Townsend Life Care Ltd

Dumpton Lodge

Inspection report

11 Western Esplanade
Broadstairs
Kent
CT10 1TG

Tel: 01843865877

Date of inspection visit:
24 May 2016

Date of publication:
22 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit was carried out on 24 May 2016 and was unannounced.

Dumpton Lodge is a detached home overlooking the sea in Broadstairs. The service is registered to provide accommodation and personal care for up to 29 people, some of whom may be living with dementia. Accommodation is set over two floors. There are bedrooms on the ground and first floor. There are large communal areas. The home is suitable for people with mobility difficulties.

The home was clean, tidy and well decorated with good light. Corridors were uncluttered and wide with plenty of room for wheelchairs and hoists to be manoeuvred. There were grab rails throughout and gates at the top and bottom of both staircases and a shaft lift connecting the upper and lower floors.

There is a registered manager in post and two deputy managers. 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. The two deputy managers were present at the time of the inspection and we spoke with the registered manager after our visit.

We last inspected the service in February 2015 and found breaches with two of the regulations with regard to staff recruitment and making sure care plan records were up to date. The provider sent us an action plan outlining how they would meet these regulations. We found at this inspection that improvements had been made to meet both breaches from the last inspection.

At this inspection medicines storage needed improvement as some medicines had been stored at the wrong temperature in the fridge and the stock of non-prescription medicines had been kept in the cupboard too long and were out of date. Some of the medicines administration records were not completely accurate. The medicines checks that were carried out by the registered manager had not picked up some of these mistakes. This was a breach of the regulations and the provider was given a requirement notice to put this right.

The controlled prescription medicines (medicines which are at higher risk of misuse and therefore need closer monitoring) were stored safely, given appropriately and recorded accurately. People received their medicines safely and when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People told us that they felt safe living at Dumpton Lodge. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. Two visitors of a person spoke about their experiences. They said "We

couldn't be happier, [person] is kept safe, looks well and is dressed nicely". They went on to say that their relative had been very frightened living at home and imagined all sorts of things which scared them. Since being at the home "[person] is so happy, the carers can't do enough for her". "It is such a relief that [person] is so settled"

Staff reported accidents and incidents to the registered manager who made sure appropriate action had been taken to reduce the risk of accidents happening again. The registered manager checked for patterns and trends with accidents and incidents in the home overall and made sure that lessons had been learned and changes were made if needed.

There was a thorough system to recruit new staff and to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. A variety of training courses were provided to make sure staff had the skills and knowledge they needed for their role. Staff were clear about their roles and responsibilities and felt confident to approach the registered manager or deputies if they needed advice or guidance. They told us they were listened to and their opinions counted.

People were treated with respect and their preferences were taken into account when receiving their care. People said staff were considerate and took their time when supporting them so that they felt comfortable and unrushed. A person said, "I like living here, it's my home and I have everything around me". She went on to say that she did not need help with washing and dressing nor needed medicine or a zimmer frame to get around. "I can do my own thing all day" she said "I am very happy here".

People were supported to keep well and healthy and if they became unwell the staff responded in a timely way and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed.

Dumpton Lodge had been selected by the local district nurses to have specific health care beds commissioned by the doctor's surgery to reduce unnecessary hospital admissions and were signed up to the Hydration Charter to improve people's wellbeing and prevent infections.

People were complimentary of the food in the home and visitors were offered refreshments when they were in the home too. People said they were able to choose what they ate and there was always plenty. People were supported to have a nutritious diet. If people were not eating or drinking enough their food and fluid intake was monitored. Referrals were made to health care professionals, such as dieticians, when required. Mealtimes were social occasions and staff made sure that people had enough time to enjoy their meals and received the support and attention they needed. The deputy managers spoke enthusiastically about the new healthcare project to increase people's hydration that they were involved in.

Staff behaved respectfully and were accommodating if people wanted drinks and snacks at different times. If people wanted to go to the toilet staff responded straight away. Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed.
A visiting relative told us, "I could get upset that she is here but it is so lovely and she feels so at home".

The registered manager and team had worked hard to update and review the care planning system. Each person had a care plan that included their preferences and all the information necessary to meet their individual needs. Risks to people were assessed and managed without restricting people.

There were two lounges and a dining room area where people could spend time and there were activities held in these spaces at different times. Some people preferred to stay in their room and this was respected.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance and had been approved.

People, staff and relatives told us that the service was well led and that the registered manager and staff team were supportive and approachable and that there was a culture of openness within the service. People and their visitors told us that if they had a concern they would speak to the registered manager or any of the staff. There was a clear complaints procedure and opportunities for people to share their views and experiences of the service.

Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

There was no overall development plan for the home to structure the projects they were focusing on or address any aspects of the service that needed to be improved on. This was an area for improvement.

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. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

We found a breach of Regulation 12 regarding the safe handling of medicines. You can see what action we have taken at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe overall but improvements were needed with medicines management.

Storage of some medicines had not been well organised and had not followed good practice guidelines including the wrong fridge temperatures and out of date non-prescription medicines.

People were supported to take their medicines safely.

People were kept safe from harm and abuse. Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs. Safety checks and a thorough recruitment procedures ensured people were only supported by staff that had been considered suitable and safe to work with them.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

Consent was always sought before any care was given and if people needed support to make decisions this was provided appropriately.

People were supported to eat a healthy varied diet and at their own pace.

People were supported to maintain good health. The home was involved in healthcare projects to reduce hospital admissions and improve hydration and wellbeing of older people.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Care was

given in a respectful and dignified way.

People had support from friends and family to help them make decisions about their care and support. People said they were listened to and what they said mattered.

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

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. The home was flexible and responded quickly to people's changing needs or wishes.

People were supported to make choices about their day to day lives. There were a variety of activities organised that people could join in with.

People and their relatives were confident to raise concerns with the registered manager and staff and knew they would take them seriously and work to resolve them.

Is the service well-led?

Good

The service was well-led but some improvements were needed.

The registered manager was clear about their responsibilities and staff were well supported by the leadership in the home.

The owner and the registered manager encouraged people, their relatives and staff to share their views which were taken into account in the running of the home.

There was no overall development plan to pull all the innovations and projects together and prioritise improvements to the service.

Dumpton Lodge

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 24 May 2016 and was unannounced. Two inspectors and an expert by experience made up the inspection team and were in the home for one day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we talked with nine people living in the home and five relatives who were visiting people. Some people in the home were unable to directly participate in the inspection so we observed the care they were given and their interactions. We talked with both deputy managers and the owner and eight staff including kitchen and domestic staff. We spoke with the registered manager over the telephone after the visit.

We looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at eight people's assessments of needs and care plans and observed to check that their care and treatment was given in the way that had been agreed. We looked at four staff files to check recruitment and looked at training and supervision records. We discussed and checked audit records for the maintenance of the building and quality monitoring checks of the service. We checked medicines records and storage and observed a medicines round at lunch time.

We last inspected this service in February 2015. Concerns and breaches in the regulations were identified at this inspection.

Requires Improvement

Is the service safe?

Our findings

People talked about their experiences. Everyone we spoke with commented that they felt safe in the home. A person said, "I feel very safe here, I was very scared and unhappy at home" Another person commented, "This is so good to be here, I can't tell you". Another person told us, "I have had a bath today, I have to sit on a chair and they move my legs but I don't feel scared as they take care of me and make me feel safe". Relatives visiting people at the time of the inspection said there was an open, family style culture in the home.

At our last inspection there was a recommendation about storing and recording the applications of people's prescribed creams and ointments. At this inspection there was a clear administration procedure for all the creams, which were clearly labelled with the person's name and stored safely.

At this inspection there were a number of shortfalls with the storage of some of the medicines. The medicines fridge was used to store medicines that needed to be stored at a particular temperature. The temperatures had been checked but when it was outside the recommended range no action had been taken. The medicines fridge was in use and the temperature had been checked but for a period of time the temperature had been incorrect for the safe storage of the insulin that it was being used for. If medicines are not stored at the correct temperatures it could affect the way medicines worked. The medication cabinet and the medication fridge both contained medicines prescribed to people who no longer lived in the home. The medication fridge also contained medicines that did not need to be refrigerated.

In the clinical room where medicines were stored all of the homely remedies in the medication cabinet were out of date. A homely remedy is another name for non-prescription medicines available over the counter in community pharmacies, used in a care home for the short term management of minor, self-limiting conditions, e.g. toothache, mild stomach ache, cold symptoms, cough, headache and occasional pain. When this was brought to the attention of staff the medication was immediately removed and placed in a box to be returned to the pharmacist for disposal. After the inspection the registered manager explained that these medicines had been accidentally omitted from the medicines audit, as they were not used and a decision had been made to stop holding a store of these medicines from now on. It is recommended that all medicines are included in the medicines audit and that suitable arrangements are made to make homely remedies accessible to people to alleviate symptoms of pain and discomfort.

The medicines administration records were checked and some of the recordings were inaccurate. There were some gaps in the administration records of regular medicines but when checked all prescribed medicines had been given. It is a recommendation from this inspection to make the medicines audit more thorough and have clear actions following any omissions that are picked up.

The provider must make sure that medicines are stored, administered and dispensed of safely and in line with current legislation and guidance. The above identified issues were a breach of Regulation 12 (2)(f)(g) of the Health and Social Care Act 2008 and require improvement.

In each person's care plan there was a section about their prescribed medicines and information and guidelines about medicines that they make take when needed, for example, paracetamol for occasional pain. This information was not included in the administration sheets for staff carrying out the medicines round.

There were no protocols or guidance with regard to the administration of medication prescribed to be given to people as and when required. Staff responsible for administering medication said that they asked people if they wanted this type of medication which negated the need for any written protocols. We recommend that the provider makes reference to section 1.14.2 of Managing medicines in care homes published by the National Institute for Health and Care Excellence with regard to this element of practice.

People's routine medicines were given safely and there was a clear medicines management system that staff followed. A visitor told us, "[person] needs to have regular medication (an antibiotic) and this is always done."

Policy and guidance had been prepared in relation to the covert administration of medicines. (Covert administration is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.) This took into account good practice regarding mental capacity and the best interests of people for people. There were no people at the time of this visit who were receiving medicines covert administration of medication.

Suitable arrangements had been made to keep the premises and equipment safe. We reviewed records that showed us the manager had undertaken a wide range of health and safety risk assessments. These had been periodically reviewed and were up to date. Risk assessments and risk management strategies covered topics ranging from staffing levels to infection control to fire safety and the servicing and maintenance of the passenger lift, gas appliances, baths, nurse call systems and hoists.

People were protected from the risk of infection. Periodic infection control audits had been completed and were up to date. These audits addressed environmental standards, the cleanliness of equipment and the provision of personal protective equipment for staff. Issues identified in these audits had been acted, for example the installation of sinks with long lever taps in key areas thus reducing the risk of contamination after hand washing. Hand washing guidance and hand sanitisers were stationed close to sinks used by staff for hand washing.

Food hygiene was awarded the highest rating of five stars in March 2014. The local environmental service revisited the home on the 07/04/2016 and judged food hygiene standards to be compliant in all areas with no action being required.

Staff showed a good awareness and understanding of different forms of abuse and knew what to do if they witnessed or suspected abuse. There was a clear policy in the home for staff to follow that included reporting to external agencies like the police or social services. Training in safeguarding people was provided to all new staff and there were regular refresher courses for the whole staff team to keep everybody up to date. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

Risks to people's wellbeing had been assessed by the registered manager and staff understood and consistently followed them to protect people from unnecessary accidents and harm. These were recorded and regularly reviewed within each person's care plan. Individual risk assessments included: risk of skin breakdown for people with limited mobility, not having enough to eat and drink, risks to be considered

when people were managing their own medicines and using mobility equipment. Where risks had been identified, for example, if people were unsteady on their feet and at risk of falling, the support needed to prevent unnecessary accidents had been arranged.

A visitor told us that they felt that their relative was safe and well looked after in the home. They commented, "[my relative] almost had a fall but there was a carer around so it didn't happen." Staff were given guidelines to follow so that people were protected as far as possible without their freedom and independence being restricted. Equipment was provided, for example, some people had a pressure mat under the carpet by their bed which alerted staff that they were getting out of bed in the night. The staff could then go and help each person go to the toilet when they wanted to go.

Staff reported accidents and incidents to the registered manager who was responsible for making sure appropriate action had been taken to reduce the risk of accidents happening again. All accidents and incidents were logged and reported to external agencies as required. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed and they could learn from any mistakes. This looked at whether the fall was unwitnessed, where people fell and if people had more than one fall. If people fell more than once they were referred to the falls clinic for further advice and support.

At our last inspection in February 2015 the provider had not made sure that all checks had been completed with regard to staff's previous employment. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made.

New staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references had been obtained and relevant checks had been completed before staff worked unsupervised at the service which included records of police checks (now called disclosure and barring checks), proof of identity, and health declarations. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff on duty to meet people's needs and keep them safe, including catering, housekeeping and maintenance staff. Staffing numbers were matched with people's individual dependency profiles. These profiles were used to work out the total number of hours required to meet the needs of each person. The registered manager explained that admission decisions were informed by the number of care hours available depending on the needs of the people currently using the service. If people's needs fluctuated and an increase in staff was needed then the registered manager would review the staffing level to make sure people had the care they needed. Staff were present in the lounge and dining room and responded to people's needs promptly, giving people time to make choices and express their preferences. A visitor told us, "[person's] care was unhurried as [person] needs help with washing and dressing." There were kitchen staff covering all the meal times so that care staff were available to support people and this was an improvement since our last inspection.

Staff rotas indicated that staffing levels were as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or agency staff. The registered manager was in the process of recruiting new care staff. If staff practice fell below the required standard then the registered manager followed clear staff disciplinary procedures.

Good

Is the service effective?

Our findings

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

People said they felt confident with the staff who supported them well. A person commented, "Staff are very accomplished and know what they are doing". Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face event training, practical training carried out in the home and on line training including refreshers as needed. Staff were trained in person-centred care, dementia awareness, safeguarding vulnerable adults, equality and diversity which along with other courses provided staff with the skills, knowledge and understanding to support people.

Staff said there was good communication within the team. Any changes to people's care and support that had been assessed and discussed with the manager was passed to the team at the shift handover meetings so that the staff team knew to read the changes in the care plan. Regular staff meetings and handovers highlighted people's changing needs, allocations of work and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas.

The registered manager held regular one to one staff meetings so that staff had the opportunity to air their views and discuss their training and support needs individually. The registered manager reinforced and reminded staff of the home's policies and procedures and planned future training and improvements suggested from these meetings.

Decisions about care had been made in people's best interests and in line with their legal rights. The registered manager and staff were aware and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Following the last inspection the registered manager had reviewed the mental capacity assessments as part of the review of each person's care plan folder. People had assessments related to their individual needs so that it was clear what support people needed to make day to day decisions. Staff told us about providing care for people who did not have sufficient mental capacity to make decisions for themselves. All the staff were aware of their responsibilities in relation to the MCA. Staff were aware that people's capacity fluctuated and were responsive to people's changing needs. When bigger decisions needed to be made for example, medical treatment, best interest meetings were held with all relevant people to support including relatives and advocates. (An advocate is a person who is independent and can support a person to make a decision that is in the person's best interests.)

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep

them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

People were supported to eat a healthy varied diet and at their own pace. People were encouraged to eat in the dining room and this was a social occasion with people being helped with their meal as much as they needed. There was soft music playing at the meal time during our visit. Some people preferred to eat in their rooms and sometimes chose to stay in the lounges and this was respected. People were offered a choice of meal when the food was being served. Food was served from a trolley so that people could see what was on offer. There were usually two courses and food was served at the right temperature. People were given the support they needed to make sure they ate well. Two people were assisted to eat and this was completed unhurriedly and with conversation between mouthfuls, staff made sure people were kept clean and tidy at the same time. People said the food was good and there was plenty of it.

People were offered drinks at regular intervals. Jugs and cups were placed on nearby tables and staff checked to see if people wanted a drink.

The manager and staff had a clear understanding of people's care and health needs. They were able to explain how they supported people to maintain good health. When any concerns were identified this was reported to the registered manager or senior staff and other health care professionals were involved. Arrangements had been made between the staff and community health professionals to meet individual needs. There were clear guidelines for staff in people's care plans so that health conditions could be responded to promptly.

People said they were looked after well and maintained their health. District Nurses visited regularly, supporting people with skin conditions and other health conditions. People were provided with the equipment they needed, including airwave mattresses and cushions to protect their skin and help keep them comfortable. There were pressure cushions on most of the easy chairs in the lounges so people could choose where to sit and protect their skin.

The service was involved in pilot projects run by the community health professionals and this helped them take advantage of new innovative ways to support people to be as healthy as possible. The home has signed up to and was working to implement the 'Hydrate in Care Homes' charter. This initiative is led by the local clinical commissioning group and aims to reduce the incidence of urinary tract infections and associated falls and acute hospital admissions. This mainly focused on people who were reliant on the care staff to make sure they had enough fluid and drank enough. The home was supported by the Project leader who visited the home once a month to give advice and check on the progress of the project. Staff said they were enjoying participating in this project, were learning a lot and it was giving them more confidence in their role.

Dumpton Lodge had been chosen by the District Nurses to work in partnership with the local doctor's surgery with a project prevent unnecessary admissions to hospital. A specific number of beds had been allocated to provide short term care to people who may otherwise have had to go to hospital. The registered manager said it had also been a way for people to test out the care home. Some people had chosen to stay when their health had returned because they felt safer in the home. People said prior to this they had found it difficult to accept coming into a care home but this gave them insight and allayed their fears.

Good

Is the service caring?

Our findings

People and their relatives described the home as warm and friendly and people said they liked living here. A person commented, "I have everything around me, all my photographs and family around me". "I can get up and go to bed when I like or stay downstairs until I'm ready." Staff knocked on their door while we were talking in their room, apologised for interrupting and replenished drinks before they were empty.

Staff spoke with people respectfully and spent time chatting with people. A person commented, "The girls are lovely, very kind and they take great care of me. I respect them as you should and they respect me." People were called by their preferred names and the staff and taken the time to find out people's backgrounds and interests so that conversations were meaningful.

Staff knew people well and explained that each person's care was given slightly differently because they got to know how people liked to be cared for. Staff put effort into supporting each person when they were giving care. A visitor said, "The care is wonderful here, my relative has deteriorated with her illness and now needs help with everything but they anticipate every move and she is far more responsive to them than she is to me now".

People looked comfortable and people who needed help looked well cared for. People had been helped to make sure they had coordinated clothes on and their hair was nicely done. Some people had their nails painted and were wearing jewellery. One of the visitors said their relative "always looks clean and fresh". Visiting relatives said it didn't matter what time of day they came people always looked clean, well dressed and comfortable. Another relative commented, "[person] looks well, her hair is nice and her fingernails are good, she is always dressed nicely and the carers can't do enough for her".

There was a relaxed and calm atmosphere in the lounge areas. During the meal time there was soft and gentle music playing in the background. People were enjoying each other's company or just watching what was going on. Staff spoke quietly and gently with people and stopped to check how they were. They asked if people needed anything as they walked by or were warm enough. Staff crouched down so that they were on the same level when speaking to people and checked how people were feeling.

Staff encouraged people to remain as independent as they were able. They stood back and gave people the opportunity to do things for themselves. They walked behind people but kept a watchful eye on their mobility. A person told us they were pleased that they had been able to keep some independence and modesty and had received help when they were ready for it. Person said they were "independent to a degree" and was able to do some things for themselves but found it difficult to bend or to reach their back but they received help with this when they were ready and pressed the call bell for assistance, "they know just why I am ringing it" they said.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. A relative told us, "The care is

given with consideration and [person] is not hurried" and "There are no restrictions on visiting". Another relative told us they were pleased they could take their relative out and they had been able to take [person] back to their home and be part of the family activities for a while.

People were treated with dignity and their privacy was respected. People could have their doors shut and staff would knock and gain permission before entering. People could receive visitors in private if they wished and meetings discussing people's personal information were held in private.

People's personal belongings and clothes were looked after. We spoke to a person and their relative in their bedroom. There were clothes hung up on the wardrobe door; all colour co-ordinated, which the person's relative said was done by the carer who brought back the laundry. The relative said, "This shows how much they care that they do that".

People's bedrooms were personalised, clean and well kept. The cleaner had got to know people, checked rooms regularly and was also another pair of eyes should anyone need help.

Good

Is the service responsive?

Our findings

Each person's needs had been assessed before they moved into the service to make sure the home would be suitable to meet their needs. People and their relatives were involved in the assessments, which continued when they had moved in and were reviewed if any of their needs changed. Support was provided from community services to assist if needed. People were reassessed by social services if the home was unable to meet their needs appropriately. The registered manager spent time with each person and their representative to plan their care.

Each person had a written care plan based on their assessed needs. The registered manager had reviewed all the care plans and introduced some new elements to them to make the design more person centred. Plans included a part that was written in the first person as if the person was saying how they liked to be cared for and what their preferences and interests were. All parts of the care plan were sectioned out with short statements giving information specific to each person. Information about each person, to maintain their independence, what was important to them and what help they needed were clearly written so that care staff could see how people needed to be supported. These plans had been reviewed to reflect people's changing needs. Plans were reviewed routinely every month and some people's care plans were reviewed more frequently, particularly if they were quite poorly and nearing end of life. A visiting relative told us they were informed if changes were made to their relative's care and had no concerns about the care received, commenting, "They [staff] know and anticipate what needs doing".

Some people could become confused and had the beginnings of dementia. They could occasionally be anxious, angry or upset. The registered manager and staff were able to manage people when this happened. There was information included in the care plan about what to do if the person became anxious or upset and about what might trigger certain behaviour. The behaviours the person may show were recorded with the action staff should take to minimise the triggers and how to support the person safely. There was a focus on occupying and distracting people to reduce the impact of any behaviour on the person and others. People were regularly reassessed to make sure the service was still able to meet their needs and to check the impact on other people in the home.

At the last inspection there was a recommendation to review the provision and variety of activities for people. Since the last inspection an additional activities coordinator had been employed and different activities had been introduced. People were able to have one to one activities more often and different outings had been organised in the last few months. People had not always wanted to join in with the activities that had been planned including trips out. They said they sounded good until the time came and then they did not really feel like it so the take up for these activities had been very small. One person said that they liked to go out with their relatives and have a meal in a restaurant. The more successful activities were where people were able to chat with staff and play games or do some arts and crafts. A person said, "Sometimes its quizzes or bingo or we make things, but I enjoy the company and a chat." There were photographs of a recent baking session and of arts and crafts and also pieces displayed on the wall.

The front lounge had comfortable chairs that were well spaced out and overlooked the sea. This was a quiet

lounge area and was easy for conversation. People had small tables with their things like sweets and magazines within reach and there was a variety of books for people, some novels and some more informative books. There was also a telescope so that people could enjoy the view more easily.

A dining room separated this lounge and another lounge towards the back of the home. This also contained comfortable chairs and people had their things on small tables near to them. The majority of group activities were carried out in this lounge and it was generally more lively with music playing some of the time. A person commented, "I enjoy the quizzes and always join in, there are other things to do but that is my favourite". Another person commented on the quizzes saying, "…it makes me think". Some people preferred to stay in their own rooms. One person commented, "I don't want to join in the activities, I am quite happy with my own company".

During the afternoon of the inspection a bingo session was held with small prizes for the winners. People were seated in comfortable chairs with people who needed the most support to be able to participate nearest the activity coordinator and everyone was included. People looked like they enjoyed this and at the end of the first session the activities coordinator asked people if they would like another game and to tell her if they were getting fed up and they would do something else. Some people chose not to join in and this was respected. They were offered books, magazines, puzzles or games and some people were talking to their visitors. One of the visitors said they found the activities fun to join in as well. The care staff joined in at times, helped people to join in with the activities and generally checked people to make sure they had enough to drink or to see if they needed anything. The staff team discussed ideas for new activities at their meetings and handovers and were open to suggestions from people. They had introduced having ice lollies in the afternoon as part of the hydration project and this had been extended to reminiscing about childhood memories having ice creams and what ice lollies people could remember.

People were supported to maintain contact and relationships with people who were important to them. People who preferred to stay in their rooms the majority of their time were protected from being isolated. They told us they had visitors and one person told us they went out with family members regularly. They all said they had enough to occupy themselves and another person said they enjoyed reading and said, "Although I am unable to get to the library there are plenty of books downstairs." People had made friendships in the home and a couple of people who had made friends went down to the lounge to join in with the activities chatting together. Important occasions were celebrated as people wished. There was a balloon and some flowers on one of the dining room tables as someone was celebrating their birthday that day.

People and their visitors said if they had a concern or complaint they talked to the registered manager and staff. They said they could just go to the office and speak to the registered manager or deputies and felt that they were approachable. There was a clear complaints procedure that could be made available in different formats. There were forms that people could pick up and write concerns down and give to the manager. All concerns were recorded and all records were kept confidentially. The registered manager checked the records for any patterns, for example, if there were minor complaints from the same people that may indicate a larger problem that could be addressed in a different way to resolve.

Good

Is the service well-led?

Our findings

There was a registered manager who was supported by two deputy managers, a team of care staff and the owner who visited the home regularly. People were able to approach the registered manager when they wanted to. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and the staff team worked well together. The deputy managers demonstrated a good knowledge of people's needs during the inspection and we were able to speak to the registered manager after the inspection.

At the last inspection the registered manager had carried out audits of the care plans but some of these records were out of date. At this inspection the care plans had been reviewed and contained all current and relevant information.

The registered manager carried out a number of audits to check records and procedures in the home. The majority of these audits were effective at picking up errors or recognising patterns that needed further action, for example, any patterns in accidents and falls that meant people needed further support or equipment. The registered manager had responded appropriately and there were records in a folder to refer to actions that had been taken or were planned.

The medicines audit had not picked up the storage issues found at the inspection or the administration records errors. This was discussed with the registered manager following the inspection who agreed that this check needed improvement for it to be effective and to meet the regulation as stated previously in this report. This was an area for improvement.

Staff said the registered manager was always available when they needed her. Staff understood their roles and knew what was expected of them. The registered manager directed the care provided but also got involved.

People, their relatives and staff were asked for their feedback about the service on a regular basis. People and relatives said they usually talked to the registered manager directly as she had 'an open door policy' and they were also given a survey to complete for their comments. People had commented in recent surveys and meetings and made requests. Comments and suggestions were considered and responded to by the registered manager. The lighting had been improved in the top lounge and, following a request at one of the meetings, bubble and squeak had been added to the menu and cooked breakfasts were provided more regularly and this was confirmed by the records and the smell of bacon cooking at the beginning of the inspection visit.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The home had links with the other organisations and forums to share and promote best practice, for example 'Skills for Care', NICE ('The National Institute for Health and Care Excellence'), and the 'Care Homes Forum'. The registered manager received updates to current best practice and could check on their websites. The registered manager also subscribed to the 'Registered Manager forum' and had

recently joined 'Healthwatch' so that they could reflect on the practice in the home.

The owner and registered manager worked closely with community health and social care professionals and were open to new ideas and innovations. They had signed up to and were working to implement the 'Hydrate in Care Homes' charter that had already inspired staff to develop their skills in this area and people were benefiting from improved health and hydration.

There was no overall improvement or development plan with priorities and timescales for the home to pull all these innovations together and address any aspects of the service that needed to be improved on. This was an area for improvement.

Staff said they had a good rapport with the registered manager and were able to say what they thought about the service and share ideas. There were team meetings for staff to discuss various aspects of the service and they had one to one meetings with the registered manager to discuss their own development. These supervision meetings were recorded as having been held every three to four months. The agenda covered clinical observations, professional standards, focus on people's care, training needs and training attended and teamwork. Staff said they found them helpful.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an
appropriate and timely manner in line with CQC guidelines.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always stored at the correct temperature. Some medicines stored were out of date. There were some gaps in the medicines administration records.