HICA

Red House - Care Home

Inspection report

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Date of inspection visit:
09 March 2017

Date of publication:
18 April 2017

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

The inspection of Red House took place on 9 March 2017 and was unannounced. At the last inspection on 8 and 9 October 2015 the service did not meet all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Requires Improvement' because the registered provider was in breach of three regulations. These were with regard to staffing numbers, consent and quality monitoring of the service.

Red House is a care home that is registered to provide care and accommodation for a maximum of 48 older people. The home has two units both on one level, with one specialising in support for people living with dementia. These are Burlington and Bayle units. The home is located in Bridlington, a seaside town in East Yorkshire, close to the seafront and within easy access of the centre of the town. All bedrooms are single occupancy and many have en-suite bathroom facilities.

We found that at this inspection the registered provider had made improvements in all three areas where breaches of regulation had occurred and was now compliant with these regulations. We saw there were four care staff and one senior staff on duty in each of the units: a total of ten care staff. This was an increase in staffing numbers since the last inspection and was sufficient to meet people's needs. Rosters corresponded with those staff that were on duty.

Where people were assessed as having no capacity to make specific decisions, the registered manager now arranged for best interests decisions to be reached, DoLS applications to be made and reviews to be carried out. People's mental capacity was appropriately assessed and their rights were protected. Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager explained how the service worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to make their own decisions.

Quality audits were completed on a regular basis and were effective at identifying shortfalls. Satisfaction surveys were issued to people that used the service, relatives and health care professionals and meetings were used to obtain people's views. There was an effective system in place for checking the quality of the service and this had been used to check that mental capacity regulations were being followed.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered with the Commission for the last five months, but had been managing the service for the last year. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support people. We found that the management of medicines was safely carried out.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and had an annual appraisal of their personal performance.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to older people and to those living with dementia. The environment was conducive to meeting the needs of older people and older people living with dementia.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with appropriate information when needed, were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected. This ensured people were satisfied and were enabled to take control of their lives.

We saw that people were supported according to person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in some pastimes and activities if they wished to. People were supported to maintain good family connections and support networks.

We found that there was an effective complaint procedure in place and people had complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain relationships through frequent visits, telephone calls and exchanging cards and letters.

We saw that the service was well-led and the culture and the management style of the service were positive. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and securely held on the premises.

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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury or harm.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received an annual appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to older people and to those living with dementia.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were provided with information and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care

plans, which were regularly reviewed. They had the opportunity to engage in some pastimes and activities of their choosing.

People's complaints were investigated without bias. People were encouraged to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well-led.

People had the benefit of a well-led service. The culture and the management style of the service were positive. Quality audits and surveys were used to check that the quality of the service was good.

People had opportunities to make their views known. People were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and securely held on the premises.

Red House - Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Red House – Care Home took place on 9 March 2017 and was unannounced. One adult social care inspector and an inspection manager carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Red House – Care Home and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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.

We spoke with thirteen people that used the service, eight relatives and the registered manager. We spoke with four staff that worked at Red House – Care Home. We looked at care files belonging to four people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff by completing a 'Short Observation Framework for Inspection' (SOFI). SOFI is a means of gathering information about people's experiences of care; people who we are unable to verbally communicate with. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People told us they felt safe living at Red House – Care Home and most family members told us they were quite happy with the safety of their 'loved one'. People explained to us that they found staff to be "Good, careful workers, reliable and sincere." Family members said, "I feel [relative] is safe here and well cared for" and "My [relative] is settled here now and much safer than being at home." One family member was not satisfied that the service had kept their relative safe. This was the subject of an on-going investigation with the local authority safeguarding team.

People told us there were enough staff to support them with their needs and family members also agreed with this. People and family members told us that people's medicines were managed well and that the staff always ensured they received these on time. One person said, "I have tablets but I'm not sure why." Another person said, "Yes the staff look after my medicines and I am happy with that."

At the last inspection the registered provider was in breach of Regulation 18 of The Health & Social Care (Regulated activities) Regulations 2014, because there were insufficient staff on duty to meet people's needs at busy times (in the mornings and at meal times).

At this inspection we found that the registered provider had made sufficient improvements with staffing levels and therefore met the requirements of the regulation. We saw there were four care staff and one senior care staff on duty in each of the units: a total of ten care staff. This was an increase in staffing numbers since the last inspection. Rosters corresponded with the staff that were on duty. A laundry worker, two cleaners, a housekeeper, a handyperson and an administrator were also working in the service on the day we inspected. The registered manager was away on training, but attended the inspection as soon as they were made aware of our visit.

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse, which was evidence din the staff training files. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. They told us about the safeguarding training they had completed.

Records were held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These numbered five in the last year, but one was not in respect of the service. We discussed these referrals with the registered manager to seek up-dates regarding those still pending. The registered manager was able to relate all of the details to us about each safeguarding incident. They had informed the local authority safeguarding team, as they were required to do. Formal notifications were also sent to us regarding safeguarding incidents, which meant the registered provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around the premises unsafely (with or without aids such as wheelchairs, walkers and hoists),

inadequate nutritional intake and the inappropriate use of bed safety rails.

Maintenance safety certificates were in place for utilities and equipment used in the service, and these were all up-to-date. The handyperson employed at the service held records, certificates and information about the safety of the premises. Areas covered by the certificates included gas, electricity, lifting equipment, fire safety systems and hot water storage and outlets.

People had personal safety documents for evacuating them individually from the building in an emergency. These were each written on one page, which clearly detailed their evacuation needs and meant they were quickly read. All of these safety measures, checks and risk assessments meant that people were kept safe from the risks of harm or injury.

The registered provider had accident and incident policies and records in place for use in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat injured persons and prevent accidents re-occurring. Audits were used to monitor and analyse all accidents so that the likelihood of them happening again was minimised.

There were thorough organisational recruitment procedures in place to ensure staff were suitable for the job. Job applications were completed, references requested, staff identities checked, interviews held, health questionnaires completed, and Disclosure and Barring Service (DBS) checks were carried out before staff started working.

A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people and helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were safely managed within the service. A monitored dosage system was supplied by a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. Only senior staff on duty, trained in the management of medicines, administered medicines to people.

A selection of medication administration record (MAR) charts we looked at were accurately completed. All charts contained a photograph of the person it referred to so that medicines could not be given to the wrong person. Medicines were obtained in a timely way so that people did not run out of them. Medicines were stored safely, and administered on time, recorded correctly and disposed of appropriately. People and family members told us they were happy with the arrangements for managing medicines.

Controlled drugs (CDs – those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) were safely managed in the service at the time of the inspection. One person sometimes refused their CDs, but this was being reviewed with their doctor and family members were kept informed.

Good

Is the service effective?

Our findings

People told us the staff at Red House – Care Home understood them well and had the knowledge to care for them. One person said, "The staff seem to know what to do and why, when they care for me. They always have a solution for any problems, helping me up and to get ready." Family members, but one, told us that they thought staff knew what they were doing and displayed the skills they needed to ensure people were effectively cared for. They said, "This is an absolutely great place. [Relative] has been given some really good care since they came here, which was not so long ago" and "[Relative] is well cared for by staff that clearly know what to do for the best with regards to their needs." People and family members were satisfied with the protection in place for people with regard to capacity and consent issues.

At the last inspection the registered provider was in breach of Regulation 11 of the Health and Social Care (Regulated Activities) Regulations 2014, because they had not always ensured people were protected against the risks associated with receiving care and treatment they had not consented to or which had not been agreed in a best interest forum.

At this inspection we found that the registered provider had made improvements in the assessments of people's capacity, the use of best interest forums and seeking people's consent.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as having no capacity to make their own decisions, the registered manager now arranged for best interests decisions to be reached, DoLS applications to be made and reviews to be carried out.

Mental capacity assessments and best interests documentation was seen to evidence this. Staff demonstrated an understanding of their responsibilities regarding seeking consent and knew about the MCA and DoLS principles. Capacity and consent was now appropriately managed within the requirements of the MCA legislation.

We observed people consent to care and support from staff by either verbally agreeing or conforming to staff requests when asked about needing and receiving support. There were some signed documents in people's files that gave permission for photographs to be taken, care plans to be implemented or

medication to be handled. However, others were signed by family members where they had legal authority to do so.

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed updating. There were certificates held in staff files of the courses staff had completed, for example, fire safety, safeguarding adults, mental capacity, management of medicines and moving and handling with hoists. The levels of training achieved for the year were high compared to the last time we inspected, as many staff had completed refresher courses. Other courses were planned to be completed in the first half of the year, including end of life care, dysphasia and epilepsy awareness.

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Induction, supervision and annual appraisals were all evidenced from documentation in staff files and via discussion with staff. We were told about HICA's 'shining star' awards, which was a remuneration incentive scheme for staff to 'go above and beyond' in their roles. An annual 'shine ball' was held where winning staff received their certificates and rewards.

Staff confirmed with us that they had completed mandatory training (minimum training required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in social care. They told us they had completed other training relevant to the roles they were expected to carry out, for example, dementia awareness, Parkinson's disease, dietary needs, care of the dying, stroke and diabetes awareness. These were evidenced in staff files.

People's nutritional needs were met because catering staff consulted them about their dietary likes and dislikes, allergies and medical conditions. Staff completed nutritional risk assessments and food preference forms and the kitchen assistant or cook asked people each day what they wanted to have to eat. Staff sought the advice of a Speech and Language Therapist (SALT) when needed for those people that had difficulty swallowing.

The catering staff provided three nutritional meals a day, plus snacks and drinks for anyone that requested them, including at supper time. Cakes were freshly baked each day and the cook always made a special birthday cake for people on their birthdays. Nutritional risk assessments informed the catering and care staff who was at risk of malnutrition, choking or having a diet they were intolerant or allergic to. Menus were on display for people to choose from and people told us they were satisfied with the meals provided. The service had an Environmental Health food hygiene rating score of 5, which was the highest achievable: 1 being inadequate and 5 being good.

People's health care needs were met because staff consulted them about medical conditions and liaised with healthcare professionals. Information was collated and reviewed with changes in people's conditions. For example one person with a change in needs regarding their swallowing ability was referred to the SALT and information provided in their care plan showed that an assessment had been carried out and instructions given to staff on how to thicken liquids to the correct consistency for that person.

Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Healthcare records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's healthcare and recorded the outcome of consultations. Diary notes recorded when people were assisted with the healthcare that was suggested for them. For example, one person's care plan recorded information on their tendency to develop chest infections easily due to a respiratory condition and

due to the risk of aspirating (inhaling food and fluid).

For those people who were living with dementia (approximately three quarters of the people that used the service), the signage and environment were suitable for meeting their needs, as there was a specialist unit decorated and fitted out with appropriate colour schemes, photographs and signs for identification of bedrooms and bathrooms and feature rooms that enabled people to undertake activities and pastimes. Carpets, furniture fabrics and wallpapers were appropriate for people to navigate their environment easily.

Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell. We saw that one of the feature rooms was fitted with a 'pub pod', which gave the visual effect of being in a pub room, with a bar where people could obtain an alcoholic drink or juice. The room gave them the experience of being in a pub. We were told the handyperson had raised the funds for the 'pub pod' by holding a sponsored shave of his long hair.

There was also a small lounge fitted out as a reminiscence parlour, which was used as a quiet lounge. Furniture and items (radio, sewing machine, pots and ornaments) were vintage in style and the room reminded people of an era with which they would have been familiar. Above the mantle piece was a collection of wedding photos belonging to some of the people that used the service and we saw that this gave one person a lot of comfort when they were in the room and talking to us about their life.

There was a craft room in which a piano was sited and this was where people came to listen to music, sing or engage in craft activities. One person was alone in this room and we were told they tended to sit there most of the time regardless of whether anything was taking place or not. They seemed to enjoy the peace, although we were told they really liked singing.

Walls throughout the unit for people living with dementia were decorated with reminiscence pictures or impromptu activities, for example, a game of noughts and crosses or 'twiddle' boards. Rummage boxes were kept in one of the lounges and doll therapy was also available to help soothe people who were anxious or distressed. We were told that one person was always distressed when bathing so they were asked to help bathe a doll once and staff found this calmed them greatly.

Good

Is the service caring?

Our findings

People told us they got on very well with staff and each other. They said, "I really like the girls that care for me, they are so nice", "The staff are marvellous, they have made me feel right at home", "Staff are really kind" and "Everyone here is so helpful, they are lovely." Family members told us that people related well to each other and staff. Family members said staff were caring and kind. Some said, "[Name] has established some lovely relationships with the staff, who just can't do enough for them or us. We feel like we have found more family of our own, not just for [Name]", "[Name] is cared for really well, I never have any concerns" and "We have been made very welcome every time we have visited and staff are always approachable if we have any questions."

Staff had a caring, pleasant but professional manner when they approached people to support them with care needs. Staff, from the registered manager to the care staff, to the administrator knew people's needs well and all of them were kind when they offered support or help. We were shown round the service by the administrator who knew as much about people as the care staff, and displayed empathy and compassion. The management team were very clear about what they expected from staff with regard to support and good practice. The management team, care staff and ancillary staff were attentive and informative in their approach to people that used the service and their family members.

We were told by the staff about the kindness of the cook, who always baked a special birthday cake for everyone who used the service, even on her day off or when on holiday, which she had done for two people just a week before we visited. Everyone was treated as a special person by the cook. The handyperson was also giving of their own time, for example, they usually finished work at 4pm but one day they spent an extra hour just walking around the property with a person who thought they were their spouse. This helped the person to remain relaxed and enabled them to re-live some of their past life. The administrator often spent time singing and dancing with people or engaging in reminiscence sessions.

At the time of our inspection, the service was providing care and support to people who had disabilities due to age and age related conditions. Some people had religious beliefs. These protected characteristics under The Equality Act 2010 were appropriately assessed and met so that no one experienced any disadvantage because of them.

For example, people were given time to respond and to move about the premises. They were encouraged to lead active lives wherever possible and did this by going out with family members, taking part in activities offered in the service and staying interested in current and local affairs. Some people had religious needs and needs associated with differing beliefs, but these were catered for, as people were supported to attend church or to follow religious services on the television if it was their wish.

People's general well-being was considered and monitored by the staff who knew what incidents or events upset their mental or physical health. People were supported to engage in old and new pastimes, which meant they were able to 'hold on to' some aspects of their previous lifestyle or learn new skills. Activity and occupation helped people to feel their lives were fulfilled and purposeful, which aided their overall

wellbeing. We found that some people were experiencing a good level of well-being and were positive about their lives. We were told by staff that others were not always so positive, but staff encouraged them to 'keep smiling'.

While everyone living at Red House – Care Home had relatives or friends to represent them, we were told that advocacy services were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided on the notice board in the front entrance, along with details of activities and local events in Bridlington and the nearest cities.

People we spoke with told us their privacy, dignity and independence were respected. Staff only provided personal care in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter or exit, so that people were never seen in an undignified state. Staff said, "We ask people if they want to be left alone a while when in the bathroom. We make sure we are discreet about personal care and always think about people's comfort" and "We always have to consider people's dignity and give them privacy whenever they need it."

Good

Is the service responsive?

Our findings

People told us they felt their needs were being appropriately met. They talked about going out and staff assisting them with arrangements. They said staff supported them when getting ready to go out or liaised with people that came to collect them. All of these arrangements were recorded within people's care plans. One person told us, "I go out regularly with staff in to the town to do some shopping." Other people talked about taking part in activities in the service, such as movement to music, craft work and table-top games.

Care files for people that used the service reflected the needs that people appeared to present. People had completed a preferences form which showed their likes/dislikes and wishes regarding care, food and routines. If people had valuable items of jewellery or furniture then a photograph of it was taken and held to ensure it was easily recognised as theirs. Inventories were also held of the possessions that people brought in with them on admission.

Care plans were person-centred and contained information under a number of areas of need, depending on people's assessed needs. Care plans instructed staff how best to meet people's needs. The organisation's own FOCUS care plans held personal details, daily and nightly monitoring sheets, resident and relative authorisation sheets, monitoring charts (for positional changes, nutritional intake) and copies of letters from, for example, doctors and other healthcare professionals.

All care needs were recorded in assessment of needs documents and care plans. For example, one care plan showed that the person required support with eating and drinking, using the bathroom, personal hygiene and pain management. The person became anxious on occasion and needed reassurance and distraction and they required safety mats by their bed due to the risk of falls.

Care plans also contained personal risk assessment forms to show how risk to people was reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

Activities were held in-house with two activities coordinators employed by HICA. People told us they sometimes joined in with bingo, crafts and painting and sing-songs. We saw people taking part in movement to music in the morning and parachute games in the afternoon in one of the lounges on Burlington unit. People said, "We do all sorts of fun things", "I always join in with all the activities" and "We can join in whatever takes place if we've a mind." There were plenty of smiles on faces at the end of the parachute session. We saw smaller items in place for simple pastimes, including board games, magazines, newspapers and puzzle books.

People sometimes watched television in their bedrooms or the lounges. Others took part in craft work that was facilitated by the activities coordinator. We saw evidence that other pastimes had taken place and these included activities that people had expressed a interest in doing on a wish-list. The activities coordinator asked each person what they wished to do. Stories of three people's wishes were told to us: one person had been a train driver and wanted to visit the National Railway Museum in York, one wanted to

go to a tea dance at The Spa as they had danced a lot in their younger days and a third just wanted to have an ice-cream on the sea front. The activities coordinators had arranged for all three people (and others) to have their wishes realised. People were accompanied each time by the activities coordinators.

Staff used lifting equipment to assist people to move around the premises where required and this equipment was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Other items included slide sheets and supporting belts. The staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms wherever possible. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use.

Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and they had been risk assessed to use them.

Staff told us it was important to provide people with choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of main menu each day and if they changed their mind the cook usually catered for that. People chose where they sat, who with, when they got up or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff who key worked (developed a special trusting relationship) with people got to know family members as well and kept them informed about people's situations, where people wanted this. Staff encouraged people to receive visitors and spoke with people about family members and friends. People were encouraged to remember family birthdays and anniversaries.

The registered provider had an organisational complaint policy and procedure in place for anyone to follow. Most people we spoke with told us they knew how to complain. They said, "I'd tell the staff or the one in charge if I had something to complain about" and "I would speak to my family and they'd complain." One person said, "Staff speak nicely to us. I have no grumbles, but if I was unhappy there wouldn't be much I could do, but to ignore it. If it was serious I would tell the person in charge."

Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. The 'provider information return' sent to us by the registered provider told us that 17 complaints had been received and addressed in the last year. Records and the complaint log showed that complainants had been given written details of explanations and solutions following investigations and complaints were handled within timescales. We looked more closely at records for two of these complaints and saw the information held within the documentation was detailed.

Compliments had been received from relatives in the form of letters and cards and from the Clinical Commissioning Group who liaised with the service and funded some people's care. These included comments regarding satisfaction with the staff, paperwork, personalisation of the walls in the property, end of life care provided and care in general.

Good

Is the service well-led?

Our findings

People told us they felt the service had a pleasant, family orientated atmosphere, where whatever you asked for was accommodated. Family members said about the service, "It's friendly, supportive and well-led." Staff told us that the culture of the service was, "Friendly and positive." Staff were able to talk about the organisation's quality values.

At the last inspection the registered provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, because they had not ensured effective systems were in place to monitor and improve the quality and safety of the service delivery. Audits carried out failed to identify that best interest decisions were not being used to ensure people's rights were upheld when they were assessed as having no capacity to make specific and important decisions about their care.

At this inspection we found that the registered provider had made improvements to the quality assurance (auditing) systems so that they were more effective at identifying issues with service delivery. We looked at documents relating to quality assurance and saw that there were quality audits completed on a regular basis. Satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Quality assurance systems included audit checks, for example, on the management of medicines, staff training, staffing levels, care plans and safety of the environment. The organisation carried out regular Early Warning Assessment Tool (EWAT) checks, which involved the quality monitoring team auditing all aspects of service delivery in line with the Health and Social Care (Regulated Activities) Regulations 2014, as a means of identifying any shortfalls in the quality of care provided and the safety of the environment.

Meetings were held four times a year for people that used the service so that they could discuss any concerns they had and consider solutions to these. Meetings were also used to make suggestions for menus, activities, how the garden might be developed, outings and staffing. Relative's meetings were held four times a year and we saw that the one held in September 2016 had been advertised as a cheese and wine evening to encourage attendance. Letters were sent to relatives inviting them to meetings. Day and night staff meetings were held two to three monthly and areas such as work routines, complaints/compliments, safeguarding, answering the emergency call bells, accompanying people to hospital, body maps, back to work interviews and fire safety training were discussed. The showed the registered provider was now meeting the requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for the last five months, but had been managing the service for the last year.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The management style of the registered manager was open, inclusive, honest and approachable. Staff told us they expressed concerns or ideas freely and felt these were considered by the manager and if appropriate suggestions were put into action for a trial period. Some new initiatives that had been put into action included, for example, that the service now had a tablet for staff to access 'Twitter' on. This enabled staff to share information of good practice across the organisation. The service had a relationship with a local supermarket who had agreed to help the service turn one of the courtyards into an allotment for growing vegetables.

We asked the staff about HICA's 'visions and values' and they told us about the HICA poster campaign entitled 'How do you like your toast?' Staff explained the values behind the slogan as being those of respect for people's choice, individuality and preference. They put the values down to having a person-centred approach to meeting people's care needs. They said you had to find out what people wanted on a basic level so that their needs were satisfied.

People maintained links with the local community, where possible, through family visits, worship at local churches, visits from local school children and by frequenting local services and businesses: shops, stores and cafes. Relatives played an important role in helping people to keep in touch with the community by supporting people to shops, the theatre or for walks along the sea front.

Practice within the service was questioned so that improvements could be made. This was done through a variety of networks; the organisation was a member of the dementia academy and all dementia training was accredited. The organisation had a safeguarding lead who was also a member of the safeguarding board for East Riding of Yorkshire Council (ERYC) and Hull City Council. Registered managers at HICA attended ERYC Partnership Forum meetings in the local area. The registered manager at Red House – Care Home and several staff were Dementia Friends. HICA was a stakeholder with the National Institute for Health and Care Excellence and networked with Skills for Care.

The service kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.