor. People were supported to spend time on their own or with other people as they wished. They were able to spend time with their visitors in private if they chose to. In addition to their bedrooms there was a small second lounge where people and visitors could enjoy time together.

Good

Is the service caring?

Our findings

At our last inspection in May 2017 we asked the provider to make improvements to ensure people's dignity was maintained at all times. At this inspection we found these improvements had been made.

Feedback from people was positive. Their comments included. "They (staff) are very caring." "Everybody is very helpful." "I like living here because people are very kind." "Staff are very nice, they're very pleasant girls and boys." A visiting healthcare professional told us, "Staff are genuinely concerned about people's welfare, they care like it is their own family."

People were treated with kindness and compassion by all staff. Staff knew people well as individuals, their needs, likes and choices and what was important to each person. Staff were committed to providing good, compassionate care that met people's needs and enabled them to live a good life at the home. Staff told us about the people they cared for, their personal histories, and interest's. They spoke about people's individual care needs and preferences for example what time they liked to get up, what they liked to do during the day and food and drink preferences. Staff told us about the importance of knowing each person as an individual and how this could have a positive impact on each person's time at the home.

People were able to spend their day as they chose. They got up and went to bed at a time that suited them, and done what they wished throughout the day. Interactions between staff and people were positive, kind and thoughtful. Staff greeted people with a smile and spoke to them in a cheerful voice. This helped people to feel relaxed in their company. Staff spent time with people in the communal areas. Staff chatted and engaged with people as they went about their day to day tasks. We heard laughter and friendly banter throughout the day. This helped to create a relaxed, homely atmosphere at the home. One person told us, "The best thing about living here is it is easy."

People were treated with dignity and respect. Staff adapted their approach to meet peoples' individual needs. There were individual person-centred care plans that documented peoples' preferences and support needs. This meant staff had the information about how to support people in a personalised way that was specific to their needs and preferences. Staff were observant of people and were aware of their needs when they were anxious or distressed. They provided reassurance to people who were anxious. They stopped and spoke with people and, for example, they reminded people when they had forgotten something. This was done with patience and compassion. Staff attended to people promptly when they needed assistance. They spoke with them discreetly to establish their concern and these were addressed promptly. They were observant and attentive to people. One person had spilt food on their clothing at the mealtime. Staff quietly mentioned this to the person and supported them to their room to change their clothes. This was done quietly and with respect towards the person.

People's bedrooms were personalised with their possessions such as personal photographs and mementos. This helped to make people's bedrooms appear individual and homely. People were asked about whether they would prefer male or female care staff to support them. Some people had expressed a preference to receive support from female staff, we saw they had received support from male staff. We asked about this

and were told although people had expressed this choice as they got to know male staff they had changed their mind. However, this preference only related to particular male staff who the person was familiar with.

People's equality and diversity was respected. They were supported by staff to maintain their personal relationships and what was important to them. Staff told us this was based on who was important to each person, their life history, their cultural background and their sexual orientation. People were supported to maintain their own personal hygiene at a level that suited them. Care plans provided guidance for staff to enable people to retain as much independence and choice as possible. People were well presented in clothes to suit their own choice and style. The hairdresser had visited and staff complimented people on their appearances. One staff member provided a manicure for a person and painted their finger nails to match their clothing.

Visitors told us they were welcome at the home and staff understood the importance of involving family and friends in people's care. One visitor told us about the caring nature of staff. They told us their relative had been quite unwell and had not been engaging with them. On a particular day the visitor received a phone call from staff to say their relative was very bright that day and they thought they might like to know this. The visitor decided to visit the home and spend time with their relative. They told us their relative had then passed away that night. The visitor told us they were extremely grateful for staff thoughtfulness and attentiveness that allowed them to spend quality time with their relative before they passed away.

People's privacy was maintained and their right to confidentiality was respected. Those who wished to remained in their rooms and were supported to do so. One person told us, "I spend a lot of time in my room as I'm not one for socialising." Care plans were stored securely on the computer which was protected by a password. Only staff with appropriate authority were able to access them. Other paper records were stored securely in a locked cupboard. A healthcare professional who visited the home told us information shared with them about people was always done discreetly and in private. People were supported to receive their treatment in their own bedrooms or a private lounge.

Good

Is the service responsive?

Our findings

At our last inspection in May 2017 we asked the provider to make improvements to ensure admission assessments and care plans demonstrated how people's needs could be met. At this inspection we found these improvements had been made.

Before people moved into the home the manager completed an assessment to ensure the person's needs could be met. The manager told us they ensured they had detailed information about the person and their specific needs before they moved into the home. This helped to make sure staff had the knowledge and skills to meet the person's needs and they would fit in well with other people who already lived there. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the home. Staff explained that care plans developed as they got to know people.

Care plans contained information about people's needs in relation to personal care, communication, mobility, pressure area risks, nutrition, health, personal preferences and any religious or cultural requirements. They included information about what people liked to eat and drink, what they liked to do and anything else that was important to them. There was information about people's family history and individual interests. Care plans provided guidance for staff on how best to support people. Staff knew people well and were able to tell us about the care and support people needed, their interests and choices. Staff responded appropriately to people's needs. Some people were at risk of falls and required regular checks to ensure they were safe. We saw these checks took place. Where people needed specific support in relation to prevention of pressure damage or their mobility this was provided in accordance with their care plans. Care plans were reviewed regularly with people and where appropriate their relatives. They were updated when people's needs changed.

There was a range of activities taking place throughout the day and people were supported and encouraged to do what they enjoyed throughout the day. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Some people chose to spend time in their own rooms and others in the lounge. Throughout the inspection we observed staff supporting people to spend time where they wished. Throughout the day staff engaged people in conversations and spent time chatting with them. This meant people received constant stimulation although not engaged in specific activities.

Group activities included, bingo, chair based exercises, ball games and pet pals. People who participated in these group activities told us they enjoyed them. Some people enjoyed watching television and listening to music. Staff asked what people would like to watch or what music they would like played. Where people chose not to or were less able to join in with group activities the activities co-ordinator supported people to enjoy one to one activities. We saw a staff member talking to a person about their photographs and encouraging them to remember past times. One person told us, "I spend a lot of time in my room as I'm not one for socialising. Another said, "I'm used to living on my own and that's the way I like it. I'm visited by my family and friends which is all I need." Those people who wished to were supported to go out. The activity co-ordinator had arranged for people to go out for lunch to a local restaurant. On the day nobody wanted to go but some expressed they would like to go into the town and they were supported to do this. The activities

co-ordinator told us they were constantly developing activities that people would enjoy. 'This is me' booklets were being developed with people. These would provide detailed information about each person and promote meaningful conversations.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training the provider ensured peoples' communication needs had been assessed and met. Care plans contained information about how to support people, for example ensuring they were wearing their glasses or hearing aids. Where appropriate staff supported people to make choices through the use of pictorial aids such as picture menus.

People and their relatives were asked for their feedback about the service through quality assurance questionnaires, feedback surveys and regular meetings. Feedback was also obtained daily through discussions with people and visitors and general conversation. There was a complaint policy and records showed complaints raised were responded to and addressed appropriately. People told us they had no complaints but if they did they would raise them with staff. One person said, "No problems, no complaints." Any issue that was identified was discussed with the staff, if appropriate, to prevent a reoccurrence.

As far as possible people were supported to remain at the home until the end of their lives. Their end of life care was discussed and planned and their wishes respected. Advanced care plans were completed as far as possible with people and their families. However, staff were sensitive to people's wishes to not discuss this. The manager told us how they had spent time explaining to one person's relative about the importance of developing these plans. This had enabled the relative to make an informed decision about the information they wished to share.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in May 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured they had systems which operated effectively to assess, monitor and improve the quality and safety of the services provided. They also had not always maintained an accurate record for each person.

This home had a history of failing to meet the HSCA 2008 (Regulated Activities) Regulations 2014.The home has been inspected four times since 2014. At the inspections of December 2014 and, and July 2015, it was rated as inadequate and a range of breaches in regulations of the HSCA 2008 (Regulated Activities) Regulations 2010 and 2014 were identified. Following these inspections the CQC took enforcement action in accordance with its procedures. An inspection took place in April 2016 where we found improvements had been made and the home was rated as requires improvement. However despite these improvements, we continued to find three breaches in Regulations. At a further inspection in May 2017 we found there were still breaches of three regulations. The home was rated requires improvement and the key question 'well-led' was rated inadequate. CQC took enforcement action in accordance with its procedures. The home was placed in 'special measures.' We do this when services have been rated as 'Inadequate' in any key question over recent inspections, as had happened for this service in December 2014 and July 2015.

At this inspection we found significant improvements had been made and the provider is now meeting the regulations. However, time is needed to fully embed these improvements into everyday practice and ensure improvements made are sustained and the service continues to develop.

There was no registered manager at the time of inspection. However, there was a manager working at the home and responsible for the day to day running of the service. They had commenced the registration process with the Care Quality Commission and their registration was confirmed the week following this inspection. The manager had a good overview of the service, staff and the needs of people. They were committed to improving and developing the home. When they started work at the home the manager had identified a culture in which people were not always given choices. They had worked hard to make changes and ensure people's choices were always respected. These changes were evident through meeting minutes and discussions with staff. One staff member told us, "Since (manager) has come here, it's much better, it's lovely. People have choices now, they can get up and go to bed when they like. It's all in the best interests for people." A healthcare professional who visited the home told us they had noticed positive changes at the home since the manager had commenced work. They said, "The atmosphere is lovely, staff are busy and engaged. They know people and their little ways." We found the culture was positive, staff told us they were happy at the home and happy with the changes that had taken place. They spoke highly of the manager and provider. They told us both were available and approachable and provided a supportive environment to work in.

The manager was supported in their day to day role by two team leaders and senior care staff. Staff had a good understanding of their own roles and responsibilities. There were on call arrangements and staff were able to contact the manager or team leader for advice and guidance every day and at night if required. Staff

told us they were able to contact senior staff whenever they needed to

There were regular staff meetings. These were used these to thank staff and to motivate them to continue planned improvements and to remind them of their roles and responsibilities. These meetings allowed for open discussion and communication. Staff told us they were able to bring up new ideas and suggestions. Minutes evidenced attendance, areas of discussion with agreed actions. Feedback from people relatives and staff was sought through general discussions, meetings and feedback surveys. The manager had developed a, 'You said, we did' board which demonstrated actions that had been taken in response to people's feedback. This included some refurbishment of the home, increased staffing levels and more involvement of people in developing their own care plans.

There were policies and procedures which reflected current legislation. Staff had access to these and the registered manager used them to establish the standards of care expected to be maintained. Staff were given training on the procedures and were assessed against these through ongoing supervision. There was an emphasis on team work and communication sharing. Handover between shifts was thorough and staff were able to discuss matters relating to the previous shift.

There were a number of quality systems and these included medicine audits, health and safety audits and falls audits. These were used to improve practice, for example they had identified more staff were required during the afternoon and this had been addressed. The manager was continuing to develop quality systems and had introduced a new form for PRN medicines that would allow analysis over a longer time period and identify any patterns or trends. This would help ensure people received appropriate medicines and treatment.

People's care plans and associated documentation was detailed and person-centred. The provider had recently introduced an electronic care planning system and all care plans had been reviewed and were updated on the system. The manager and team leader were constantly reviewing care plans to ensure they reflected people's needs. Discussions were held throughout the inspection to explore different ideas about how care plans could develop.

The manager engaged with local stakeholders and attended local forums to ensure they were up to date with changes in legislation and best practice. Services that provide health and social care to people are required to inform the Care Quality Commission (the CQC) of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.