Methodist Homes

Glen Rosa & Kitwood House

Inspection report

24 Grove Road
Ilkley
West Yorkshire
LS29 9PH

Tel: 01943609604
Website: www.mha.org.uk/ch05.aspx

Date of inspection visit:
02 October 2017

Date of publication:
14 November 2017

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

Glen Rosa and Kitwood House provide accommodation and personal care to a maximum of 47 older people in single en-suite rooms. Glen Rosa provides accommodation and personal care for up to 33 older people. Kitwood House is a purpose built specialist unit attached to the main building, which provides care for up to 14 older people living with dementia. The service is located close to Ilkley town centre. We inspected the service on the 2 October 2017. On the day of the inspection 46 people were living in the home.

At the last inspection in July 2015 we rated the service 'good' overall and in each individual domain.

At this inspection overall we found the service had maintained the rating of 'good.' People and relatives were happy with the care provided and we saw some good examples of high quality care and support. However we rated the 'Is the service safe?' domain as 'Requires Improvement.' This was due to staffing levels not always being consistently maintained. However we did not identify any significant impact on people as a result of this. The management team had already identified this and we were felt assured this would be addressed through the management plans in place.

A registered manager was not in place, although steps were being taken to address this. The registered manager left in August 2017 and a new manager was now in post who had applying to be the registered manager for the service. This was being assessed by our registration department. 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.'

People and relatives spoke positively about the care that was provided by the home. They said staff were appropriately trained, treated them well and told us the management team were effective in their role.

Medicines were safely managed. People received their medicines as prescribed and clear records were kept.

People said they felt safe. Risks to people's health and safety were assessed and plans of care created for staff to follow. Learning had taken place following incidents to help improve the safety of the service.

The premises was safely managed and suitable for its purpose as a care home. Adaptions had been made to Kitwood House to ensure a suitable environment for people living with dementia.

People and relatives said there were usually enough staff in the home. However staffing levels were not always consistently maintained on both day and night shifts. We saw the service was in the process of over-recruiting to positions to reduce the likelihood this would continue.

Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Staff received a range of training which was relevant to their role. Staff said they felt well supported by management and received supervision and appraisal.

People praised the choice and variety of food available to them. Where people were at nutritional risk, measures were put in place to help protect them from harm.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. Where people lacked capacity to make decisions, best interest processes had been followed in line with the Act.

The service worked closely with a range of health professionals to ensure healthcare needs were met. Health professionals spoke positively about the service.

Staff knew people well and treated people with kindness and compassion. Information on people's lives and their current preferences had been sought to aid in the provision of personalised care.

People felt listened to and staff offered them choices on a daily basis.

People's needs were assessed and used to produce appropriate plans of care which we saw were followed by staff. People and relatives said the quality of care was good and met individual needs.

An activities co-ordinator was employed who provided a range of person centred activities. People praised the choice of activities on offer.

Staff said morale was good and that they felt able to approach the management team. People and relatives said the management were helpful and listened to them.

A range of audits and checks were undertaken and we saw management were committed to continuous improvement of the service. People's feedback was regularly sought and used to make improvements to the service.

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 not consistently safe.

People and relatives said there were usually enough staff around, although staffing levels were not always maintained at the required levels. We saw plans were in place to address this shortfall.

People said they felt safe in the home. Risks to people's health and safety were assessed and used to develop plans of care. We saw learning took place following incidents to improve safety.

Medicines were managed in a safe and proper way. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People praised staff and said they were competent in their role. People were cared for by staff who had received a range of training. Staff knew people well.

People were provided with a good range of food and drink. Action was taken to address any nutritional risks.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked closely with the local GP practice and a range of other healthcare professionals to help ensure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People said they were treated with kindness and compassion by staff. This was confirmed by our observations of care and support.

We saw staff were mindful of people's privacy and worked to ensure dignity was maintained during care and support tasks.

People were listened to by staff. Staff took the time to patiently explain choices to help people make informed decisions about their daily routines.

Is the service responsive?

Good

The service was responsive.

People, relatives and health professionals praised the quality of care provided by the home. People's care needs were assessed and care plans based on people's needs and preferences produced for staff to follow.

Activities were provided to people on a daily basis to help provide social interaction and stimulation.

A complaints process was in place and we saw it had been followed. People and relatives said they found the management team approachable.

Is the service well-led?

Good

The service was well led.

People, relatives and staff praised the management team and said they worked effectively. There was an open and person centred culture within the home.

Audits and checks were undertaken and the management team were committed to continuous improvement of the service. People's feedback was sought and used to make improvements to the way the service operated.

Glen Rosa & Kitwood House

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 checked 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 2 October 2017 and was carried out by three adult social care inspectors. The inspection was prompted in part by notification of two incidents following which two people using the service sustained an injury. These incidents were reviewed by the CQC, separately to this inspection and it was decided that no further action was necessary. However, the information shared with CQC about the incidents led us to ensure a focus on the management of falls risks and moving and handling during the inspection.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

We spent time observing care in the lounges and dining rooms. We looked around the building which included all of the bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, four staff recruitment records and records relating to the management of the service. We spoke with six people who used the service, five relatives, seven care workers, the cook, the deputy manager and the home manager. We also spoke with three health care professionals who work with the service.

Requires Improvement

Is the service safe?

Our findings

Most people, relatives and health professionals told us there were enough staff within the home to ensure safe and prompt care. One person said, "Yes I think there are enough staff." Another person said, "There seems to be a shortage of staff", but then went on to say that they never had to wait too long for care. A relative said, "Yes there are enough staff in the home, the home has a good staff to resident ratio." A second relative said, "I think there's enough staff. There's always plenty of staff around. A health care professional told us, "I think there's enough staff and staff know what they're doing." Another professional said, "Yes. Enough staff. No worries. Residents always appear well looked after."

Care workers provided mixed feedback about staffing levels. One staff member said, "There's enough staff to offer good care. Staff levels are okay at the moment. Staff work well as a team and pull their weight." Another staff member said, "We have enough staff on duty to deliver care for people, but if we are to deliver person centred care we don't always have enough. Having an extra person, like today makes a significant difference." On the day of the inspection we saw there were enough staff to ensure people's care and support needs were met. There were nine care workers on duty including the deputy manager. We saw communal areas were appropriately supervised for example within Kitwood, we observed at least one member of staff was present in the lounge/ dining area throughout the inspection. Staff spent quality time with people, chatting to them about their day or events, or engaging them with a range of activities. We saw call bells were answered within an appropriate timescale.

However some staff raised concerns that staffing levels were not always maintained at safe levels. They said that there had been a number of occasions when they had been a shortage of staff. Comments included, "More and more we are short which makes it very very difficult". Another staff member said, "It is hard when there are less, if short we cannot respond to buzzers as quickly." Another staff member said when they were short they "felt pressured to get things done" and were more likely to rush.

Our review of rotas showed staffing levels were not consistently maintained. On the day of the inspection there were nine care workers including the deputy manager. The manager told us that normal staffing levels should be at least eight care workers during the day. We saw on five of the last 22 days, only seven staff had been on duty. The manager said cleaning staff were trained and assisted with care on these occasions. However our discussions with staff led us to conclude this had some impact on the delivery of care and support.

At night time, the required staffing levels were four care workers throughout the building, but rota's showed on seven out of the last 22 last days only three night staff had been on duty. One staff member said that when they were short at night they struggled to get people up in a timely manner. The manager accepted there had been inconsistencies in staffing. They were currently over-recruiting by 10% to reduce the likelihood that future shifts would be short. This gave us assurances this issue would be resolved.

We recommend the service ensures appropriate management plans are put in place to consistently maintain staffing levels at a safe level.

Call buzzer response times were regularly audited. We looked at a sample of response times over several weeks and did not identify any concerns in response times. The manager told us they did not formally use people's dependency levels to inform staffing levels. We discussed with the manager how this would help ensure staffing levels responding to people's changing needs.

New staff were subject to a robust recruitment process to help ensure they were suitable to work with vulnerable people. New staff had to complete an application form which included a detailed work history, attend an interview, have references checked and complete a Disclosure and Baring Service (DBS) check. New staff were subject to a probation period where their performance was closely monitored. Staff confirmed they had been subject to this recruitment process before they started work. A relative said, "They seem to recruit staff very well. They are quite astute when recruiting; people recruited seem to be amazing in terms of dedication."

Medicines were managed safely. Staff administering medicines had received training and had their competency assessed. We observed the deputy manager undertake the morning medication round. They engaged positively with people and asked their consent before providing support. Some people had been assessed as being able to administer their own medicines and assessments were in place to ensure this was done safely. One person told us, "I like staff to leave my medication, it helps with my independence".

Medicine administration records (MARs) were well completed demonstrating people had received their medicines as prescribed. People had photo identification in place to reduce the risk of errors and medication was checked, booked in and signed for by two staff to ensure it was correct. Medication stock was checked before medicines were administered and this was recorded on the MAR so that any discrepancies would be promptly identified. Where medicines had to be given at specific times such as before food, arrangements were in place to ensure this was done in a timely manner. Some people had medicines prescribed on an 'as required' basis. Protocols were in place to guide staff as to dose, time interval, allergies, preference and side effects. This helped promote safe and consistent use.

Where people were prescribed topical medicines such as creams detailed printed topical medication administration records (TMARs) were in place. This provided guidance for staff to ensure they were applied appropriately. We found medicines were stored securely, and storage for medicines classed as controlled drugs was compliant with current legislation. Medication which required refrigeration was stored correctly and the temperature was monitored daily.

People told us they felt safe and did not raise any concerns about the way they were treated. One person said, "This is one of the safest places there is." A relative commented, "[Relative] is as safe as [person] can be anywhere." A health care professional told us they had no concerns about people's safety and another health care professional said, "People are safe living here. There's nothing alarming. I've no worries; residents always appear well looked after."

Staff told us they received training in safeguarding and understood the different type of abuse people could be subjected to. They were able to tell us how to raise concerns. We saw safeguarding incidents were correctly identified by the service and appropriate referrals made to the local authority and notification to the Care Quality Commission. Safeguarding incidents were taken seriously and thoroughly investigated. We saw new plans of care were put in place to protect people from harm. For example in order to protect two people following an incident, best interest processes had been followed and a decision made to move a person from Glen Rosa to Kitwood for care during the day.

We saw appropriate equipment was in place to keep people safe, such as hoists and pressure sensor mats

for beds and chairs if required. Staff told us pressure sensor mats located by the side of people's beds were switched on when people moved into their bedrooms in the evening. This reduced the risk of people at risk of falls moving around their rooms at night without staff becoming aware. New handover sheets had been introduced to ensure that key safety checks were consistently completed by staff on each shift.

We observed staff undertaking moving and handling tasks and did not identify any concerns. For example we saw staff using a hoist to assist a person move from their wheelchair to an easy chair in the lounge area. We saw they explained to the person what they were doing at all stages. Staff used the correct sling that the person had been assessed for and ensured the person's legs were covered during the procedure, ensuring their dignity was preserved. We saw the person started to become distressed at one point and staff were gentle and calm in their approach which calmed the person and the manoeuvre went smoothly, with staff praising the person upon completion.

Risk assessments were in place which covered moving and handling, tissue viability, nutrition and falls. These were subject to regular review and provided appropriate guidance to staff. Incidents and accidents were recorded and investigated. Risk assessments were updated and the advice of health professionals sought where appropriate. Two incidents of concern resulting in serious injuries had recently occurred within the home. The Commission has reviewed and investigated these incidents separate to this inspection and concluded that no further action was required against the provider and that measures have been put in place to protect people from harm. Staff we spoke with were aware of recent incidents and the learning from them, this provided us with further assurance that the risk of re-occurrence had been reduced. A relative said they were impressed with how the home had acted following an accident to their relative. They said staff had moved furniture around and made the environment safer to reduce the risk of a re-occurrence. They said they were kept fully informed and "the level of contact with amazing."

We found the premises was safely managed. People we spoke with praised the standard of accommodation. We looked around the building and found it was tastefully decorated and well maintained. There were several communal areas including lounges and dining rooms where people could spend time. Bedrooms were clean, odour free and well maintained. People were encouraged to personalise their rooms with their possessions. Key safety features were installed on the building. For example radiators were guarded and hot water temperatures restricted to reduce the risk of scalds and burns. Window openings were restricted to reduce the risk of falls. Checks were undertaken on the gas, electric, water and fire systems to ensure the building remained safe.

A fire risk assessment was in place which had been completed by an external contractor to ensure the necessary level of expertise. We saw evidence actions had been worked through by the manager in conjunction with the maintenance team to make the building safer. Personal Emergency Evacuation Plans (PEEP's) were in place for each person so that staff have clear guidance on the help they needed should it be necessary to evacuate the building.

The home was clean and tidy and had achieved a 5* food hygiene rating. Infection control leads were in place and an infection control annual statement was in place setting out staff responsibilities. Personal Protective Equipment was readily available and staff wore gloves and aprons when providing personal care. This helped to reduce the risk of infection.

Good

Is the service effective?

Our findings

People and relatives said staff were effective and competent in their roles. They praised the staff team and said they had the right attributes to work in a care setting. A relative said, "Staff are well trained and on the ball."

New staff received a robust induction programme which included completing training in a range of subjects. New staff also completed two week's shadowing an experienced member of staff and completed the Care Certificate. This is a government recognised training scheme designed to equip new staff with the required skills for the role.

We reviewed the training matrix and saw staff received regular updates in a range of subjects such as health and safety, safe food handling, fire safety, infection control, first aid, challenging behaviour, Mental Capacity Act, nutrition and hydration, end of life, dementia and moving and handling. Staff had received updated moving and handling training following a recent incident to improve practice from the in-house moving and handling trainers. Specialist training had also been provided to staff such as stoma, palliative care and pressure area care. Most staff had completed further training in health and social care such as National Vocational Qualifications (NVQ's).
Staff told us the training provided was good and equipped them to provide safe and effective care. One staff member told us, "I've had loads of training. They have really good training. I think I've learned loads. There's training every week." Another said, "There's plenty of training. It's in depth, on-line and in-house. There's NVQ and Care Certificate too." A system of regular supervision and annual appraisal was in place. Staff told us these were a good opportunity to discuss concerns and career development. Staff said they felt well supported by the management team.

People spoke positively about the food and said they had sufficient choice. One person said, "Good food as far as I am concerned." At breakfast time people were offered a choice of cereals, porridge, toast with eggs, jam or marmalade and hot and cold drinks. At lunchtime people had a choice of light options including homemade soup, sandwiches and salad followed by cake with the main meal served in the evening. We looked at the menu which ran on a three week cycle and demonstrated people had a choice of food at each meal. The cook told us that if people didn't like any of the main options additional food could be prepared for them. During the day we saw staff asking people what they wanted at mealtimes giving people choices and listening to their responses.

The cook knew about each person's specific dietary requirements, likes and dislikes. This gave us assurance people's needs were met. They told us all meals were cooked fresh and fortified with butter, cheese and full fat milk. The cook had asked people to complete surveys about their experiences of the dining room and food served in order to ensure continuous improvement.
We observed mealtimes within the service. Tables were nicely laid with table cloths, placemats, matching cutlery and crockery and glassware. Both brown and white bread sandwiches were on offer and staff asked people which they would prefer. Staff sat down to assist people during the mealtimes and chatted as they offered calm and gentle support. Whilst most of the interactions were positive we saw on Glen Rosa staff

assisting people occasionally broke off to complete other tasks. We raised this with the manager and were assured action would be taken. Staff checked if people were happy with their food, and offered more once people had finished. Throughout the day we saw people were regularly offered hot and cold refreshments and snacks, either from the drinks trolley or by staff making drinks in the kitchenette area in the dining room.

People's daily food intake was recorded in their care records. Where people had lost weight, we saw referrals had been made to the dietician and weight checks were increased. Some people were having fortified drinks and we saw these were given during the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of inspection there was one authorised DoLS in place; other applications were awaiting review by the supervisory body. We looked at the person's records which showed the DoLS had been granted with a condition attached. We found the condition had been met. The staff we spoke to had a good understanding of MCA and DoLS and understood their responsibilities to protect the rights of the people they cared for. The management team had recently identified that documentation to demonstrate best interest decisions needed to be made more robust and documentation now reflected this. We saw evidence best interest meetings had been held, around equipment and people's daytime regimes, involving a range of stakeholders including relatives. The deputy manager told us one individual received their medicines covertly. We found a capacity assessment and relevant information from the GP, pharmacist and family to demonstrate a best interest process had been followed. We saw evidence of consent being requested throughout our inspection. For example, we saw staff asking consent prior to delivering personal care or helping people to move with the aid of a hoist.

Care plans covered people's healthcare needs and were subject to regular review. The home worked closely with a local GP practice who reviewed people's healthcare needs during a weekly ward round. We saw they had input into a range of people's care needs including nutrition. Clear records were kept of communication with a range of health professionals. This included mental health teams, and out of hours doctors. Relatives had been informed when people's health had changed and discussions held with them. Relatives we spoke with said staff were very good at managing healthcare needs and always informed them of any changes.

Kitwood House was a specialist dementia unit and adaptions had been made to make it suitable for people living with dementia. We saw themed areas such as a 'personal care' corner, containing a dressing table with a mirror and chair, face cream, scarves, handbags, hats, hairbrushes and other items. Clear pictorial signage indicated areas such as bedrooms and toilets and corridor walls contained items of interest such as photographs of film stars. Outside bedrooms people's photographs were displayed to assist with recognition as well as memory boxes containing items relevant to the person. There was a small lounge area containing a couple of easy chairs and a mock fireplace for people to spend quiet time if they wished. The conservatory area was in the process of refurbishment and we saw plans to turn this into an 'orangery' with a tree mural containing people's photographs. People could purchase a selection of items such as old fashioned sweets and everyday essentials such as shampoo from a 'shop'. People on Kitwood House were cared for by a dedicated staff team which ensured they had familiar care workers. Staff had received training in dementia care.

Good

Is the service caring?

Our findings

People and relatives all spoke very positively about staff. One person said, "I rely on the girls and they are really good. They put up with a lot and are always kind…very good each and every one of them well help you." One relative said, "Staff are amazing." Another relative said, "They're great. Couldn't ask for better treatment. I like the environment. Lovely big lounge where everything happens. No-one stays in their rooms. It's lovely and communal. They're so caring, will give him a hug. I can't fault them. They always ask, 'How are you [person],' and put an arm around him. Very caring."

Staff comments included, "It's small and homely. I feel I'm helping people who really need you. In here [Kitwood], you really know people well" and, "I love this unit. It's small. Like a little family. I think it's a lovely place." We saw staff were assigned to either Kitwood or Glen Rosa to promote familiarity with the people they cared for.

We observed staff were kind and compassionate in their approach to people. Care staff showed a genuine interest in people. For example they asked people how they were when they arrived downstairs in the morning, how any health conditions were and if their family were visiting today. This made for a friendly and warm atmosphere. Staff spoke with people by crouching down to their eye level if they were seated, and spoke directly to them. On Kitwood we saw they used simple and uncomplicated sentences and waited for responses before continuing to promote understanding. The atmosphere on Kitwood was calm and people looked relaxed and happy in the company of staff. We heard one person talking to another about the staff and saying, "They're a nice lot, aren't they?" Another person told us, "Staff are lovely. I'm happy." A third person on Glen Rosa said to staff as they brought their breakfast in, "Just perfect, you are a good one".

From speaking with staff and our observations it was clear staff knew people and their care and support needs well and talked with people using their name. Staff responded to people in different ways, depending on the person's mood and their knowledge of them. For example, we saw staff laughing and joking with one person and speaking gently and in a supportive manner with another. We saw staff spent time with people, chatting to them about various things and engaging in meaningful conversations. We saw evidence people's life history had been sought to help staff better understand them. This gave us assurance that people were provided with individualised care.

Staff supported people's dignity and privacy, for example knocking on bedroom doors and ensuring toilet and bathroom doors were closed. We saw staff used a blanket to cover a person's legs when they were using the hoist to preserve their dignity. We saw another staff member discretely whisper into one person's ear to see if they required the toilet.

People were encouraged to do as much as possible for themselves in order to maintain their sense of worth and independence. For example, one person was asked by a staff member to, "Help do some jobs for me," which was folding up some scarves into a large laundry basket. Another person assisted with one of the activities. Both people clearly enjoyed the tasks they had been given. People were encouraged to use mobility aids if these were required and care records indicated what people could do for themselves, for

example, washing the areas they could reach.

We saw people or their relatives had been consulted about care plans and were involved in the care plan review process. Visitors were welcomed by staff and we saw good relationships had developed. Staff chatted to visitors about their relative and offered refreshments, making it a welcoming and inclusive atmosphere. A relative said, "They are wonderful, they encompass the whole family, they don't just ask about the resident [it is] all of us."

We saw people's final wishes had been discussed and documented in care records and clear information recorded about how they wanted to spend their last days. Some people had also recorded what music they wanted to be played at their funeral.

People were given choices and were listened to by staff. For example we saw one person was asked what they wanted to eat for breakfast. When they appeared undecided, the staff member said, "You come with me and decide." They walked with the person to the kitchen area and showed them the options for breakfast so the person could choose for themselves. We heard staff gave people a choice of where they ate and what they ate. Staff asked people, "Am I alright to come in and give you your medication?" before assisting with the medication round. During the morning people were given choices as to whether they wanted to watch a film that was put on or sit in the quieter area of the lounge. One person said, "They always listen to you and learn, I think that's really good."

We saw formal mechanisms such as meetings and surveys as well as informal means such as regular management walk rounds were used to gain people's views and feedback.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service. Equal opportunity policies were in place and values instilled in relation to fairness, diversity and discrimination. Staff were informed of these during induction training and received training in equality and diversity. People's spiritual needs were assessed by the service and plans of care developed to help meet needs in this area. A church service was held each Sunday in the home and a chaplain regularly visited.

Good

Is the service responsive?

Our findings

People said they received the right care to meet their needs. A relative said they were "over the moon" with the care that their relative had been receiving. Health professionals spoke positively about the responsiveness of the service. Comments included, "They're good at getting in contact if things deteriorate. Very receptive of our thoughts and ideas. We work really well with them. They're very good at following instructions" and "They're welcoming and helpful. They know what's going on. They follow (our) advice." This provided us with assurance that care was appropriate and met people's needs.

People's needs were assessed prior to admission to the service. Individualised care plans were formulated and we saw these were regularly reviewed and updated as people's care needs changed. Care records included detailed life histories and information about the person which was then used to assist with the planning of their care. People's social and relationship needs were also assessed as part of a person centred approach to care and support. Staff were able to confidently described people's plans of care which gave us assurance they were followed.

Senior care staff evaluated people's care plans every month and arranged annual reviews with people who used the service and their relatives. This helped to ensure care plans remained relevant and in line with people's preferences and needs. Relatives said the service was good at communicating any changes. For example one relative said, "They are very responsive and call me immediately if there is an accident or incident."

We saw plans of care were followed. For example one person's care records contained detailed information about their skin integrity needs and the required daily checks. Daily records confirmed these had taken place. Other people received regular checks in line with their plans of care. We observed staff were attentive to people's individual needs. We saw staff checking on people regularly, for example asking them if they needed the toilet and helping them to comb their hair. Staff were skilled at dealing with situations which had the potential to result in harm. For example, we saw one person became distressed with another, causing them to spill some of their drink onto the table in the lounge area. Staff quickly and calmly intervened and talked to both people to calm them down and redirected their attention elsewhere. Both people calmed down with one sitting in a comfy chair and given a book about the local countryside which they remarked, "Ooh, that's a good one." They then started to read the book with interest. This showed the timely response by staff and their knowledge of the people involved, together with their use of training had diffused the situation.

People spoke positively about the activities on offer in the home. One person told us, "I like painting, quizzes and helping with the baking. I get a sheet every week; the activities co-ordinator brings it me". Another person told us, "The new co-ordinator is doing great things, things have really improved." An activities co-ordinator worked at the home five days a week. They split their time between offering activities on Kitwood and Glen Rosa, providing a range of activities for people based on their needs and capabilities. People were involved in activities which included baking, singalongs, music therapy and games with staff. External entertainers also visited the home. People were supported to maintain links with the local community. For

example some people had recently attended an over 90's party in Ilkley.

There was a large amount of communal space within the home which people could explore at their own leisure, with the choice of spending time alone or with others. Activities had been set up in some areas for people to participate in. For example one person liked to make jigsaws, and they had a table set out in a corner of one of the lounges. In the afternoon we observed a musical entertainer playing in the Kitwood lounge. People from Glen Rosa attended and the lounge was full. People really engaged when he played, they were singing, clapping and dancing.

People and relatives said management were approachable and they felt able to raise any concerns with them. Information on how to make a complaint was available to people displayed around the premises. We checked records and found one formal complaint had been made for the last 12 months. The complaint had been investigated and responded to in line with the provider's policy.

Compliments were recorded so the service knew the areas where it exceeded expectations. In the last twelve months, thirteen compliments have been received. One compliment stated 'I'm so glad you set the z bed up for me so I could stay all night with dad holding his hand until his last breath.' Another stated, 'Thank you for all the love care and patience you showed my mum during the 5 years she was with you.'

Good

Is the service well-led?

Our findings

A registered manager was not in place. The previous registered manager left the service on 31 August 2017. The previous area manager had taken up the post of home manager and worked alongside the previous registered manager to ensure the service was appropriately handed over into their leadership. They officially took up the post of home manager on 1 September 2017 and told us they were in the process of applying to be the registered manager for the service. They were supported by a deputy manager. We found the management team approachable and knowledgeable about the people and topics we asked them about. This gave us assurance that they had good oversight of the home. This was echoed by feedback from people. One relative said, "Lots of experience in [the] senior management" and another said, "Very approachable management team."

People, relatives and health professionals all spoke positively about the service and said it provided a high quality service. One person said, "It's the best place…nothing needs improving, they do that themselves." Health professional comments included, "They are well run and organised, with experienced consistent carers." "It's a really nice, really caring home. Very friendly and approachable staff. We work really well with them." "Can always have a conversation with (senior care staff). Everybody knows everybody. We know who the manager is." A visitor said, "Brilliant, I cannot fault it at all."

Staff said they thought the home provided good quality care and most said they would recommend it to their own relatives. One staff member said, "It's a good home and people get good care." Staff said they were motivated and happy in their role. Staff and relatives told us they felt supported by the management team and felt able to raise any concerns. Comments from staff included, "I love it. You work with the same team. Management are approachable. You can talk to them and they take the time and talk to you. I like this home. If I didn't, I wouldn't be here." "My relationship with the manager is good. I could and do go with any concerns. Staff morale is okay at the moment; everyone is cheerful." We saw an annual staff survey was circulated with results discussed at team meetings and actions taken. The most recent survey showed mostly positive responses. Staff consistently said the only improvement was to ensure staffing levels were consistently maintained within the home. The manager was already dealing with this by recruiting additional staff to ensure the required staffing levels were maintained.

Each day staff were assigned responsibilities in areas such as activities, dignity, hydration and infection control. This helped ensure someone was available to champion these key topics and ensure other staff adhered to the required standards. Staff we spoke with understood their role in these areas and said they found the staff team generally well organised. One staff member said, "The system works well, we are know where we are."

The management team completed a range of audits and checks. For example the manager regularly audited care plans. We saw this resulted in action plans being produced which were signed off when complete. For example, one person's end of life care plan had been updated following a recent audit. Medicine audits were undertaken regularly both internal and by a visiting pharmacist .We saw these were effective in driving improvements with any shortfalls discussed with staff individually or at meetings. Audits

of safety equipment, infection control and health and safety took place. There was good oversight and monitoring of people's healthcare needs. For example information on any weight loss, pressure areas, falls and safeguarding was collated monthly on a log and sent to senior management to provide assurance that any risks had been dealt with. We saw most systems to assess, monitor and improve the service were effective however the provider's systems should have been operated to prevent shortfalls in staffing levels from occurring.

We saw there were regular staff meetings for senior staff, care staff, night staff, kitchen and laundry staff. Topics included updates, care plans, staff survey results, supervisions, meals, fire safety, activities and audits. Staff told us they were able to speak out at these meetings about any concerns they had and they were used as a mechanism to improve the service. We saw a 'Health and Safety' meeting had been recently held following concerns about moving and handling. This meeting reiterated the importance of using two staff to assist with moving and handling and discussed moving and handling techniques. Any staff unable to attend were given the information and signed to say they understood and agreed. This showed the manager had taken steps to ensure all staff were aware of correct procedures within the service.

There was also a quality meeting set up to discuss improvements to the home. This included the refurbishment of areas such as the conservatory, better use of the garden and other suggested improvements. The manager told us they were trying to get a relative to sit on the group which currently included senior staff so they could get wider opinions.

Systems were in place to seek and act on people's feedback. Regular resident/relative meetings were in place which discussed activities, the new menu, with the cook asking for people's opinions on the options, care plan reviews and the possibility of setting up a relatives' support group. A volunteers meeting was also in place to discuss specific activities and needs. An annual survey was conducted and the most recent survey had just been sent out. However, the previous survey results had shown positive responses with actions taken where required. This showed people within the service and their relatives were listened to and their opinions on the running of the home mattered.