

Mr Roopesh Ramful

# Clifford House Residential Care Home

## Inspection report

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Date of inspection visit:

12 April 2018

13 April 2018

Date of publication:

23 May 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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 12 and 13 April 2018. The inspection was undertaken to check whether the provider had made the improvements required from our previous inspection in September 2017 and was now meeting all of the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection was also to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Clifford House 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.

Clifford House is a small family owned residential care home located in a residential area of Andover. The home is arranged over two floors and can accommodate up to 21 people. At the time of our inspection there were 16 people living at the home. The home supports people with a range of needs. Some people were quite independent and only needed minimal assistance, whilst others were more dependent and needed assistance with most daily living requirements including support with managing their personal care and mobility needs. Some of the people being cared for in the home were living with dementia and could at times display behaviour which might challenge others.

The home had 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 associated Regulations about how the service is run.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions, safe, effective, responsive and well led to at least good. Some of the required actions had been completed. For example, improvements had been made to ensure that people were protected from risks associated with the environment. Risks to people's health and safety were now being more robustly assessed and plans were in place to mitigate these risks.

Improvements had been made to ensure that people's care plans fully reflected their needs.

The provider was now undertaking all of the required checks before staff started working at the service and improvements had been made to ensure the home was clean throughout.

However, we found continuing concerns with regards to how medicines were being managed. In addition, whilst improvements had been made to the governance arrangements within the service, these were still not being fully effective at identifying areas where safety was compromised, or to ensure compliance with the Regulations.

There had been an improvement with the frequency of supervision but this needed to be embedded and sustained. Appraisals had not yet taken place for all staff.

Staff were providing people with increased opportunities for meaningful interaction, but some people felt more could still be done to offer a greater range of activities. We have also made a recommendation about developing the activities provided to people living with dementia.

Other areas remained good. There were sufficient numbers of staff deployed to meet people's needs.

Staff had received training in safeguarding adults, had a good understanding of the signs of abuse and neglect and knew how to report any concerns.

Staff acted in accordance with the principles of the Mental Capacity Act 2005.

People told us they enjoyed the food provided and staff were well informed about their dietary requirements.

The home had continued to work effectively with a number of health care professionals to ensure that people received co-ordinated care, treatment and support.

Staff were kind and caring in their interactions with people and treated them with dignity and respect. Staff knew people well, and about the things that were important to them.

People knew how to make a complaint and information about the complaints procedure was included in the service user guide.

Everyone spoke positively about the registered manager and the friendly and homely culture within the home.

We found two breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were not always managed safely.

People were protected from risks associated with their health and with the environment. The home was clean.

There were sufficient numbers of staff deployed to meet people's needs and appropriate recruitment checks were undertaken.

Staff had received training in safeguarding adults, and had a good understanding of how to identify and report any abuse and neglect.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Further improvements were needed to ensure that premises were adequately maintained and provided a pleasant and suitable environment for people.

There had been an improvement with the frequency of supervision but this needed to be embedded and sustained. Appraisals had not yet taken place for all staff.

Staff acted in accordance with the principles of the Mental Capacity Act 2005.

People told us they enjoyed the food provided.

Staff worked effectively with a number of health care professionals to ensure that people received co-ordinated care, treatment and support.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect and staff were kind and caring in their interactions with people.

**Good** ●

### Is the service responsive?

The service was responsive.

Improvements had been made to ensure that people's care plans fully reflected their needs. Staff knew people well and about the things that were important to them.

Staff were providing people with increased opportunities for meaningful interaction, but some people felt more could still be done to offer a greater range of activities.

People knew how to make a complaint and information about the complaints procedure.

Good 

### Is the service well-led?

The service was not always well led.

Whilst improvements had been made to the governance arrangements within the service, these were still not being fully effective at identifying areas where safety was compromised or to ensure compliance with the Regulations.

Everyone spoke positively about the manager and the friendly and homely culture within the home.

Requires Improvement 

# Clifford House Residential 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 had made the improvements required from our previous inspection. We also checked to make sure they were 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 12 and 13 April 2018 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is where the registered provider tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with ten people who used the service and five relatives. We spoke with the registered manager, the registered provider and five care workers. We reviewed the care records of three people in detail and the recruitment records for two staff. We also reviewed the medicines administration record (MAR) for all 16 people. Other records relating to the management of the service such as staff rotas, training records and policies and procedures were also viewed. Following the inspection we contacted four health and social care professionals and asked their views about the home and the quality of care people received.

The last inspection of this service was in September 2017 when we found that the provider was not meeting

three of the fundamental standards. The provider had not adequately assessed the risks to people's health and safety; they had not ensured the safety of the premises and of people's medicines. They did not have effective systems in place to prevent, detect and control the spread of infections and had not made all of the required checks before staff started working at the home. The governance arrangements were also not being effective at ensuring compliance with the Regulations. This inspection found that some improvements had been made and that some of the Regulations were now being met. However, we found continued concerns with regards to the management of medicines and the governance arrangements within the service still needed further improvements.

# Is the service safe?

## Our findings

People told us they felt safe living at Clifford House. One person told us they felt very safe in the home due to all the staff and people being around them. A relative told us, "[family member] feels safe here in the home and the home give her medication which had been a concern at home".

Despite these positive comments we found new concerns with regards to how some aspects of people's medicines were managed.

The registered manager had not made suitable arrangements for the safe custody of controlled drugs and had not maintained appropriate records of the controlled drugs received, administered and disposed of by the service. Controlled drugs are those which must be managed in accordance with the Misuse of Drugs Act 1971 and The Controlled Drugs (Supervision of management and use) Regulations 2013. These legal requirements were not being met.

This is a breach of Regulation 12 (2) (g) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Medicines.

Staff were not always following the provider's procedures and best practice guidance. For example, people's medicines administration records (MARs) did not include a recent photo and there was no list available of the signatures of staff authorised to administer medicines. Staff were not able to demonstrate that they were always following the directions of the prescriber or that suitable communication had been undertaken with the prescriber to confirm that any variances to the prescribing instructions being undertaken by staff were approved. Where people were prescribed 'as required' or PRN medicines, there were no protocols in place which described the circumstances in which these might be needed. This is important as some of the people using the service would not have been able to consistently tell staff if they were in pain for example. Records relating to prescribed topical creams needed to be more detailed and were not always fully completed. We found two medicines which had been opened but had no date of opening recorded.

Staff were now maintaining daily records of the temperature of the medicines fridge and area where medicines were being stored. This is important as it helps to ensure that the medicines remain effective. To help avoid medicines errors, staff had now implemented a daily check of the MARs at each handover. The MARs viewed did not contain any unexplained gaps. We recommend that this system of daily auditing is extended to the records relating to topical creams.

Monitored dosage systems (MDS) were used for the majority of medicines with others supplied in boxes or bottles. We observed some people being given their medicines during our visit; this was managed in a person centred manner. The staff member stayed to ensure that the medicines had been taken and then, signed the medicines administration record (MAR) to confirm this.

Our last inspection had identified that the provider had not ensured the ongoing safety of the premises. They sent us an action plan telling us how they planned to make the required improvements. This



inspection found that these actions had been completed and the Regulation was now being met. Action had been taken to ensure that the water being discharged from a sink in the communal shower room/ toilet was within excess of safe limits. Measures were in place to prevent people from being able to access dangerous areas or gaining access to hazardous substances which can cause harm. Creams and toiletries that pose a risk of harm to some people living with dementia were being stored securely. Each person now had a personal emergency evacuation plan (PEEP) and the recommendations from the fire risk assessment undertaken in July 2017 had now been completed. Tests used to monitor the safety of the lift and hoist had also now been completed. Staff were maintaining records which demonstrated that they were checking the temperature of bath water on a consistent basis.

The provider continued to have a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home and the steps that would be taken to mitigate the risks to people who use the service. Checks were undertaken of the robustness of window restrictors, the fire, gas and electrical safety and of the water system to ensure the effective control of legionella.

Overall, this inspection found that risks to people's health and safety were being more effectively assessed and plans were in place to mitigate these and the Regulation was now being met. For example, one person at risk of falls had a falls care plan and risk assessment. Another person was at risk of choking. Their eating and drinking care plan contained clear guidance about the support they needed to eat and drink safely. There were still areas where further improvements were needed. Where people were at risk of skin damage, nationally recognised risk assessments tools were now being used to monitor this, but we found that these had not always been correctly completed. We also noted that in the case of one person, that whilst measures had been taken to address their increased risk of falling from bed, their care plan had not been updated to reflect this new risk. This has now been addressed.

Our last inspection had found that the provider had not taken proper steps to ensure that all of the required checks had been completed before staff started working at the service. During this inspection we checked the records of two staff that had been recruited since our last inspection and found that the required improvements had been made and this Regulation was now being met. The checks undertaken included identity checks, obtaining references, Disclosure and Barring Service checks and obtaining a full employment history. These measures helped to ensure that only suitable staff were employed to support people in the service.

Improvements had been made which provided reassurances that systems were in place to prevent, detect and control the spread of infections. Each room now had a hand hygiene station including liquid soap dispensers. Protective clothing, including gloves and aprons, were available and used by staff appropriately. Cleaning was now undertaken on a daily basis and the cleaning schedules seen had mostly been fully completed. We observed that the home was clean and there were no malodours. We did note that the enamel coating on one of the baths had been damaged, leaving an exposed area which might present an infection control risk. We have asked the provider to address this. An infection control audit undertaken by the local clinical commissioning group (CCG) in October 2017 made a number of recommendations which had now been implemented. A health care professional told us, "The home has taken on board the comments and actions required following the infection control (IC) review held in October 2017 and has made changes to the environment and cleaning processes. The home manager and infection control lead have also attended the CCG's infection control lead forum and contacted [professional] to ask questions where required".

We observed there were sufficient staff available to support and respond to people needs and to ensure that the communal areas were supervised. Care continued to be provided by a small and consistent staff team

which helped to ensure that people were cared for by staff who knew them well. Some of the people we spoke with felt additional staff would be helpful, but were not able to describe why or how this impacted upon them. All of the relatives we spoke with, felt there were ample staff with one saying, "We've never had to wait for staff". Staff also told us that the staffing levels were adequate and enabled them to perform their role and responsibilities but also allowed them to just spend time with people.

At our last inspection, we had made a recommendation that the provider develop a more systematic approach to determining the numbers of staff deployed and to evidence how staffing was planned around the changing needs of people using the service. This was still not in place, although the provider told us that a number of tools had been explored but not found to be suitable for the service. This was an ongoing piece of work.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff were aware of the whistle-blowing procedures and were clear they could raise any concerns with the manager of the home. They were also aware of other organisations with which they could share concerns about poor practice or abuse.

Incidents and accidents which occurred in the home were now being more robustly recorded and we saw evidence which demonstrated that action was taken as a result of safety incidents to ensure lessons were learnt and to help prevent a reoccurrence. For example, following falls, post falls huddles had been completed. These involved staff undertaking a critical assessment of what may have led to the fall and considering what changes might be needed to the care plan to prevent future falls. In the case of one person, the falls huddle led to the furniture in their room being reorganised to create a safer environment for them. An incident log was being maintained which considered whether there were any trends to the nature of falls. We have recommended that the registered manager introduce a more detailed monthly analysis of all incidents and accidents and share this on a monthly basis with the provider enabling them to share oversight of any emerging risks within the service.

## Is the service effective?

### Our findings

People and their relatives told us Clifford House provided effective care. People consistently told us that the staff were well trained and helpful. For example, one person told us staff, "Did a great job of supporting them". One relative said their family member was, "Very well cared for and always looked well". We were able to see that the service had received a number of compliments about the care provided. One read, 'I hope the owner realises what an absolute gem you are, if only all the care homes were as good as yours'.

At our previous inspection, we had found that staff were not having regular supervision in line with the frequency determined by the provider's policy. Supervision and appraisals are important as they help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. This inspection found some improvements had been made, but these now needed to be embedded and sustained. Where supervision had taken place, the records relating to these remained good and demonstrated that staff were being encouraged to reflect upon their practice. Staff told us that their supervision was useful with one staff member saying, "Yes it's useful, you can act on things, change things". There had been limited progress with implementing an appraisal system. Only four of the 13 staff that had been employed for over 12 months had received an appraisal. This remains an area for improvement. The registered manager and senior team had completed training on the provision of supervision and appraisals in February 2018 and we were advised that action would now be taken to ensure the outstanding appraisals were completed.

At our last inspection, the registered manager was unable to provide records which demonstrated that staff had undergone a robust induction to the service. At this inspection, we viewed the staff files of two new care workers who had started work within the last six months. These each contained a completed induction checklist which included an introduction to the organisations key policies and procedures, an orientation to the home and familiarisation with people's care plans. There was evidence that staff were also now being supported, where appropriate, to complete the Care Certificate. The registered manager was aware of the need to be more proactive with ensuring that this was always completed in a timely manner. The care certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

Staff had completed training in a range of subjects such as infection control, fire safety, first aid, safeguarding, health and safety, dementia care and manual handling training. Staff that administered people's medicines had received training to do this and had been assessed as competent to do so. Some staff had also completed training in end of life care. The majority of training was delivered face to face and records showed this was mostly up to date. We did note however that only a small number of staff had training in dementia care which we were told incorporated training in managing behaviour which others might find challenging. The provider had recently arranged for staff to also have access to an accredited e-learning provider, allowing staff to additional training options which we were told would include dementia care. All of the staff we spoke with said that the training provided was adequate to enable them to perform their role effectively. The registered manager and senior staff attended forums and conferences to help develop their skills and knowledge and professional development. Learning from these was feedback to

staff at team meetings.

We looked at how the design and layout of the building met people's needs. Since our last inspection, some improvements had been made, for example, all of the lounge chairs had been replaced. However, some aspects of the premises and of the fixtures and fittings within them continued to be in need of updating or repair. Some of the carpets were worn and wrinkled which we were concerned could create a trip hazard for people. In one room, the carpet was lifting at the entrance. The internal décor needed updating and many items of furniture were worn and tired. There were unused armchairs and tables in the garden which was overlooked by people. There had been no progress with improving the design and décor of the building to support the needs of people living with dementia which the provider had previously indicated would be completed by April 2018. Whilst a number of people and their relatives commented positively on the homely nature of the environment, we found that further improvements would help to ensure that the home continued to be a pleasant place for people to live. The provider has, since the inspection, sent us a refurbishment plan which includes plans to repair and redecorate all of the communal areas and replace a number of the worn carpets by July 2018. There were also plans to improve the external areas to help ensure these were a more pleasant space for people to spend time.

Some assistive technology was used within the service to support people with their independence or to help keep them safe. For example, if people that were at risk of falling, monitors were in place to alert staff that the person had got out of bed and may need assistance. One person was supported to use video conferencing to stay in contact with their family members.

Where people lacked capacity to make decisions about their care staff had acted in accordance with the Mental Capacity Act. 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.

Staff had received training in the Mental Capacity Act 2005 (MCA) and were aware of the principles of the Act and how they should be applied. We reviewed people's records and found that mental capacity assessments had been carried out to determine whether people had the capacity to consent to living at the home for example. The assessments had been carried out in line with principles of the MCA (2005). Where it was deemed that the person lacked capacity to make a decision about living at the care home, we were not always able to see that there had been a consultation with relatives and the professionals involved in the person's care to reach a shared decision about what was in the person's best interests. The registered manager was confident this had taken place and is taking action to ensure this is fully documented.

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). Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment by the local authority.

People were positive about the food as were their relatives. One person told us, "The food is very good". They explained that the food was always hot and that they were able to ask for snacks or drinks at any time of the day. Another person told us how they loved the puddings. One relative told us, their family member was looking really well on the food they were being given and said, "My [family member] has put on weight since being here this is good as she was not eating much at home". The registered manager told us that the menu was seasonal and would be changed in May to incorporate more salads for example. We did note that

the tea menu only reflected that people could choose from soup or sandwiches every day. We discussed this with the registered manager who reassured us that greater variety was offered but not always recorded on the menus. We recommend that action is taken to ensure the menus reflect the variety of choices available to people at mealtimes.

We observed the lunch time meal on the first day of our inspection. Dining tables were now laid with clothes and place mats and condiments including salt and pepper were available. People were offered a choice of different flavoured squashes. The food, fish and chips, looked appetising and each person appeared to eat well. Staff were available to provide support and encouragement where this was needed and plate guards and specialist drinking cups were available and used when necessary to support people's independence and safety. Staff were well informed about people's special dietary needs including those that required a modified or diabetic diet. They were also knowledgeable about people's food likes and dislikes. For example, we saw one staff member explaining to a person that they had brought them a 'miniature portion' as they liked.

We found evidence that a range of healthcare professionals including GPs, community mental health nurses, opticians, speech and language therapists and chiropodists had been involved in managing people's healthcare needs. Action had been taken to ensure clear records of all communications with health and social care professionals were kept which helped to inform plans of care for people. The registered manager and staff had worked with community healthcare professionals to implement initiatives which helped to ensure they were following current best practice. Examples of this included the falls huddles and more rigorous infection control audits.

Whilst hospital passports were not currently in place, the registered manager told us that they had plans to implement the 'Red Bag Scheme'. This is when a red bag is used to transfer standardised paperwork, medication and personal belongings with the person when they are transferred to hospital. The red bag stays with the person throughout their hospital admission helps to ensure that hospital staff have all the necessary information about the person's health and their communication needs for example. On discharge the care home will receive a discharge summary with the medications in the red bag. Relatives told us they were kept informed about any changes to their family member's wellbeing with one relative saying, "They keep me well informed, even about the smallest thing".

## Is the service caring?

### Our findings

People told us they were happy living at Clifford House and felt well cared. For example, one person explained how much they liked living at the home due to the very good staff who gave her some great support and treated her with dignity and respect whilst also helping her to live independently. Relatives were also positive about the caring nature of the staff team. One relative said, "We have seen nothing but real care, if anyone is distressed, they [staff] are there straight away for them". Another relative said, "I couldn't fault the caring side, they [staff] always treat [family member] like family. A social care professional told us, "I have seen evidence that staff treat people with dignity and respect. Residents are encouraged to do things for themselves if they are able to, but help is always available for those who need it... The home always seems to be a cheerful and happy place. Staff interact really well with the residents and visitors alike and there is always laughter and lots of smiling". A health care professional said, "The staff do treat the residents with dignity and respect, they seem to have a very caring attitude to them. They talk to all the residents when passing and freely interact with all the residents".

The staff spoke positively about their role and about caring for people. One staff member told us, the best bit about their role was "Caring for the residents, [person] likes hugs and kisses, they need touch, they're people...they are almost family...coming to work is not a chore, they all have their little quirks". We saw many examples of positive and caring interactions between the staff and people living in the service. We saw staff chatting with people and sharing a laugh. One staff member was sat with one person, they were repeating rhyme's together. They were later seen chatting with the person about the jobs they had worked in.

We observed staff talking to people in a tender and caring manner. For example, we heard a member of staff say to one person, "Good morning, did you have a nice sleep?" At lunchtime, a staff member was gently encouraging one person to eat, saying, "I'm sure you can manage a little more". Staff used touch appropriately to convey their care and concern for people. One staff member kissed a person on the forehead. The person clearly enjoyed and valued the interaction. We heard one person say to the person next to them at lunch, "I don't know what I'd do without her, it's a good job we can have a laugh". She was making reference to the staff member with whom she had just enjoyed a conversation and some banter.

Staff explained how they encouraged people to care for themselves even if this was by completing a small task. One staff member said, "It's knowing each person individually and what they can do". They described how they encouraged and reassured one person, who was less confident using one of their hands following a stroke, that they could manage some tasks and were able to safely use their walking frame to mobilise.

Staff cared for people in a way which was mindful of their privacy and dignity and individuality. For example, one staff member told us how it was important to care for people's hair and style it in a way which the person liked. They also talked of the importance of helping people to dress in clothing of their choice, and which matched, and to wear jewellery, perfume and lipstick if they wished. The registered manager told us that the one remaining shared room in the home had now been made into a single room to promote people's dignity and privacy.

Staff had received training in equality and diversity and were able to demonstrate an understanding of how discrimination could impact upon people. One staff member told us they had had to challenge a professional who was speaking about a person, rather than to them. They said, "I had to remind [professional] that the lady knew what they were saying and explained that she had opinions and we should listen to them".

## Is the service responsive?

### Our findings

Since our last inspection, it was evidence that staff had worked hard, along with support from health and social care professionals to develop, expand and personalise people's care plans. Overall we were able to see improvements had been made. Care plans described the person's needs in a range of areas such as personal care, mobility, eating and drinking, skin care and continence care. Where necessary, people had communication plans which described the non-verbal ways in which the person might communicate. We did note that some of the care plans still contained out of date information and some could still be more detailed, but overall, there had been an improvement and the care plans served as an adequate record of the care and support each person needed. A social care professional told us, "I have had no concerns with care plans I have read and feel the current manager has worked hard to ensure that documentation has been updated".

Care plans continued to contain detailed information about people's choices and preferences. For example, people had a 'My typical day' which described how they liked to spend their day and their favoured foods and drinks. Some people also had detailed life histories in their care plans which helped staff have an understanding of them as a person before they came to live at the home. From our observations, and from speaking with staff, it was evident that staff were aware of this information and used this knowledge to interact with people in a meaningful way. For example, we saw staff chatting to one person about how they used to grow their own vegetables and asking another what had made them want to become a midwife. A staff member told us that one person used to be a milliner and made hats for royalty and that another had been a missionary. They said, "I love to learn about their lives". This demonstrated that staff had a good understanding of people and of the things that were important to them.

Daily records were used to record information including, the personal care that had been required, the person's meal choices and the activities they had taken part in. This information was shared at handovers and helped staff to provide interventions and care tailored to the individual.

Whilst there was evidence that people's care plans were being reviewed and updated, there was inconsistent evidence that the person or their relatives had been involved in these reviews and therefore provided with the opportunity to express their views about any changes they might want implemented. A number of the people we spoke with told us they had not seen their care plan but assumed that one must exist. This is an area where improvements could be made.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager showed an understanding of the need to support people's right to have information provided to them in a format that met their communication needs. We saw that to support one person's communication needs, staff were using a book in which they wrote down any information they wished to share with the person who was deaf.

The home maintained records which provided information about what activities had been provided, which



people had participated and whether the activity had been enjoyed. These showed that people took part in activities such as arts and crafts, hand manicures, balls games, reminiscence and picture bingo. On a weekly basis, external entertainers visited to play music and singing. During the inspection, we saw staff engaging people in armchair aerobics which they all seemed to be enjoying. We also observed people enjoying a visit from children from a local nursery and taking part in games and crafts together. Once a month there was a church service. A member of staff had now been appointed as activities lead and told us of their plans to provide additional opportunities for those people who chose not to get involved in the group activities to have one to one time where they would be supported to follow their individual interests. For example, they told us that one person had expressed a wish to play snakes and ladders on a one to one basis and so this was being facilitated. Plans were being made to support another person to fulfil wishes from their 'bucket list' which included a helicopter ride, a visit to the theatre and to have an afternoon tea. The registered manager told us that there was now an activities budget which had enabled them to invest more in games and resources to help provide a more stimulating environment for people. People could choose whether to get involved in the activities and whilst most told us they enjoyed those provided, some people told us that they felt more could still be done to provide a greater range of activities. We continued to find that people were not being provided with sufficient opportunities for trips outside of the home or to access their local community. Our observations also indicated that some people would benefit from activities which were more tailored to those living with dementia. We recommend therefore that the provider explore options for accredited training which will equip staff to deliver meaningful activities for people living with dementia.

No complaints had been received since our last inspection, but people and their relatives were confident they could raise concerns or complaints and these would be dealt with. One relative said, "100% they [the registered manager] would do something about it".

No-one at the service was currently receiving end of life care, but the relative of a one person who had died whilst living at the service told us that the registered manager and staff team were committed to doing all they could to ensure that people nearing the end of their life were well cared for and their family members provided with all the emotional support they needed. They told us, "I couldn't have asked for more. ...the staff were wonderful". They told us how their family member was eventually admitted to hospital, but that the registered manager had come and sat with them following the end of their shift until the person passed away. They said, "All the staff not on shift came to the funeral, you wouldn't get that everywhere". We saw that another family had written to the home thanking the staff for all working hard to enable their relative to be with their loved one at the end of his life. The registered manager spoke respectfully about how they cared for people's bodies after their death and dressed them in their favourite clothes. Staff had received training in end of life care and had paid a visit to the local crematorium to learn about how this part of people's care after their death was undertaken. We did discuss with the registered manager the need to ensure that people's preferences and choices for their end of life care needed to be clearly recorded in an end of life care plan and kept under regular review.

## Is the service well-led?

### Our findings

People, their relatives and the staff team were positive about the management of the home. One person said, "I would happily recommend the home it is well organised and run". A second person said, "The home is really well run, the food is nice, the staff are good, this is a really nice home to come to". A relative told us, "I would recommend this home to anyone" and another said, "[The registered manager] always gets in touch and comes and chats with me, they make an effort". A third relative told us the registered manager, "Goes over and above and genuinely does care, they have brought about a lot of improvements, everything is better since they came". A staff member told us, "If you want something sorted, she [the registered manager] will do it; she makes sure we are alright". Another staff member told us the registered manager was, "Fair and has helped me grow more confident".

At our last inspection, we had identified that there had been a failure to ensure that there were robust governance arrangements in place to ensure the safety and wellbeing of people. This inspection found that some improvements had been made. There was now evidence that lessons were being learnt, themes identified and actions taken as a result of safety incidents which occurred within the service. Improvements had been made to the recruitment processes within the service. A limited programme of audit was now in place. This included a weekly and monthly schedule of checks of areas such as health and safety, infection control, cleanliness and checks to ensure that MARs had been fully completed. The provider had recently arranged for another care home owner to undertake a peer audit of the home. A report had been produced of their findings which the registered manager and provider were addressing.

However, we found that despite some improved governance arrangements in the home, these were still not being fully effective at identifying shortfalls within the service. More efficient and effective systems were still needed to measure the quality of the service against the fundamental standards, key lines of enquiry and best practice guidance.

For example, whilst medicines audits were being undertaken on a regular basis, these were only checking to see that MARs has been fully completed and did not consider a range of issues that could affect the safety of how medicines were managed within the service. The audits had not, therefore, identified the concerns we found regarding medicines management. We identified that some aspects of people's care plans were still not fully reflective of their current needs, but this had not been identified through the audit process. Further improvements were therefore still needed to ensure that there were effective systems in place to assess and monitor the quality and safety of the service. Progress with some of the areas where our last report identified improvements were needed remained slow. For example, a process to ensure staff received an annual appraisal was not yet in place and improvements planned to make the environment more suitable for people living with dementia had not yet been implemented.

This is a breach of Regulation 17 (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered manager demonstrated a passion and enthusiasm for their role and their commitment to the

service, the people in their care and to the staff team was clear to see. They had fostered a homely, friendly and person centred culture within the home and it was this which was commented on by many of the people and relatives we spoke with. For example, one person said, "Don't be afraid of coming to this home it has a lovely atmosphere," and another said, "This is a really nice home, more like home from home". The registered manager told us it was important to be, "Making a difference in [people's] lives...keeping them safe and happy". Staff told us that they were happy working in the service. One staff member said, "It's a lovely environment, very homely, friendly and happy...there is a lovely atmosphere...Staff really take responsibility, we are building a good team". Another staff member said, "There's a nice camaraderie, it's nice for the residents". Minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs, and they were encouraged to share their views and comments to improve the quality of care. One staff member said, "We can put ideas forward, we're not frightened of her, she [the registered manager] will say to us, I'm not happy with this, how can we improve, we are all in it together".

Whilst there was evidence that the registered manager welcomed feedback about the service, the systems in place for seeking feedback from people and their relatives needed to be more effective and demonstrate more clearly how the feedback was driving improvements. The registered manager told us that they were sending out new surveys in June 2018, but would first be reviewing the format of the questionnaire and also considering how to achieve a higher response rate as this had previously been poor.

Throughout the inspection, the registered manager was open and honest with us about the areas where progress with improvements had been slower than she would have liked and had a good understanding of the areas where further progress was still needed. To support and prioritise improvements within the service, we recommend that the registered manager develop a structured service improvement plan detailing the areas where improvements were still needed, the resources and timescales needed to achieve these and who would be responsible for each task. The registered manager worked effectively with the registered provider who visited the service on a weekly basis and had a good relationship with people and staff. Monthly management meetings were held and discussed a range of topics such as progress with the improvements required since our inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had not made suitable arrangements for the safe custody of controlled drugs and had not maintained appropriate records of the controlled drugs received, administered and disposed of by the service. This is a breach of Regulation 12 (2) (g) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that there were efficient and effective systems in place to measure the quality of the service against the fundamental standards and to achieve compliance with the Regulations.</p> <p>This is a breach of Regulation 17 (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>