

Carleton Court Residential Home Ltd

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Inspection report

Carleton Road
Skipton
North Yorkshire
BD23 2BE

Tel: 01756701220
Website: www.carletoncourtskipton.co.uk

Date of inspection visit:
25 January 2017
22 February 2017
03 March 2017

Date of publication:
11 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection started on 25 January 2017. Day one of the inspection was unannounced. We visited on a further two dates: 22 February and 3 March 2017. We told the provider we would be visiting on these dates.

The service was last inspected in February 2016 and was rated requires improvement. We found the registered provider had breached four regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to lack of staff, poor cleanliness of the premises and equipment and lack of maintenance. In addition to this, we found shortfalls in the formal assessment of quality and safety by the registered provider and failure to protect people by not doing all that was reasonably practicable to mitigate risk.

We saw improvements had been made in all areas at this inspection. The registered provider had worked with consultants to assess the quality of the service and improve. This had led to the employment of a new manager whom we received positive feedback about from people, their relatives, staff and visiting professionals. We saw the registered provider was committed to making further improvements and we were confident this would happen. We gave time in between the dates of inspection to support the registered to manager to allow for the manager to be inducted and support the inspection process.

Carleton Court is a large property which offers numerous communal lounges for people to spend time in. The service is close to the market town of Skipton. The service provides accommodation for up to 24 people who required support with personal care, some of whom may be living with dementia. At the time of the inspection 22 people lived in the service.

The home had a newly recruited manager who had started the process to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

We recommended the registered provider reviewed their policies to ensure they reflected current best practice/ law to ensure quality and safety. This would mean staff had the guidance to carry out their role effectively.

People told us they felt rushed, that this meant they did not always experience positive care and that staff did not have time to spend with them. A new dependency tool had been used to determine the staffing levels required to meet people's needs. This had led to the registered provider assessing the housekeeping staff role and focusing more on effective deployment of staff. On day three of the inspection we observed improvements had been made. The registered provider was committed to improving the experience of people who used the service.

We found recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. The full work history of applicants had not been documented and the registered provider told us they would improve the system following the inspection.

The care plan system was being developed by the registered provider and manager. The new system aimed to assess risk using recognised tools and ensure all control measures were referenced in care plans for staff to follow. Person centred detail on how a person liked to be supported would continue to be included. We saw people and their relatives were involved in developing their care plan

People enjoyed the activities on offer but had asked that more be available and that their individual hobbies and interests were taken into account more. The registered provider had started to implement new initiatives to support this.

Staff had a basic understanding of the requirements of the Mental Capacity Act (2005) and worked to ensure they supported people to make their own decisions. The required documentation to evidence assessment of capacity and best interest decisions was not in place. The manager demonstrated an example of how this would be rolled out in future.

Systems in place for the management of medicines were safe overall. The system required some further improvements to ensure all good practice was incorporated.

Systems in place to monitor and improve the quality of the service provided had been improved and had been effective at highlighting issues we had also found. We were told that quality assurance systems were to be developed further in future to incorporate formal recorded monitoring from the registered provider.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. The registered provider was working closely with the local fire officer to improve evacuation times which would promote people's safety.

The registered provider had a system in place for responding to people's concerns and complaints. People said they would talk to the registered provider or staff if they were unhappy or had any concerns.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

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

We saw people were provided with a choice of healthy food and drinks and people had been referred to see health professionals where required.

Overall we saw significant changes and initiatives at this inspection where the commitment and hard work of the registered provider and their team to drive improvement were very apparent. Although we have not been able to improve the overall rating, we did not find any breaches of regulation at this inspection. We made some recommendations about further improvements that were required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some medicines management systems required reviewing so that staff had all the information they required.

Records showed recruitment checks were carried out. However, a full employment history had not been recorded. Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Health and safety had been reviewed and improvements such as care plan risk assessments and fire evacuation were part of an action plan the registered provider was implementing.

The registered provider had new tools to ensure staffing levels were safe and could meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received supervision and support. Training had been completed or was scheduled.

Staff worked to ensure they empowered people to make their own decisions. Better records to document the process around the Mental Capacity Act 2005 were planned for.

People were supported to make choices in relation to their food and drink and to maintain good health.

Good ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

Good ●

People were supported to maintain their independence and skills.

Is the service responsive?

The service was not always responsive.

Care plans contained person centred detail to ensure people received support how they wanted it. Better links to risk assessment information were needed to make the documents more robust.

People had opportunities to take part in activities and had asked for more to be available. The registered provider had started to respond to this.

People who used the service and relatives were involved in decisions about their care and support needs. A complaints process was in place and people told us they felt confident raising concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

We recommended that policies were reviewed to incorporate current best practice / law. This would provide staff with required guidance.

Quality assurance systems had been reviewed and improvements made. Further developments were planned and the registered provider had committed to this ongoing continuous improvement.

The service had a new manager who had applied to become registered. Staff we spoke with told us the manager and registered provider were approachable and they felt supported in their role.

Requires Improvement ●

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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.

Day one of the inspection on 25 January 2017 was unannounced. We told the registered provider we would visit on subsequent days which were 22 February and 3 March 2017. The inspection team consisted of an adult social care inspector on all days plus an expert by experience on day one. 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 of the information we held about the service. This included information we received from statutory notifications made to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur which they are required to do by law.

We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion who gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who lived at the home and two of their relatives and/or visitors. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

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

During the visits and following the visits we spoke with the manager, registered provider, two senior care workers and two care workers. We also spoke with the cook and maintenance worker. Following the inspection we spoke with or sought feedback from three professionals who spent time in the service regularly.

During the inspection we reviewed a range of records. These included three people's care records that contained care planning documentation and medication records. We also looked at three 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.

Is the service safe?

Our findings

At the inspection in February 2016 the registered provider had not ensured enough staff were deployed which meant people were at risk of not receiving safe care and treatment. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18.

We looked at the arrangements in place to ensure safe staffing levels. People we spoke with told us they felt safe although they did feel rushed and explained care workers often had to break off to respond to other people. One person said, "They don't have time to stand and chat. They are rushed off their feet" and "When I was supported to dress this morning it happened so quick I was all of a dither." People told us if they pressed their buzzer staff did respond within a few minutes and they did not have to wait long for assistance.

Following the last inspection the registered provider had increased staffing levels during the daytime. Staff told us on day one they were very busy and we observed they were hurried and disorganised. A member of staff told us, "I would like to see more staff. The routine is not always flexible, everything gets done but for me it would be nice to spend more time with the residents, maybe take them out for a walk. This could happen now but it would stretch the routine."

The registered provider sourced a dependency tool following our advice on day one to enable them to determine the required staffing levels to meet people's needs. The results were shared with us by the registered provider on day two of the inspection. The tool showed staffing levels were within the lower average zone. Subsequently the registered provider reviewed their staffing and how they deployed staffing following the results. The registered provider invested in more housekeeping time to relieve care workers from household tasks so they could focus on care tasks.

On day two and three we saw staff were more focused and were able to complete all tasks expected of them in a more organised way. The registered provider hoped this would impact positively on the experience for people who were supported at the service. We determined levels of staff were safe to meet people's needs.

The registered provider told us they would use the new tool frequently in future to ensure safe staffing levels were maintained and also seek feedback from the people who used the service.

At the inspection in February 2016 the registered provider had not protected people by doing all that was reasonably practicable to mitigate any risks in relation to medicines management. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 12.

The arrangements in place for the safe management, storage, recording and administration of medicines were safe overall, but required some further improvements to ensure the systems incorporated good practice guidance and thorough audit. For example, the service did not use topical medicines administration records or have robust 'as and when required' protocols which told staff members where and when the medicine was to be used. During the inspection senior care workers started to implement these systems and showed examples of the improvements they had already made.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. Staff responsible for administering medicines had received training and were competency checked.

We checked people's Medicine Administration Records (MARs) and found on a small number of occasions medicines had not been signed as given. We saw the date of opening on one bottle of eye drops had not been recorded; this meant staff would not know when it was due to be disposed of. The issues we found had been highlighted by the registered provider's own quality assurance system. The manager and senior care workers had already started to adapt systems to prevent a reoccurrence. This included the development of a medicines incident reporting system to help understand the patterns and trends in medicines errors.

We observed how staff supported people with their medicines and saw they were patient and explained what all their medicine was for. People were offered a drink to help them take their medicines.

People and their relatives were mostly happy with the support around medicines. One person told us how staff did not always wait to see if they had taken their medicine and they had chosen to throw them away on occasion. We discussed this with the manager who explained they were not aware of this but that this was something they would look for during audit and competency assessments because staff must ensure people had taken their medicine.

At the inspection in February 2016 the registered provider had failed to protect people against risks associated with the adequate maintenance of the environment. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 15.

The infection control team from the NHS had visited the service in January 2016 and found the environment unclean in parts and they made recommendations to improve cleanliness and safe systems of work.

On day one of our visit we saw areas which were unclean and equipment which was not maintained to prevent the spread of infection. The registered provider had already developed an action plan to improve and by day two we saw improvements had been made. An increase in the number of housekeeping hours, some refurbishment and better organisation of work activities had achieved this.

There were still elements of the action plan to implement but works were planned following the inspection. A more thorough audit system was in place. The registered provider had also sourced more audit tools and they told us they would be implemented following the inspection.

We looked at records which confirmed checks of the building and equipment were carried out to ensure people's health and safety. We saw documentation and certificates to show relevant checks had been carried out, for example, on the fire system and gas safety where checks had been completed. The

registered provider had started to develop better safety checks with the maintenance worker. We observed that some bed rails were not safe when we walked around the service. We provided guidance from the Health and Safety Executive for the registered provider to use and on day two they had organised for the NHS (who owned the equipment) to provide safer bed rails.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. The fire officer was working with the service when we inspected to support them to improve their evacuation plans and the time it took to complete an evacuation. This demonstrated the registered provider's commitment to continuous improvement.

Accidents and incidents were recorded and reviewed monthly to enable any lessons learnt to be implemented to prevent the risk of reoccurrence where possible.

We spoke with the manager about safeguarding adults and actions they would take if they witnessed or suspected abuse. The manager told us since they had started in post all incidents were recorded and the staff team investigated concerns and reported them to the local authority. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. Records confirmed training was available to ensure staff understood their responsibilities and how to recognise and raise concerns.

We looked at the registered provider's policy which was undated and referenced a local authority not relevant to the service. We recommended that the registered provider reviewed the policy to ensure it captured all up to date and relevant information to support staff to raise concerns when needed.

On day one of the inspection the new manager told us they would be working on a project to revise the care plans system and risk assessment process. They had only been in post a few weeks but they knew work was needed to evidence safe evaluation of risk and to record how staff must work to reduce the risk of harm to people. The documentation was not easy to navigate and did not contain the use of recognised good practice risk assessment tools such as those to assess falls. Where recognised tools were in place members of staff were not using them to their fullest. This meant people may not have benefited from the control measures identified in the risk assessment.

When we spoke with staff they knew people's needs and how to keep people safe through their knowledge and through information sharing at handover and in meetings.

By day three of the inspection the manager had produced an example of the format to be rolled out across all care plans. This contained the use of recognised tools to assess and monitor risk, and cross referenced control measures needed to minimise the risk of harm into the care plan descriptions. The manager told us they would be working to implement the new style care plan over the coming months for all of the people who used the service. This meant staff would have access to all the information they needed to keep people safe.

We looked at three staff files and saw the staff recruitment process included completion of an application form, a formal interview, reference checks 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 vulnerable adults.

We saw full employment histories were not always recorded in staff files. Documents such as interview records were not always available, dated or fully completed. The registered provider told us they would ensure candidates full employment history was recorded in future. In addition to this, they told us they would also ensure that robust completion of all documents would be carried out to provide a full audit trail of the process which evidenced a candidate's suitability to work with vulnerable people. Overall we found the recruitment process was safe.

People and their relatives told us they felt safe. One person said, "Yes I feel safe, I would tell someone if there was something wrong" and, "I can't grumble, they've been alright up to now." A relative told us, "I feel my family member is safe."

A visiting professional told us they felt confident that when issues occurred the senior staff were responsive to issues and put appropriate actions in place.

Is the service effective?

Our findings

People told us that staff were very busy; people said they felt hurried at times and interaction with them was mainly task orientated. People gave examples of situations where they felt staff were not focused or they did not know the best way to support them. For example, people had been knocked by the hoist which had caused pain when they were being supported.

We determined the feedback on the experiences people disclosed was caused by the staffing levels and how they were organised noted in the previous section of this report, and not the lack of training staff had received. The manager and staff were keen to support people effectively so they received good outcomes. Through monitoring of staff performance and the re-introduction of residents meetings the manager expected they would be able to tackle issues if they received negative feedback in the future.

We looked at the training staff had received and could see the registered provider worked with an outside training provider to train staff. Staff received a knowledge booklet and were asked to record the answers to questions which were subsequently marked externally by the training provider. The registered provider told us, "We feel this works better for staff and the information they take in is better." We saw a training matrix which clearly identified what training had occurred, training due and courses booked to ensure staff received the knowledge they needed to complete their role.

Members of staff told us, "My induction has been excellent, I shadowed on shift to get to know people first. They bent over backwards to help me. The carers are excellent and gave me no end of support." Another member of staff said, "I have been pleased with my induction, I did moving and handling, I was briefed on the routine and provider training is always ongoing."

All staff who were new to care work were being supported to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. This meant that people who used the service were cared for by staff with good basic knowledge and skills on which to base their practice.

Staff we spoke with during the inspection told us they felt well supported and they had received regular and effective supervision. Records we saw confirmed the manager had a system in place to ensure staff received the support they needed to perform their role.

The manager had put a plan in place to complete staff appraisals once they had worked alongside staff for a number of months. This was so they could gather enough information to provide staff with meaningful feedback on their performance.

We discussed with the registered provider the needs of people they supported who were living with dementia. The environment had been adapted to help people navigate their environment independently and safely for example, by using appropriate signage and ensuring hazards such as laundry rooms were made safe.

The registered provider had also sourced a good practice tool to help assess what level of skills a person had and how they could be encouraged to continue using their skills in everyday activities. This was to make sure activities were meaningful. The manager told us this was something they would use to develop people's care plans as they were reviewed and that staff would be coached in how to understand the tool. The tool was called Pool Activity Level (PAL) and is a recognised best practice tool when supporting people living with dementia.

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 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).

All staff had started to develop their knowledge around MCA and DoLS. One member of staff told us they had learnt, "It is about people's rights to dignity and respect. To make sure people have choice, we put information in certain way which is clear and simple. We use a calm manner and positive body language. This all means we support people to make their own choices. I treat people as my own family." Care plans reflected that people needed more time and simple instructions to help them make their own decisions. We saw this happened during the inspection.

We saw people who had capacity to make their own decisions had signed to consent to their care. Where people lacked capacity to consent documentation was not always available to evidence that MCA assessments or best interest decisions had been made. The registered manager showed us one example on day three of how they would be implementing MCA when reviewing people's care plans. We found the manager understood the principles of the MCA and how to record best interest decisions.

The manager of the home spent time gathering information following day one of the inspection around the people who were authorised to be deprived of their liberty and people who had an application submitted which was awaiting assessment. On day two of the inspection this information was available to view. The registered provider told us a system was in place for staff to understand this information.

People told us they got plenty to eat and drink throughout the day and they could have snacks when they chose. They told us they were involved in the choice of food available on the menus. We saw this was the case. Comments included, "We have plenty to drink during the day and a choice of options at lunchtime", "The food is smashing" and "We have decent meals."

We observed mealtime support on each day of the inspection and saw people were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room with table cloths, napkins and flowers; people were seated together so they could chat over their meal. Staff were kind and attentive and they offered people the options available, explaining clearly so people could make their own choice. One person told us how staff had worked with them to look at different options for their menu so they had food which suited their needs.

People were supported to be as independent as possible to eat their meal; we saw adapted cutlery and crockery was used to aid independence. Those who required assistance were supported sensitively and patiently with control given to the person so the person chose what to eat from their plate.

Staff were aware of people's needs and preferences and this information had been shared with the cook. We saw some people chose to get up later in the morning and have a leisurely breakfast. However, we saw their lunchtime meal was still served with everyone else. This meant the person was not necessarily hungry. We discussed this with the manager who told us they would speak to staff about letting the cook know when people might require a later lunch.

Staff knew which people were being monitored around their food intake and hydration. We saw referrals had been made to health professionals when people had lost weight and where staff required support or advice. This meant people received appropriate support around nutrition and hydration.

People told us they received good medical support when needed. One person said, "If I am unwell they send for the doctor right away. I knocked my leg twice and it bled so they sent for the doctor."

People had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor and records were kept of those visits. The registered provider said they had good links with the doctors and district nursing service. Families were fully involved in decisions about people's health where required.

Is the service caring?

Our findings

At the inspection in February 2016 the registered provider had failed to provide people with appropriate care due to lack of staffing. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 12.

People and their relatives told us they felt the service was caring and friendly. One person said, "I like it here, very kind and helpful. It's friendly and has a nice atmosphere." A relative told us "The carers are fabulous. They are straight with my dad. [Name of care worker] is really good; we are really pleased with it." And, "I searched the area for a care home and Carleton Court had the best atmosphere and was homely, this is why I chose it."

A visiting professional told us, "People are well cared for; people have always had a bath or wash." A second visiting professional told us, "Staff appear to care for the residents well, and always seem to speak to them in a caring manner. There have been some incidents in the past where care standards have not been at the level I would expect. I feel under the new management this should improve and the new manager appears to be proactive."

During the inspection we spent time observing staff and people who used the service. We saw there was a relaxed and friendly atmosphere. Throughout we saw staff interacting with people in a very caring and friendly way. A new care worker told us, "It is a really nice and friendly environment. There is no institutional practice and the residents get plenty of choice."

Staff treated people with respect and they spoke to people gently. One person told us, "Pretty much they are kind and gentle." Observation of the staff showed they knew the people very well and could anticipate their needs. For example, we saw one person who was anxious. Staff approached them gently and listened to their worries. They skilfully supported the person to relax and become calm through their intervention.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw this happened and one person told us, "If the door is closed they always knock before they come in." A member of staff told us, "We do exceptionally well with people and all work together, we treat people with respect." This showed the staff team was committed to delivering a service that had compassion and respect for people.

Staff we spoke with told us they enjoyed supporting people. They could tell you people's preferences, likes and dislikes. For example, staff spoke to people using the name the person had chosen and one person told us "Staff asked me if I minded being supported by a male carer. If I am in the bath they always ask if I need help and if I am alright with their care or if I want someone else." The way in which staff spoke about people

showed they were committed to ensuring people's health and wellbeing.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

During the inspection people showed us their bedrooms. They were personalised and people had brought family pictures, furniture and ornaments to help make them feel at home. Relatives and visitors told us they were welcome to visit at any time and were always made to feel at home. One person told us how staff made them feel cared for when the cook had made them a birthday cake and all the staff had sung happy birthday. The person told us they were moved to tears by the gesture.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat and drink and how people wanted to spend their day. We saw people made such choices during the inspection days. People told us about the independent life they had outside of the service as they visited the local area alone or with their relatives. A person told us how they set the table for meals and made the dining room look welcoming for their fellow residents.

A diverse group of people lived at Carleton Court; staff supported people to be individuals and respected each person's diverse needs. One staff member told us, "I don't see diversity as an issue, but another challenge. Everyone has their own ways and we find a balance with what is safe. Carleton is built around working through issues to problem solve. For example, one or two people don't like male support and they are given a choice about this."

We saw staff used an area of the conservatory to complete their paperwork which meant someone could be present with people and ensure they were safe. This could have resulted in a lack of confidentiality. In addition to this, the area did not look homely. We discussed this with the manager and registered provider. They told us they would look for a solution which meant staff could still use the area but that the paperwork was not on show which would promote confidentiality.

At the time of our visit one person was using an advocate to support them make decisions. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Is the service responsive?

Our findings

At the inspection in April 2016 we made a recommendation for the provider to look at appropriate and meaningful activities for people.

The registered provider had responded to this by sourcing the Pool Activity Level (PAL) assessment. The manager told us this would be used as they developed new care plans for people over the coming months. It was expected that the PAL tool would provide staff with the knowledge of how to best use people's skills to engage them in activity of daily living alongside social activities.

People gave us varied feedback about activities. They told us they enjoyed the activities on offer which included singing, playing games, and outside entertainment (which more recently had included a magician). However, some people said they were bored at times and needed more stimulation. One person said, "If I could just get out for ten minutes in the morning and afternoon into the fresh air I would feel so much better, get a bit of an appetite."

Staff were keen to develop the social side of the service and one member of staff told us, "We go around the people who like to stay in their rooms and read books etc." Another member of staff said, "We do look at individuals and pick activities which will stimulate people's minds, for example, [Name of person] likes dominoes."

We discussed this feedback with the manager and they told us the plans they had to improve activities and to ensure members of staff had time to spend with people. The time during the afternoon following lunch was when more formal planned activities took place. As part of the new care plan development they told us people's preferences and social needs would be assessed to help staff understand how to personalise activities better.

The manager told us they would monitor feedback from people as they introduced 'residents' meetings once more. The manager had plans in place to record what activities people had taken part in and for this to be reviewed each month.

We reviewed the care records of three people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. This demonstrated people and their relatives had been involved in developing the care plan.

We saw each person had a 'Pen picture' document which contained information and memories to help staff get to know a person. Care plans were person centred and contained information about how the person liked to be cared for. We saw a description in one person's care plan about how the person liked their breakfast tray setting up to have breakfast in their room. A member of staff was keen to tell us, "Part of my induction included learning about peoples preferences and also that preferences can change. We get to know people through chatting, and respect that one day a preference may change and the person may want something different." A relative told us, "They support people as people, for example, my dad likes to read

his newspaper in peace and quiet and they make sure he is supported with this."

A visiting professional told us, "When residents needs have changed the home asks for appropriate reviews. I highlighted the need for a slide sheet (to help staff move a person safely) and I believe this was implemented by the home owners."

We found care plans were reviewed on a regular basis. The manager had recognised the care plan system needed to change so it more clearly set out people's needs and that each area needed to be risk assessed appropriately. The manager showed us the new format which was a better format for staff to follow and included all relevant information. The manager told us the new format would be rolled out over the next six months.

We were told there had not been any formal complaints in the past 12 months. We saw the procedure was advertised on the notice board for everyone to see and use. The manager was keen to seek feedback from people and their relatives so they could improve the service. The manager had ensured they introduced themselves to all relatives and had planned the first 'residents' meeting to provide a forum for people to communicate any concerns, issues or compliments about the service.

Is the service well-led?

Our findings

At the inspection in April 2016 the registered provider had not assessed, monitored and improved the service to ensure quality and safety. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. Overall we saw the registered provider had implemented changes in how they monitored the service since the last inspection and this had led to a change in manager and changes in systems to improve the quality and safety of the service. We were confident that the registered provider displayed a commitment alongside the manager to continue to drive change and improvement. This meant the registered provider had achieved compliance with Regulation 17.

The registered provider had invested by employing the use of consultants to help them assess the quality and safety of the service and develop the care plan system. The registered provider was mindful that improvements were still required to reach their goal of delivering a good quality service for people.

The quality assurance systems in place at the time of this inspection were improved and included checks on medicines, people's weights, safety and accidents and incidents. Alongside checks made by the manager a consultant carried out periodic unannounced visits on behalf of the registered provider to assess quality and safety. Some of the areas requiring improvement that we highlighted during the inspection had already been noted by the quality assurance system. As a result we found the registered provider had developed an action plan with the manager which demonstrated a culture of continuous improvement.

We saw the manager who was new in post was working well with the registered provider to develop a positive and open relationship. The manager was expected to provide reports to the registered provider to demonstrate what areas were compliant and what areas they were working to improve. The registered provider had spent lots of time in the service since the last inspection but had not recorded in detail the checks they had carried out or subsequent actions they expected the team to implement. The registered provider acknowledged they needed to record formally their assessment and monitoring of quality and safety, and to demonstrate their leadership through monitoring of action plans. This would help them understand whether improvements were being made. The registered provider showed us a new audit document they were developing and they told us this would be implemented.

We discussed the policies in place with the registered provider. Some of the policies had not been reviewed recently. We saw information was sometimes incorrect, for example, the wrong number for the local authority was recorded in the safeguarding policy. Other policies did not highlight what was expected to maintain safety, for example, how to properly assess bed rails safety. In addition to this, some policies did not provide detail for staff to follow on correct processes and to guide them properly. For example, the complaints policy did not include how to record a complaint and what happens once a complaint has been received. We made a recommendation that all policies required review to ensure they provided detailed guidance and information for staff which reflected current law / best practice to ensure safety and quality.

We saw a survey had been carried out in 2016 to seek the views of people and their families. Although only a small percentage of people and relatives had responded, feedback overall was very positive. The manager told us they planned to re-start 'residents' meetings in April 2017. People told us they saw the manager and registered provider frequently and they felt able to discuss their feedback.

Notifications are when registered providers send us information required by law about certain changes, events or incidents that occur within the service. At this inspection we spoke with the manager about their role in ensuring statutory notifications were completed. We were confident the manager knew their responsibilities and they had reported appropriately since their employment.

The manager had commenced the process to become registered with CQC. People who used the service spoke positively of the registered provider and manager. One person said, "The new manager and owner are approachable and helpful" and, "I'm happy enough, if I don't like something I tell them."

A visiting professional told us, "I have met the new manager and had a chat. She is fine, I have no problems and I feel I could go to her and I am sure she would deal with it." Another professional told us, "The home owners show passion about the home, they are open to suggestions and seem to react to advice."

The staff we spoke with said they felt the manager was supportive and approachable and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "I definitely feel supported by [Name of manager], she is on the ball and considers everyone, she is a very good manager."

Staff told us their morale had improved since the new manager started employment. A member of staff told us, "It is a positive culture, lovely environment to work in and since [Name of manager] started we are doing good." All staff felt they were kept informed about matters which affected the service and also included in changes which occurred. One member of staff told us, "Since [Name of manager] came the home has changed for the better, for staff and residents. We have more one to one time with people and we are not rushing because we are more organised. It's rare I don't have a smile on my face and before I couldn't wait to go home." We saw staff meetings had occurred and the manager had already met with the team both formally and informally since they started in their role.

There was a sense of 'We can do this' from the registered provider, staff and manager. They had started to look at fundraising and one staff member was applying to participate in the Great North run on behalf of dementia awareness. Change was viewed as a positive by everyone and we were confident the service was moving towards evidencing better practice and therefore more positive outcomes for people.