Henson Healthcare (Whitby) Limited

Whitby Court Care Home

Inspection report

Waterstead Lane
Whitby
North Yorkshire
YO21 1PX

Tel: 01423508917

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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

We inspected Whitby Court Care Home on 28 October 2016. This was an unannounced inspection, which meant the staff and registered provider did not know we would be visiting.

When we last inspected the service in September 2015 we found two breaches of regulations. We found that staffing levels on the nursing floor were not always sufficient to care for people safely or to enable all people to pursue interests of their choice. We also found gaps in records which monitored people's clinical care needs, for example fluid and nutritional charts and moving and handling charts. Records of people's involvement about their care were not sufficiently detailed to ensure staff had the information they required.

At our inspection on 28 October 2016 we looked again at staffing levels and found that the registered manager had worked hard to recruit staff to ensure there were sufficient staff on duty to cover all shifts. People and relatives told us there was enough staff on duty to meet their needs. We looked again at fluid and nutritional charts and moving and handling charts. We found that in general staff ensured up to date and accurate information was contained with records; however there was still some improvement needed to ensure the care records of people were person centred.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whitby Court Care Home provides residential and nursing care for up to 50 older people, some of whom are living with a dementia. The building was recently built for purpose and presents an attractive living environment. There are a number of communal areas for people to use. On the ground and first floor of the service there is a large lounge area and a dining area. On the lower ground floor there was a beach room and garden room for people to spend time and pot plants. The lower ground communal areas did not have heating so was mainly used in the summer months. On the ground floor there was a small games room and a small café and on the first floor a train room with a working train set. There is a passenger lift to assist people to all floors and the home is located close to transport links and the local park. At the time of the inspection there were 48 people who used the service.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, nutrition, risks associated with people's health and behaviour that challenged. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. However, some risk assessments were generic and not individual to the person.

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. 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. People subject to DoLS had this recorded in their care records. However, mental capacity assessments were not decision specific. Best interest decisions were not recorded in care plans. We have made a recommendation about this.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People told us staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff were supported through regular supervision and appraisals.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional and hydration needs were met.
People were supported to maintain good health and had access to healthcare professionals and services. People had access to out of hour's medical care. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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.

Risks to people's safety had been assessed by staff, however some risk assessments were generic and not individual to the person. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific. Best interest decisions were not recorded within care plans.

Staff received the training they needed and were supported through supervisions and appraisals.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People and relatives told us that people were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others who to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and plans were produced identifying how to support people with their needs. Some care plans would benefit from more detail to make them more person centred.

People were involved in a range of activities and outings.

People and relatives we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Whitby Court 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 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.

We inspected the service on 28 October 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors and two experts by experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

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

We sat in communal areas and observed how staff interacted with people. During the inspection we spoke with 26 people who used the service and seven relatives. We observed the lunchtime experience of people who used the service and looked at communal areas of the home and some bedrooms. We also contacted commissioners of the service to seek their views on the service. They did not report any concerns

During the visit we spoke with the registered manager, the registered provider, a representative for HR and recruitment, a nurse, the office administrator, the activity co-ordinator, a senior care assistant and with four care assistants.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

At our last inspection of the service in September 2015 we found that staffing levels on the nursing floor were not always sufficient to care for people safely or to enable all people to pursue interests of their choice. At the inspection of the service on 28 October 2016 we found that the registered provider had taken action to address this and there were enough staff employed and on duty on a day to day basis to meet people's needs.

The registered manager told us how they had worked hard since the last inspection of the service to actively recruit the right staff to the right positions. The registered manager told us they were fully staffed with nurses and how there were only two vacant posts for care staff (one for days the other for nights). They told us how they had been able to cover these shifts with staff already employed at the service until such a time that new care staff were in post. This helped to ensure that people who used the service received continuity of care from the same staff.

Through our observations and discussions with people, relatives and staff members, we found there was enough staff with the right experience to meet the needs of the people who used the service. At the time of the inspection there were a total of 48 people who used the service. On the residential floor there were 22 people. The registered manager told us there was one senior care assistant and four to five care staff on duty during the day and overnight there was one senior care assistant and two care assistants. On the nursing floor (first floor) there were 25 people. During the day there was a nurse on duty and six care staff and overnight there was a nurse and two care staff. We looked at duty rotas which confirmed this to be the case. We spoke to people from both the residential and nursing floors who told us there were enough staff on duty on a day to day basis to support them. One person said, "There always seems to be one of them [care staff] around you don't have to look far." Another person said, "They [staff] are always in and out of here [lounge]." A relative said, "There always seems to be plenty of staff around when I visit and I never visit at the same time of day." From our observation when people needed help staff were visible and available to provide the help and support needed and call bells were answered in a timely way.

Staff told us how they worked as a team to ensure the needs of people who used the service was met. One staff member said, "We [staff] are very good at working together and supporting each other if one of us is busier than the other." Another staff member said, "I think there are enough staff on duty. There are always busier times than others like first thing on a morning but there are plenty of us around to help." Staff confirmed that if there was any sickness or holidays they covered each other's shift to ensure there was a plentiful supply of staff on duty.

We asked people who used the service about safety, one person told us, "It is very well organised and I feel very safe." Another person said, "I feel very safe and every one of the staff are so kind." One relative told us the person who used the service was "Safe and secure and this gives us peace of mind."

One relative expressed concern about the front door of the service. They told us the front door could be opened from the inside by pushing a button, which enabled people to enter or leave the service. The front

door was not manned by staff at all times and the reception area was not near to the entrance and exit which meant potentially there was a risk that vulnerable people could leave the service unnoticed. We pointed this out to the registered manager at the time of the inspection who told us they were to take action to address this.

The registered manager had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. Policies were in place in relation to safeguarding and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. All the staff we spoke with had a good understanding of the correct reporting procedure. Staff were able to tell us about the registered provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, nutrition, risks associated with people's health and behaviour that challenged. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. Staff who were able to tell us clear triggers to people's behaviour that challenged. They told us of actions they took to minimise the identified risk. However, some risk assessments were generic and not individual to the person. For example the falls risk assessment detailed the same measures to ensure safety for all people. People were risk assessed as being either low, medium or high risk. If people were identified at high risk of falls then the risk assessment (a pre-printed document) detailed to ensure supervision when mobilising, for staff to undertake regular checks during the night and to ensure the person was not left isolated. The falls risk assessment was not individualised to the person. A discussion took place with the registered manager and registered provider in respect of this who told us they would review risk assessments as a matter of importance.

We looked at the recruitment records of four staff which showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers, hoists and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incident in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

We looked at the systems in place for the management of medicines on the residential floor. Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the home by the pharmacy usually about seven to 10 days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Staff told us by having the medicines delivered early this ensured continuity of supply and enabled them to rectify any incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

Each person's medicine record began with a photograph of the person it related to and an overview of any known allergies they had. This helped staff to ensure the right person was receiving the right medicines. We reviewed five people's MARs and saw that medicine administration was clearly recorded without gaps. Where people did not take their medicines the reason why was clearly recorded.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, (CDs) which are medicines that require extra checks and special storage arrangements because of their potential for misuse. We saw that controlled drugs were managed appropriately.

All staff responsible for the administration of medicines had their competency checked on an annual basis to ensure the followed safe practice. This meant staff were supported to administer medicines safely.

Good

Is the service effective?

Our findings

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).

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. At the time of the inspection six people were subject to DoLS authorisations with a further two awaiting authorisation. However, during discussion with the registered manager and staff during the inspection it became evident that more people who used the service were lacking in capacity and required assessment. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire.

The registered manager told us that some people who used the service lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. The registered manager and staff showed us some MCA assessments they had completed for people who used the service, however, there was only one MCA assessment a person. Staff had not individually assessed people's capacity to make different decisions about areas such as health, medicines, the use of equipment and more and best interest decisions were not recorded within care plans.

We recommend that the provider consults best practice guidance to ensure people are protected under the Mental Capacity Act 2005 around making decisions about their care.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this. One staff member told us staff delivered care and support to people when they wanted it. The staff member said, "If people don't want to get up, we come back later. If someone doesn't want a bath, we encourage them to have a wash and offer a bath again later. We keep an eye on people and report things when we need to. Sometimes we need to take further action and discuss what's in people's best interests with the manager."

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "The staff are very good indeed." Another person said, "The staff seem so experienced and certainly know what they are doing. A relative we spoke with said, "They can't do enough for [person who used the service] they really can't." Another relative said, "The staff do an amazing job."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire safety, equality and diversity, moving and handling and first aid. Staff had also completed other training in back care, communication and dementia. A nurse we spoke with during the inspection told us they received additional training relevant to their role such as catheterisation, syringe driver training and venepuncture.

All new staff were subject to an induction period, which included familiarisation with people's individual care needs, shadowing more experienced members of staff and reading policies and procedures. All staff were subject to probationary reviews to make sure they were competent to carry out their role. During the inspection we spoke with a staff member who had been recently recruited. They confirmed that they had shadowed more experienced staff and had completed other induction training. They said, "This is a lovely home and every one of the staff is so friendly and welcoming."

Staff were invited to participate in regular supervision and an annual appraisal, which included a behaviour and skills framework. This included a set of core competencies which all staff were expected to follow. We looked at the supervision records of six staff and found they had received between four and seven supervision sessions and an annual appraisal during the last year. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

All staff were subject to a practical appraisal each year which assessed their ability to provide personalised care and support to people. This meant staff were supported to deliver the care and supported expected by the registered provider. Staff told us they felt well supported and confirmed they had received supervision and an annual appraisal. A staff member we spoke with said, "[Name of registered manager] is very supportive and approachable. We all get on with each other and work well together."

People were supported to maintain a healthy diet. We looked at the home's menu plan, which provided a varied selection of meals and choice. People confirmed they were provided with choice. One person said, "Every night a member of staff comes around and we can pick what food we want for the next day." Another person said, "There certainly is plenty of choice and variety." A relative said, "If mum doesn't like the food choices the staff will make her a sandwich."

We observed the lunch time of people who used the service and saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. There was music playing in the background which created a pleasant ambience. Some people were provided with clothes protectors which enabled people to eat independently without staining their clothes. The atmosphere was relaxed and people enjoyed their lunch.

Some people needed help to cut up their food and others needed full assistance to eat. We observed staff assisting people and saw they were given small mouthfuls and given enough time to eat their food before the next mouthful. When people were finished they were asked if they would like anymore. Staff respectfully spoke with people and provided them with drinks.

At each meal time staff asked people who used the service if they had enjoyed the food. For those people with limited communication they took note of how much food people had eaten and their body language. Staff kept a record of the evaluation of the meal time and made changes if people did not like what was on the menu.
The registered manager told us that all people who used the service had undergone nutritional screening to

identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people are weighed at regular intervals and depending on the risk appropriate action was taken to support people who had been assessed as being at risk of malnutrition.

For those people who required careful monitoring with their fluid intake we saw that records had been kept of their fluid intake. We found these included the volumes of liquid offered to people and consumed by people. This meant staff could appropriately monitor people's hydration levels.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician, community nurses and their GP. Staff told us they had good relationships with the Gp's and community nurses who visited people. The majority of people who used the service were registered at the same GP practice. We were told how the GP or nurse practioner visited every Wednesday to see any people who had non urgent problems and who did not require a same day visit from the GP. Staff told us the GP would visit at any time if needed. The registered manager told us they had access to an out of hour's service for primary care, once the person's GP practice had closed. If people were unwell they would contact the out of hour's service. They would take a lap top which had a camera attached so that when a connection was made the nurse practioner or doctor for the out of hours service could see and speak with the person who used the service directly. The nurse practioner or doctor where then able to make a diagnosis and prescribe any treatment that may be required. The registered manager described this out of hours support as "Invaluable." They told us how this had reduced the number of hospital admissions. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. People told us staff acted quickly when they became unwell and relatives told us they were kept them up to date with the outcome of any doctor or hospital visits. One person said, "I have no problem getting to see my GP or the nurse." Another person said, "The nurse visits the home on a regular basis."

Good

Is the service caring?

Our findings

People and relatives we spoke with during the inspection told us they were very happy and that the staff were extremely caring. One person said, "The carers are wonderful and very kind." Another person said, "All the girls are nice." Another person said, "The staff are very good indeed." A relative said, "All the staff are very kind and extremely caring. They [staff] have a lovely approach with them [people]."

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important.

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Staff delivered support in a kind and caring way. Staff supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. Staff made an effort to speak with people as they were moving around the building, and often stopped in the lounge area to chat. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed and their hair style. Staff interacted well with people and provided them with encouragement.

People were treated with dignity and respect. One person told us, "The staff are very respectful and always respect my privacy." Throughout the inspection we saw staff had friendly but polite and professional conversations with people, using their preferred names and asking for permission before delivering support. Staff knocked on people's doors and waited for a response before entering. We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. Discussions amongst staff about support delivered took place away from communal areas in order to protect people's identity and confidentiality. Staff recognised the importance of maintaining people's dignity and treating them with respect, and we saw staff putting this into practice. We observed staff providing reassurance to people when they struggled to remember events or people in photographs. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member said, "I enjoy my job and I love coming to work. I find this to be very rewarding."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend

time on their own. This helped to ensure that people received care and support in the way that they wanted to.

One person had a hospital appointment at lunchtime and would miss their meal. Staff asked the person if they would like a sandwich making to take with them on their journey to the hospital. Staff knew the person would be away from the service for some time and wanted to make sure their nutritional needs were met. This showed that staff were caring.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection one person who used the service required an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager told us how the advocate had been making regular visits to the service to support the person.

Good

Is the service responsive?

Our findings

People and relatives confirmed that staff were responsive to their needs. One person said, "Everyone helps everyone." Another person said, "Staff are always there when you need them." Another person said, "They do their best to make sure I have everything I need and I definitely feel very well looked after." A relative said, "This is a good home with good staff."

During our visit we reviewed the care records of six people. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about their care and support and developing the care plans.

Some care plans were better than others. For example the behaviour that challenged care plan for one person clearly recorded the reasons for the challenging behaviour including any communication barriers and action that staff were to take if the person presented as needing support. The sleep care plan for another person identified the times the person liked to go to bed and get up as well as the times they could be awake during the night. This meant that staff had the written guidance on how to support people.

Staff were able to tell us about each person's individual needs and the support they needed but some care plans did not contain sufficient detail to be person centred. For example the hygiene and dressing care plan for one person informed staff that the person needed assistance to wash or shower but it did not detail what this support was. The care plan for another person told us they needed help with dressing but did not tell us what this help was. We spoke with staff who told us staff needed to carefully support the person's arms through their clothes, but this was not recorded within the plan of care. Another care plan identified the person was prone to constipation but didn't detail what staff were to do if the person became constipated. We pointed this out to the registered manager at the time of the inspection who told us they would ensure that a review of care plans was completed and that all care plans were person centred.

The registered manager told us how care plans for all people who used the service were in the process of being upgraded to be stored electronically. Staff had been provided with hand held iPod devices. The system enabled staff to update important events, care or daily care recordings and more instantly. This meant all care plan documentation would contain the most accurate and up to date communication. They told us how this comprehensive care plan system would enhance practice and the quality of the service provided. This electronic system could also be used by families to log in and look at care planning records which helped to ensure families were involved in the care planning process more readily. The registered provider told us how this new electronic system would enable them to monitor care practice 24 hours a day as they were readily able to access the care planning information and updates provided by staff. They told us how this would help to ensure the safety and wellbeing of people who used the service was promoted.

The registered manager and staff told us the service employed two activity co-ordinators to arrange activities and outings for people who used the service. One of the activity co-ordinators worked 15 hours a

week and spent more time with people who were accommodated on the nursing floor. The other activity co-ordinator worked 20 hours a week and spent time with all people who used the service. We were told that activities such as arts and crafts, dominoes, singing, gardening music afternoon, reading sessions and bingo took place on a daily basis. We were told that the service celebrated each person's birthday and there were social events and activities organised at different times during the year such as Easter, Halloween and Christmas.

People had access to activities on an individual and group basis. We observed a staff member looking at a photograph album with one person. There was lots of discussion about the photographs and staff were able to provide prompts to help the person remember the occasions which the photographs related to. We could see the staff member knew this person well from the detail of information they were able to provide.

We observed a group activity of people making Halloween decorations. We also observed staff singing and dancing with people. Staff provided people with the encouragement needed to participate in activities. In another activity in the afternoon the activity co-ordinator made objects and animals out of balloons. We saw that people enjoyed this activity. There was also an entertainer who came into the home to sing to people and people were seen to sing along, move their body, dance and enjoy the entertainment. People made comment about how they had enjoyed the entertainment. People spoke very highly about the activities provided at the service. One person said, "We really like [name of activities co-ordinator]. He is very bubbly and has good banter." Another person said, "There is singing this afternoon which I am looking forward to [name of activity co-ordinator] is very good." A relative said, "They encourage family activities, such as taking mum out for coffee or out in her wheelchair." Another relative said, "The beach area is beautiful."

Before the inspection we contacted commissioners of the service to seek their views on the service provided. They told us 'Feedback from reviews held indicated that clients and families are happy with the services, standards of care and practice. Staff ensure that activities are not just centred around basic daily living tasks but are meaningful, promote interaction and are person centred.'

The majority of activities took place in communal lounge or dining areas, however there were other rooms in the service for people and relatives to use. On the ground floor of the service there was a small café area where people and their relatives could enjoy complimentary hot drinks from beautiful cups and saucers. On the lower ground floor there was a beach room which had sand on the floor and deck chairs. There was also a garden room which people who were interested in gardening used for the potting of plants. The lower ground was not heated so was generally used during the summer months. On the first floor of the service there was a train room which was set out with memorabilia of Whitby and a working model train set.

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made by people and relatives. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One person said, "The manager is always around and about if you need to speak to her."

Good

Is the service well-led?

Our findings

At our last inspection of the service in September 2015 we found gaps in records which monitored people's clinical care needs, for example fluid and nutritional charts and moving and handling charts. At the inspection of the service on 28 October 2016 we found that the registered provider had taken action to address this.

People who used the service and relatives spoke highly of the registered manager. One person said, "She is lovely and very approachable." Another person said, "It [the service] is very well organised." A relative we spoke with said, "[Name of registered manager] is very good and very approachable. In fact all of the staff here can't do enough for you."

The home had a registered manager who became the registered manager in February 2015. Staff, people and relatives told us the culture in the home was good and the registered manager was approachable. Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service.

Staff had a clear sense of the culture and values of the service, which they described as providing good quality care and treating people as individuals. The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

There was a clear management structure in place, led by an effective registered manager who understood the aims of the service. The registered manager had a detailed knowledge of people's needs and told us they prioritised high quality care. Staff spoke positively about the registered manager, describing them as supportive. One member of staff told us, "Name of registered manager] is good. I always go to her and the [name of registered provider] visits every week." The registered manager told us they were, "Proud of the staff team."

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included monthly infection control audits, checks on care records and checks on medicines.

Feedback was sought from people who used the service and relatives through a variety of different surveys. People were invited to complete a survey after staying at the service for eight weeks. This included feedback about information given, the ability to meet their needs and communication. We looked at six of the most recent responses and found the feedback was positive in all areas. Two surveys had been completed in July 2016 to explore people's leisure and social activities. This meant the activity co-ordinators could provide activities which met people's personal interests. The service completed audits on food and the mealtime experience each week with people. We looked at the surveys available and could see people were generally happy with the food provided. There were lots of positive comments contained in the feedback. We also found surveys were carried out for the cleanliness of the service and people's experiences which were also positive. People and their relatives were invited to carry out an annual feedback questionnaire. We could see these had only been given to a small number of people; however the feedback was positive in all areas.

The registered provider had systems in place to keep in regular contact with staff. All staff were regularly emailed about meetings and training. The registered provider told us that this was a quick way of keeping in touch with staff and they had received positive feedback from staff about this method of contact. Staff told us they were asked for their views and encouraged to make suggestions at meetings.

People and relatives were invited to attend meetings about the service. We could see people actively attended these meetings which were chaired by the activity co-ordinator. People were kept informed about upcoming events, concerns and compliments. We could see when people had made suggestions then these had been taken seriously and acted upon.

The service has been accredited with the Gold Standards Framework, which is a national training and end of life accreditation programme. This meant the service was committed to ensuring people and their family were supported well at the end of life.