Eastfield Farm Residential Home Limited

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Inspection report

Eastfield Farm
Southside Road
Halsham Hull
Humberside
HU12 0BP

Tel: 01964671134

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 July 2018 and was unannounced.

We completed our last inspection at this service in December 2017 to check improvements had been made to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found the provider had acted and implemented sufficient improvements to their systems, processes and practice which meant they were no longer in breach of regulation.

During this inspection we checked and found evidence the provider had sustained the actions for improvement of the service from our last inspection.

Eastfield Farm Residential Home Limited 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.

The care home accommodates 26 people in one adapted building. At the time of this inspection 22 people were living at the home and receiving a service.

We were assisted during our inspection by a manager who was registered with the Care Quality Commission (CQC). 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.

Systems and processes were in place to ensure staff recognised signs of abuse and any concerns were appropriately investigated to help prevent similar events.

The provider had reviewed systems and processes in place to monitor and improve the quality and safety of the service provided.

Risk assessments were in place for activities of care and support and the environment, to ensure the service remained safe for everybody.

The provider was compliant with the Mental Capacity Act 2005. Where the provider had concerns about people's capacity to consent to particular decisions, assessments were completed and decisions were made in the person's best interest. Where people were unable to agree to restrictive practices to keep them safe the provider had submitted Deprivation of Liberty Safeguards applications to the local authority for further assessment.

The provider was in the process of implementing new technology to record the daily activities staff assisted

people with. Staff had access to information reflective of people's individual needs. We found one instance where information was not up to date but this was remedied during our inspection.

People's needs were assessed to ensure they received appropriate support to take their medicines safely as prescribed. Medicines were managed and administered according to national guidelines and best practice by staff who had been assessed as competent in this role.

The home was clean but despite regular deep cleaning of people's rooms on a rotating basis we found three people's rooms had an unpleasant odour. Records confirmed the rooms were checked daily and the provider informed us new carpets were fitted the weekend following our inspection to remove the odours.

The laundry room was organised with new storage boxes for people's clothes.

The provider continued to use a tool which helped evaluate people's individual needs to identify the amount of staff required. This had resulted in increased staffing.

People were supported with their health and wellbeing. Drinks were provided throughout the day and a menu was provided with a choice of food for people. People received additional support from dietary and nutritional specialists where this was required.

People received information in a format they could understand. People's personal preferences and wishes were recorded and staff were aware of any diverse needs.

People continued to enjoy activities of their choosing and live fulfilled lives. Staff were available to support people with their individual interests and hobbies.

Appropriate checks were completed to ensure suitable staff were employed. Staff received training and support to ensure they had the appropriate skills and knowledge to perform their role.

The provider had improved the support staff received with supervisions and these included focused discussions with staff to test their knowledge on their role and tasks they completed.

Relatives told us there were no restrictions on the times they could visit people living at the home and that they were always welcomed by staff on arrival.

There was a formal complaints system in place to manage any complaints received.

The provider completed audits and checks to maintain and improve the quality of the service received by people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received support to take their medicines safely as prescribed.

Risks associated with people's care and support were managed safely without unnecessary restrictions.

Staff had received training to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge to carry out their role.

Peoples were supported to understand and make informed decisions. Where they were assessed as not having capacity to do this, the provider followed processes under the Mental Capacity Act.

People were supported to maintain and improve their health and wellbeing. Any dietary needs were assessed and supported.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who understood the importance of this.

People were involved in any decisions about their care and support.

Staff understood how to communicate with people in a way they understood.

Is the service responsive?

Good

The service was responsive.

Care plans included information to ensure staff provided care and support that was individualised.

People were supported to live meaningful lives and enjoy activities of their choosing.

People were supported to raise any concerns or complaints and systems were in place to record and learn from any outcomes.

Is the service well-led?

Good

The service was well-led.

Audits and checks were completed to maintain and improve the service.

The provider maintained good links with other health professionals to ensure best practice and support people with their individual needs.

The provider completed consultations and used feedback to help shape the service.

Eastfield Farm Residential Home Limited

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 service has previously been in Special Measures. While improvements had been implemented resulting in the removal of Special Measures at our previous inspection in December 2017, we did not revise the overall rating for this provider to 'Good' as this required a longer-term track record of consistent good practice. We carried out this inspection to assure ourselves there had been sustained improvement.
This inspection took place on 18 July 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of older people and dementia care.

Before this inspection we reviewed the information, we held about the service, such as notifications we had received from the provider and information we had received from the local authorities that commissioned services with them. Notifications are when providers send us information about certain changes, events or incidents that occur.

We contacted the local authority safeguarding adults and quality monitoring teams, and the local Healthwatch to enquire about any recent involvement they had with the service. Healthwatch is the consumer champion for health and social care.

We reviewed information from a Provider Information Return (PIR) submitted prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make.

During the inspection we spoke with five care staff, the cook, the registered manager, and the provider's nominated individual. We spoke with four people who used the service and three relatives. We spent time observing the interaction between people, staff and visitors in and around the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate directly with us.

We spent time looking at records involved with the management of the home and running of the service. This included the care records for four people, including associated medication records and handover sheets. We looked at recruitment, supervision and training records for three members of staff.

Good

Is the service safe?

Our findings

At our previous inspection in December 2017 we found the provider had implemented improvements and was compliant with the regulations associated with this domain. However, we did not change the rating to good. We needed to make sure the improvements were sustained. At this inspection we checked and found the improvements had been sustained and the rating has been improved to Good.

People told us they felt safe living at the home and with the staff who supported them. People told us, "I just know the place and the staff" and, "I always feel safe here, they (staff) look after you so well." Systems and processes ensured people were protected from avoidable harm and abuse. Staff had received recent safeguarding training and told us what they would do if they had concerns. A staff member said, "I would speak with the manger or the local safeguarding team." Another said, "If I observed any bad practice, I would report it. I have whistle blown concerns in a previous job. There is no place for abuse in care homes or anywhere else."

Information regarding safeguarding people was displayed around the home on notice boards. Staff had access to an up to date policy and procedure that provided further guidance. The registered manager showed us a safeguarding file which included an up to date monitoring sheet that logged any concerns. Information included details of any concerns that had been escalated for further investigation by the local authority safeguarding team and a record of any actions taken.

Risks to people's health and wellbeing had been assessed and recorded. Assessments included, for example, weight loss, behaviours that may challenge, medicines and finance. Associated support plans were in place to mitigate the risks and to help staff deliver safe care and support. These were reviewed and updated as people's needs changed.
Records included information on people's behaviours and any triggers which staff should avoid. Further guidance ensured staff had the relevant information to support people who showed signs of challenging behaviour and how to keep both themselves and the person safe from harm.

The provider had implemented systems and processes to assess and reduce the known risks associated with the use of equipment and the home environment. The provider completed monthly safety checks where people had bedrails fitted and staff had been trained in their safe use. Assessments on windows had been completed and where appropriate restrictors were fitted to prevent people falling from height.

We saw documentation and certificates to show that relevant checks had been carried out on utilities, water temperatures, electrical items and all lifting equipment including hoists and the
stair lift. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order. Regular fire drills took place to ensure that staff knew how to respond in the event of an emergency.

The communal areas of the home were found to be clean and free from any unpleasant odours. Staff told us, and records confirmed, they completed daily walk-around checks of the home and this included

people's rooms. One staff member told us, "We complete deep cleans of rooms and any soiled areas, such as carpets, are scrubbed." However, we noticed odours in three of the bedrooms. We discussed this with the registered manager and the nominated individual. We were informed the provider had purchased replacement flooring for these rooms and this was planned to be fitted the weekend following our inspection. The registered manager told us, "After discussion with family, the carpeted area around and under the bed will be replaced with vinyl safety flooring which will match the carpet, as best we can." An action plan confirmed this work was booked and the registered manager provided further evidence of completion of the work after our inspection.

The provider had improved measures to maintain good infection control practices around the home. New equipment which had been purchased remained in use, including new pedal bins. The laundry room remained clean and organised after a previous upgrade and thorough clean. Plastic containers were named and used to transport laundry to and from people's rooms.

People had been assessed to determine how much support they required with their medicines. This information was recorded and staff who had been trained and deemed competent in this role had access to up to date guidance and followed best practice to meet people's needs. We observed the responsible staff checked the Medication Administration Record (MAR), administered the medication and waited until the person had taken the medicine, assisting where necessary before completing the MAR. There was a system and process in place for the ordering, storage, handling and disposal of medicines and this was in line with best practice. Protocols for administering medicines that were prescribed, 'as and when required' for people were in place. Records were up to date and audits were completed to maintain safe practice.

There were sufficient staff on duty to meet people's individual needs. The provider continued to use an 'assessment and recording of individual dependency needs' form. Once completed the information from the form was transferred onto a 'dependency needs summary' which
helped to ensure the provider could determine the number of staff required to meet everybody's needs all the time. People told us, "If ever I need them (staff) they are there" and, "I just need to ask the staff and they help me." Staff said, "Staffing is much better; we still have some time to spend on a one to one basis with people and we don't have to worry that people might be left unattended when they need us."

The provider continued to ensure pre-employment checks were completed that helped to ensure care workers were of suitable character for their role. This included reference checks with previous employers and checks completed with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands and can help employers make safer recruitment decisions.

The provider had contingency plans in place to ensure people's safety was maintained and service continuity was planned for in the event of an emergency. Personal Emergency Evacuation Plans were in place documenting individual evacuation plans for people who would need assistance to leave the home, for example in the event of a fire.

Good

Is the service effective?

Our findings

At our previous inspection in December 2017 we found the provider had implemented improvements and was compliant with the regulations associated with this domain. However, we did not change the rating to good. We needed to make sure the improvements were sustained. At this inspection we checked and found the improvements had been sustained and the rating has been improved to Good.

People who we spoke with told us they received care and support from staff who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "There isn't one of them (staff) you couldn't go to." "We all have different needs. Even the new staff know what we need"

Staff told us, and we saw from their records, they completed an induction to the home before they commenced independent duties. This induction included information about the service and the people who lived there. The provider told us, and records confirmed, new employees were required to complete the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support, for staff to adhere to in their daily role. We saw staff had completed training in equality and diversity as part of the care certificate. This meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care.

The provider supported staff to maintain and update their skills and to stay up to date with best practice guidance. Staff had been encouraged to become champions to learn and share information on specific areas of care. The registered manager told us, "We have champions for most subjects now and we hope to continue to expand this as new staff become established. [Staff name] has requested to be infection control champion and [staff name] has requested end of life champion; both have signed up with 'The Skills Network' to do level 2 qualifications in their chosen subjects." The Skills Network is a provider of online training.

Systems and processes were in place to ensure staff received support and appraisal. This helped them to complete their role in line with the provider's policy and procedure. Staff told us they felt supported in their role and confirmed they received regular supervisions. One staff member said, "[Registered manager's name] is always approachable whenever I need to discuss anything. We have supervisions which are useful as we can discuss ideas we have for any changes to make things better. We can discuss training and often discuss topics that we need to know about when working with people, such as skin pressure care and medication management." Staff completed an annual appraisal with team leaders to review past performance and set goals for their future development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection, we checked and found the provider continued to seek guidance and feedback and was working within the principles of the MCA. Records confirmed where people had been assessed by the provider as lacking the capacity to consent to specific decisions, and where restrictions were in place required applications had been made to the local authority for further assessment and approval for DoLS. The provider had implemented new paperwork to record where people had consented to their care and support. Where people were unable to consent, the new paperwork included a record of decisions made in their best interests. The registered manager showed us an action plan they had in place to review current best interest records to ensure input to the meetings was recorded along with names, signatures and dates.

Where records indicated people had chosen to appoint individuals as a Lasting Power of Attorney (LPoA); to make certain decisions on their behalf, the provider had completed checks on the paperwork and with the Office of Public Guardian (OPG). This ensured appointed individuals were authorised to make and provide consent to the decisions being asked of them and that this was in the person's best interest.

Where people had been identified as having a lack of capacity and had restrictions in place, such as bed safety rails, the provider had applied to the local authority in respect of the deprivation of their liberty. Best interest decisions were recorded that ensured the bed rails were the least restrictive option to maintain the person's safety. People confirmed they were supported to maintain their independence. Comments included, "I am quite independent still and they (staff) encourage this."

Do not attempt cardio-pulmonary resuscitation (DNACPR) documents were in people's files we looked at. These recorded decisions regarding the agreement to provide or not provide resuscitation to a person at times of medical emergency. Where people had a DNACPR because of a hospital discharge the provider had arranged for them to be reviewed as part of the handover of medical responsibility, as advised as best practice on the form. They had contacted the person's GP and where appropriate, new paperwork had been issued. This meant the decisions in place were legal and respected the person's wishes or those made in their best interest.

Previous and current health issues were recorded and healthcare professionals were contacted where further support was needed. We saw evidence recorded of involvement from other health professionals that included people's GP, community nurse, chiropodists and community mental health workers.

People were supported with their nutritional and dietary requirements. The provider had introduced a 'nutritional champion.' This was a member of staff who received additional training in this area and had oversight to ensure people's associated needs were met and that knowledge and best practice was shared with other staff.

Information on any specific needs was recorded in people's care plans and the chef confirmed they discussed people's dietary requirements with people, and offered a choice of food. Where the provider had concerns regarding people's nutritional intake or swallowing we saw they had made referrals to the Speech and Language Therapist (SALT). Associated guidance was available in care plans for staff to follow to ensure people were appropriately supported.

We observed the lunchtime period. People were asked where they wanted to sit. Clothes protectors were available for people to use, and where required assistance was provided. On the wall there was a white board with a daily menu with two choices available. People were offered a choice of food and asked if their

meal was okay; replies were, "Good" and "Just the job". People were asked if they had finished before plates were removed. The dining room atmosphere was calm, people were chatting to each other and where assistance was provided this was completed with gentle reassurance. Everybody we spoke with made positive comments about the food. One person said, "It is good; variety and it is well cooked. I have a look at menu and choose, but I have never asked for anything different". Another person told us, "I like and eat what they give me. I like egg, bacon and tomatoes; I always get enough".

Good

Is the service caring?

Our findings

At our previous inspection in December 2017 we found the provider had implemented improvements and was compliant with the regulations associated with this domain. However, we did not change the rating to good. We needed to make sure the improvements were sustained. At this inspection we checked and found the improvements had been sustained and the rating has been improved to Good.

People told us, and our observations confirmed, they were treated with compassion, dignity and respect and that they were involved in any decisions about their care and support. People assured us that staff had a meaningful relationship with them, that they cared about them, understood their needs and helped them to live fulfilled lives. It was clear there were good relationships between people and staff and they knew each other well. One person said, "I think the majority are caring, staff change but you soon get to know them." A relative told us, "I know as my [Relative] loves the staff, and they love him."

Care plans had been reviewed and updated to provide evidence of consultation with either the individual or where they lacked capacity to consent to their care, provision was now available to record consultees as part of best interest meetings and legal representatives where the person had nominated a LPoA. Relatives we spoke with confirmed they had been involved with the planning of their loved one's care. One relative said, "[Name of person]'s care plan was reviewed a couple of weeks ago; we were involved and were able to offer some input to make sure it was right for them." Relatives told us the provider was very good with communication. A relative told us, "If we have any concerns we just ask but most of the time they (staff) ring; often for the least little thing; it's very reassuring."

The provider recognised the importance of treating people equally without unnecessary restrictions in place. This was re-enforced with a range of procedures outlining clear equality, diversity and inclusion policies. We saw information about people's religious needs was recorded and this information was known by staff who were supportive of people's preferences. A member of staff told us the provider did not routinely offer a specific gender of care worker to attend to people's personal needs. However, they confirmed they respected people's wishes should this be requested. People were provided with choice wherever possible. People told us, "I choose, and I do as I like" and, "I choose my bedtimes, what clothes to put on, and what I want to do each day." Another person said, "They (staff) worry about me going out; they don't need to because I have a phone and I walk outside all the time."

Staff understood the importance of treating people in a dignified manner and respecting their wishes and preferences. During our walk around the home we observed staff knocking on doors to people's rooms and waiting for a response before entering. Where a person was assisted to the bathroom the care worker ensured they were comfortable and then waited outside to allow them privacy before assisting them safely back into the living area. A member of staff said, "I am always aware of the need to protect people's modesty. We hoist one person who wears a skirt so we use a towel or a screen when this happens in a public area to keep them covered." We observed staff hoisting people. This was done sensitively with full discussion with the individual to ensure they were happy and felt safe with the process.

During the SOFI, we observed some positive, caring and kind interactions. Staff provided proactive care and support that was responsive to people's individual needs. We observed one person showing repeated signs of distress. Staff were quick to respond to the person and offered them reassurance by taking their hand, sitting in their eye line and speaking softly. This emotional support had immediate impact on the person who was clearly pleased of the reassurance staff provided. Other staff were busy supporting people to access the bathroom, making drinks and chatting with people.

People were never left without care and support for long when they required assistance. People in their rooms had access to a call bell system which they could press to alert staff when they required support. This was used infrequently during our inspection but any calls made were responded to without delay.

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One relative told us, "We are always made welcome whenever we visit." And a person said, "My family visit whenever they can. [My relative] gets a cup of tea in a proper cup and saucer when she visits and she loves this."

People had their communication needs assessed. The registered manager told us, "Most of our residents have some sensory or communication needs, but these are 'low level' such as glasses or hearing aids. We have some residents with a dementia whose communication response is limited but they understand what is being said to them and can communicate non-verbally with body language or hand gesture." Staff took their time to speak clearly and slowly to people if this was required. They re-worded questions and gave people time to respond.

People were provided with information and explanations to help them make choices about their care and support. Information about the service was provided to people in a format that met their needs. Documentation produced by the home for people was printed in a large easy to read font. For example, newsletters, activity planners and resident meeting minutes. The registered manager told us, "We have begun taking photographs of each meal we offer, to make it easier to identify a choice for meals. We will continue with this to produce a picture menu, to aid residents to make their choice each day."

The provider ensured all records were maintained securely and access was restricted to only staff who needed to know this information, such as people's care records and staff files. This ensured the provider was adhering to the Data Protection Act. Staff confirmed they maintained people's confidentiality and that they did not discuss information with anybody who did not need to know.

Good

Is the service responsive?

Our findings

At our previous inspection in December 2017 we found the provider had implemented improvements and was compliant with the regulations associated with this domain. However, we did not change the rating to good. We needed to make sure the improvements were sustained. At this inspection we checked and found the improvements had been sustained and the rating has been improved to Good.

People told us they received a service that was responsive to their individual needs. One person told us, "Yes, they (staff) know what needs to be done to keep me happy." A relative told us, "[Person's name] hasn't been living here long but the staff have been very good and they already know each other."

People's care and support records were centred on the person's individual needs. The provider completed an initial assessment to ensure their needs could be met. Support plans were then formulated and these showed that people had been consulted with. Where people could, they had signed care plans to confirm their input and understanding. Where people were unable to sign records, they were agreed in their best interests or by legally appointed representatives. People we spoke with were not always able to confirm they had a care plan in place. Comments included, "They [staff] write notes about me and write things when I have my medicines" and, "They (staff) ask me about my care but I am not interested, I let them get on with it; no complaints."

Staff confirmed they read and understood people's records. One staff member said, "Care records are reviewed and updated at least monthly or when people's needs change. We are using electronic records now which has made things so much easier and has freed up our time so we can be with people longer, even whilst we write their notes."
Since our last inspection the provider had implemented technology to improve the way staff recorded daily living tasks for people. This included any support people received. For example, to eat and drink, to record their weight, to maintain their personal care, or to have their teeth brushed. Staff were required to tick a box which ensured other staff knew the person had received this support. Where a task was overdue the system flagged an alert for all staff to respond to. This ensured all tasks were completed. Monthly audits were completed by team leaders to verify the information was completed correctly. This meant that staff had an up to date record of the care that had been provided and any changes in a person's care needs.

Each person's care plan included a one-page profile at the front which included their photograph, details of other health professionals involved in their care and further details of any religious beliefs. People confirmed that where they had religious preferences these were supported.

Information was available should the person be transferred to other services, for example, a hospital. This ensured they would receive continuation of care and support without unnecessary disruption. A transfer form recorded a summary of the key information required. This included their wishes should they require resuscitation, any allergies, medical history, religious beliefs, next of kin and a summary of their care needs.

A person's preferred methods of communication was recorded. This meant staff could discuss any care and support needs with the person. One person was recorded as having Dysphagia which is a medical term for when people have difficulty swallowing. The care plan provided staff with guidance to ensure they had an awareness and information to support the person in the most appropriate way for their needs. The care plan recorded, '[Person's name] can get frustrated with verbal communication but can communicate in writing. Staff to offer a pen and paper and they will write it down'. Staff we spoke with confirmed their awareness of this information and told us they followed the guidance.

Records showed care plans were evaluated for their effectiveness with monthly reviews evident. This included monthly reviews of risk assessments. Records were amended where people's needs had changed. However, we had some concerns where we found advice to support one person to better manage their behaviour had not been transferred to records that staff used. We spoke with the registered manager and the nominated individual about this who acknowledged the omission and updated the relevant records during the inspection. The nominated individual said, "We audit care plans to check information is current and up to date. This specific information is unusual as it is not included as part of our audit, but we will amend the audit to ensure this is always checked and to ensure any similar feedback is captured for staff to follow." This meant staff would have access to information required to meet people's current needs.

Where people had agreed to discuss their end of life care wishes this was recorded in their care plan and was included as part of initial assessments with people before they moved into the home. A staff member told us, "We support people according to their wishes. [Staff name] will be a champion for end of life care which will improve the way we discuss and record people's wishes."

People had been consulted about their interests and this was recorded. An increase in the number of staff at the home had resulted in the implementation of an activities programme. A member of staff said, "We play board games, have film afternoons, and singers and musicians come in. People enjoy bingo and quizzes, and like to go outside and do some gardening or go for a walk. We play bowls; everyone who chooses to can be involved. On a one to one basis we organise arts and crafts and do hand massages." A relative said, "We often visit in the morning when there are less activities but we know there's lots happening in the afternoons." Another relative said, "They organise occasional trips out to Withernsea sea side for ice creams or shopping." A member of staff confirmed people were taken out using a shared mobility car.

Staff electronically recorded all activities and staff interaction with people. This enabled the provider to ensure people were not left out or socially isolated. A staff member said, "We record what we have done to support people to ensure they receive meaningful person-centred activities to live fulfilled lives. We can make comments on the outcome for people, which is reviewed to ensure people are happy." Records confirmed this. Records also included support people received to maintain their appearance, for example visits to the hairdresser or hand and nail care. A staff member said, "Everybody has access to these services; the hairdresser will visit people in their room and do their hair there if needed."

People and their relatives we spoke with told us they would be very happy to share their views with the registered manager and staff if they needed to. There was also a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service. The provider had a policy in place that provided guidance on how people could raise concerns and how the provider would respond to any complaints. This meant actions could be implemented to mitigate re-occurrence of those concerns.

Good

Is the service well-led?

Our findings

At our previous inspection in December 2017 we found the provider had implemented improvements and was compliant with the regulations associated with this domain. However, we did not change the rating to good. We needed to make sure the improvements were sustained. At this inspection we checked and found the improvements had been sustained and the rating has been improved to Good.

There was a manager on duty on the day of our inspection who was registered with the CQC. The registered manager was responsible for the day to day running of the home and received support from the nominated individual and a deputy manager to drive improvements forward. Staff told us the registered manager was approachable and that they received good support when they required it. People said, "[Registered manager's name] is always approachable and responsive to any questions" and "[Registered manager's name] is very good. All the staff speak highly of all the bosses."

It was clear the registered manager was caring and understood people's individual needs. During our inspection we observed people visiting the registered manager in their office. The registered manager always took time out to hold conversations, provide people with re-assurances and answer any questions or concerns.

People told us they were happy living at the home and with the staff who supported them. Comments included, "I am happy here, I don't have any problems" and, "If I have to be in a home then I am happy here." Another said, "I like it, I get on with everyone, they're all good company for me."

Staff who we spoke with told us they felt supported in their roles and were happy to speak with the registered manager if they had any concerns. Staff told us, "We have had a few changes with staff leaving but it's better now, we have a good team and we work well together to support people." "It is a good place to work; I worked for a different provider in another part of Yorkshire; the care and support here is really good for people."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.

The provider had completed quality assurance checks to identify any areas for improvement. This included recorded 'daily room checks' and daily 'walk around checks' covering the premises and home environment. Records of these checks included actions for improvement which were signed once completed. Because of these checks we found infection control practices were effective.

Monthly 'service user checks' were completed and were used to ensure records of care, contacts with other health professionals, daily health records and charts were completed. Other checks ensured people's accommodation was clean and tidy and any equipment was safe to use. Where we identified concerns

regarding unpleasant odours in three people's rooms the provider had completed an action plan to remove the odour by fitting new flooring. The registered manager provided us with photographs to evidence completion of this after the inspection.

Staff spoke highly of the improvements around the home. Comments included; "We are better placed now to provide people with the care and support they deserve" and, "We have made some small changes for example, we have changed the seating areas and this looks and works much better for people." Relatives agreed the service had improved. One person said "We are happy with the new technology. Staff record everything on electronic phones as they go along which means they are not sitting away from people completing endless paperwork." The registered manager said, "We have implemented electronic care recording to ensure people's information is updated immediately as any changes became apparent. This means staff also have more time to spend with people and it has been very well received."

Monthly audits had been completed for people's weight, safety, medication, falls, accidents and incidents, skin condition, moving and handling, environment and complaints. Information was collated and monitored by the registered manager to ensure any actions were implemented in a timely manner. Where trends became evident further evaluation and preventative actions could be implemented. Weekly audit checks were completed to check staff were storing, documenting and administering people's medicines in line with guidance and as prescribed.

The provider had sought guidance from other health organisations to improve the service for people. The registered manager told us, "City Health Care Partnership (CHCP) have been and completed a medication management review; looking at waste medication. They were happy with our management of medications and we did manage to reduce our waste costings within a 3-month period." CHCP is commissioned to support care homes on medicines management issues.

The registered manager showed us a newsletter produced to share information about the home. This included details of a planned 'residents meeting' that encouraged relatives to attend. The newsletter was informative and included details of staff members and other health professionals, lessons learnt, forthcoming and past events and activities and a family suggestion form. The registered manager said, "Newsletters have been sent out in March 2018 and June 2018 to families, informing them of changes, updates and important dates (including resident meetings).
We have had some positive feedback about these."

The provider had completed consultations with people living at the home and their relatives. Information returned had been evaluated and where suggestions had been made actions had been taken and recorded on a 'You said / We did' poster. Feedback recorded, 'Improvements needed to keep people busy'. The provider had responded and recorded, 'Activities program being revamped to have a dedicated activities person on each day.' Other feedback on the quality of the service had been rated between poor and excellent. Nobody had returned a response for poor. However, three people had returned a response of excellent for the care their relative received and their satisfaction with the home, grounds and communal areas.

Staff told us they had been consulted with, and we saw minutes of monthly staff meetings and manager meetings. Topics included the previous CQC inspection with discussions around service improvement, safeguarding, rotas, accidents and incidents, privacy and dignity, and daily record keeping. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home and the service and to raise any ideas and feedback towards further improvement.