

Mr Olu Femiola

Pentrich Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 22 October 2015 and it was unannounced.

The last inspection took place on 1 June 2015. We asked the provider to take action to make improvements to 'Staffing'; 'Need to consent'; 'Safe Care and Treatment'; 'Dignity and Respect' and 'Good Governance' and these actions have been completed. After the comprehensive inspection on 1 June 2015 the registered provider wrote to us to say what they would do to meet the legal requirement in relation to the breaches of regulation.

Pentrich Residential Home provides accommodation and support to a maximum of 13 people over the age of 18 who have a mental health condition. The service is situated in a residential area of the coastal town of Bridlington in East Yorkshire. Pentrich is conveniently located for all of the main community facilities including the public transport network. Parking is available to the front of the building.

The property has three floors. The accommodation consists of two shared bedrooms and nine single rooms, two of which have en-suite facilities. Bathing / toilet

Summary of findings

facilities are available on each floor of the property. A dining room and two lounges, one designated for use by people who smoke, are located on the ground floor. The property does not have a passenger lift so is only suitable for people who are able to use the stairs.

The registered provider is required to have a registered manager in post and one was registered with the Care Quality Commission in October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes.

Improvements were made to the number of staff employed in the service. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service and the registered provider anticipated that this would be completed by December 2015.

We have made a recommendation about the management of staffing levels in the service.

People received their medicines safely and appropriately. Staff had received training on medicine management and the medicine policy and procedure was updated in March 2015. However, we found the policy and procedure did not follow best practice.

We have made a recommendation about the reviewing of policies and procedures on the subject of medicine management.

Improvements were made to the Control and prevention of infections systems within the service and we found the service to be clean and hygienic. However, further work was needed to ensure this progress was maintained.

We have made a recommendation about the management of infection prevention and control practices.

Improvements had been made to the way that care and treatment of people who used the service was provided

with the consent of the relevant person. We found that people were receiving appropriate care and support and in accordance with their wishes, but the documentation of people's changing care needs could be improved.

We have made a recommendation about documentation and record keeping.

New staff were given a two day induction to the service. From the paperwork made available and comments received from the staff we found that this was not in depth, but did cover the basics of health and safety and working in the home.

We have made a recommendation about staff induction.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision and staff meetings.

People told us the quality of the food was improving. We looked at the menus on display in the kitchen. These were varied and reflected the wishes and choices of people using the service. However, there was no evidence that the menus had been assessed by anyone with sufficient dietary knowledge to say if the meals being provided were nutritionally balanced and met the dietary needs of people who used the service.

We have made a recommendation about the management of nutrition in relation to menus.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff. There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

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.

Improvements were made to the number of staff employed in the service. Staff had been employed following robust recruitment and selection processes. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service and the registered provider anticipated that this would be completed by December 2015.

People said they felt safe in the service and they received their medicines safely and appropriately. However the medicine policy and procedure needed updating.

Improvements were made to the Control and prevention of infections systems within the service and we found the service to be clean and hygienic. However, further work was needed to ensure this progress was maintained.

Requires improvement



Is the service effective?

The service was not always effective.

Improvements had been made to the way that care and treatment of people who used the service was provided with the consent of the relevant person.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision and staff meetings.

The staff induction programme was not in depth.

People told us the quality of the food was improving. However, there was no evidence that the menus had been assessed by anyone with sufficient dietary knowledge to say if the meals being provided were nutritionally balanced and met the dietary needs of people who used the service.

Requires improvement



Is the service caring?

The service was not always caring.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff. However, some people still had some niggles and grumbles about respect.

There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Requires improvement



Summary of findings

Is the service responsive?

The service was not always responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. However, the documentation of people's changing needs could be improved.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

Requires improvement



Is the service well-led?

The service was not always well led.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. However, the registered manager was aware that further work was needed to maintain high standards in the service.

Requires improvement



Pentrich Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on the 22 October 2015 and was unannounced.

The inspection team consisted of one adult social care (ASC) inspector from the Care Quality Commission and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection was knowledgeable about the use of mental health services.

Before this inspection we reviewed the information we held about the service, such as notifications we had received

from the registered provider, information we had received from the East Riding of Yorkshire Council's Contracts and Monitoring Department and Safeguarding Team. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR 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.

During the inspection we spoke with the registered manager, three care staff and one ancillary worker. We also spoke in private with eight people who used the service and one relative. We spent time in the office looking at records, which included the care records for four people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing interactions between people who used the service and staff in the communal areas and during the midday meal.

Is the service safe?

Our findings

At our last inspection in June 2015 we found that there were insufficient staff employed to meet the care and treatment needs of people who used the service. We also found that there were inadequate standards of cleanliness and hygiene so people were not protected from the risk of acquired infections. This was a breach of Regulations 12 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3). At this inspection on 22 October 2015 we found that the registered provider had followed the action plan they had written following the 1 June 2015 inspection and sufficient improvement had taken place that the breaches had been met.

We asked people who used the service if they felt there were enough staff on duty and five people said “Yes.” One person said, “There are more staff” and that “They are all good.” Other people commented, “Not really, not enough” and “Staff have had their leave cancelled sometimes because there is not enough staff.” One relative who spoke with us said, “I think the staffing levels are fine. People are getting the care they need.”

Our observations of the service indicated that people who used the service were much happier with their care and activities and staff were not as stressed and overworked as they had been in June 2015. Sufficient improvements had been made to ensure the breach of regulation had been met, but further work was needed to ensure the new staffing levels were maintained and built on to further improve the quality and standards of care within the service.

We discussed the staffing levels and staff rotas with the registered manager who told us they thought staffing levels were much better. At the June 2015 inspection there had been seven staff employed including the registered manager and at this inspection we found there were 12 staff employed with further recruitment taking place. We were told that two more staff were due to start work, one on day shift and one on night shift once their employment checks had been completed. The registered manager could not say what the ultimate staffing levels would be, just that recruitment was on-going and that the registered provider was overseeing this.

We saw that a deputy manager had been recently employed to assist the registered manager with running

the home. However, the Care Quality Commission was notified that the deputy manager had left the service shortly after our inspection. We saw that the registered provider now employed specific staff to cover the kitchen and domestic duties so that care staff were able to concentrate on the people who used the service. However, the ancillary staff were not employed full time so care staff were still being relied on to cover some ancillary hours.

We recommend that the service finds out more about the use of ‘dependency tools’ from a reputable source, in relation to working out the levels of staff required to meet the needs of people who use the service and the running of the service.

We were given a copy of the last four weeks rotas, which showed that two care staff were on duty during the day and one care staff at night. The registered manager said they or a senior member of staff would be on call in case of an emergency during the night. Monday to Friday there was one domestic on duty from 08:00 until 12:00 noon so care staff still had to carry out laundry and domestic duties at the weekend in addition to their usual workload and provide cover when the domestic staff was on leave. The rotas showed that two kitchen staff worked Monday to Sunday in shifts so there was always one person in the kitchen from 08:00 to 13:00. We saw that the main meal of the day was served at lunch time with a lighter meal during the evening. We asked the registered manager about the preparation of the evening meal and we were told that sometimes the chef prepared this and at others the care staff were responsible. The care staff always served the evening meal and cleared away afterwards.

We found that one person who used the service was funded by the local authority for 4 hours one to one care each week. This support was provided to help them socialise and participate in activities. We found their activity times were recorded in the daily report completed by the staff and on a spread sheet kept by the registered manager and this demonstrated the 1-1 activities were taking place.

We asked five people who used the service if they felt the service was clean and comfortable. Four people said, “Yes” and one said, “It is reasonable”. Our observations of the service showed that the cleanliness and hygiene standards of the service continued to improve. All areas we looked at were tidy, had been vacuumed and dusted and there were

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no malodours. The lounge used as a smoking facility by people living in the service had been redecorated and the curtains and radiators had been cleaned. This made it a much nicer environment for people to spend time in.

The registered manager was the infection control lead within the service. We saw that cleaning schedules were in place and being completed by the domestic staff on duty. Discussion with the staff on duty and checks of the staff training records indicated four out of the twelve staff had completed infection control training in February or June 2015 and the remaining members of staff were booked to complete in-house training on this on 28 October 2015.

The registered provider had responded to issues raised in the June 2015 report in that a stained bed base had been replaced and a quote dated 7 October 2015 was shown to us to demonstrate that they were in the process of fitting a wash hand basin to the toilet facility on the first floor of the building. The registered manager said the work was scheduled to be carried out on 4 November 2015. There remained some areas in the home that needed attention such as a torn armchair in one person's bedroom and the flooring in the small toilet on the second floor which had gaps around the toilet and edges of the walls; This made effective cleaning difficult. There was also a wooden toilet seat in this facility that may benefit from being exchanged for one easier to clean and disinfect.

Discussion with the registered manager indicated that they were not completing formal infection control audits nor producing an annual statement on infection prevention and control as asked for in Criterion 1 of The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This guidance is considered to be best practice by CQC. We did see that the registered manager had completed checks on the cleaning schedules for the kitchen and night time cleaning in October 2015 and a mattress audit in September 2015. The manager had carried out a brief check of infection control in September 2015 that identified staff needed to do hand hygiene training, three staff were booked onto an external training course for infection prevention and control and others would do this at a later date. The registered manager had identified that the service did not have a blood spillage kit and when we asked if action had been taken on this we were told "No."

We recommend that the service consider current guidance on infection prevention and control and take action to update their practice accordingly.

People who used the service told us they felt safe there and that if they did feel worried the staff would talk through their issues. One person said "I feel much safer now that [name] has gone." We spoke to the registered provider about this and they said following a review of one person's needs and assessment of their behaviours the decision had been made to move this person to a more appropriate facility in October 2015. As a result the other people who used the service felt safer and more at ease.

The registered provider had policies and procedures in place to guide staff in safeguarding of vulnerable adults from abuse (SOVA) and whistle blowing. The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning team prior to our inspection indicated they had no concerns about the service.

Checks of the training plan and three staff files indicated that seven of the twelve staff had completed safeguarding of vulnerable adults (SOVA) training in the last year and the rest were booked to complete this on 28 October 2015. The information we held about the service indicated that there had been three alerts sent to CQC and the local authority in the last year; none of these had occurred since the last inspection in June 2015. The safeguarding team had checked the evidence and were satisfied with the actions taken by the registered manager to keep people safe. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe. We saw that the safeguarding policy and procedures had been updated in March 2015 and the local authority's safeguarding risk tool was in place. Safeguarding alerts were being recorded by the staff and the registered manager. There was a threshold tool document being completed when incidents did not meet the ERYC risk rating for an alert.

Information in the accident records and care files indicated that falls and incidents relating to behaviours that challenged were being documented appropriately and action taken as needed. Relevant organisations were being notified of any incidents and people who used the service

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received input from health and social care professionals as needed. This helped reduce the risk of harm to people who used the service. Staff within the service were monitoring and reviewing risks relating to people's mental and physical wellbeing. This meant people were kept safe and they received appropriate interventions as needed from health and social care professionals. For example, behaviour management charts were kept on file where needed. These were up to date and social services, the community mental health team and safeguarding team at ERYC had been notified as needed of any incidents as they arose.

The service had a recruitment policy and procedure that the registered manager understood and used when taking on new members of staff. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. For example, we saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the service knew what action to take if the alarms sounded. We saw that the fire risk assessment had been due a review in July 2015. The registered manager said she would make sure this was done immediately. We asked to see the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. This plan should identify the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The registered manager said there was no plan in place at the moment, but they would make sure one was developed straight away.

The service carried out a range of maintenance checks which included water temperatures, legionella and checks to monitor the safety of the premises. We saw evidence of

these checks during our visit. We also looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and portable appliance checks. These checks were up to date and helped to ensure the safety of the premises.

At the 1 June 2015 inspection we found some minor discrepancies in the personal allowance records of people who used the service. We recommended that an audit of the personal allowance records be completed as soon as possible and our concerns around the financial records were shared with East Riding of Yorkshire Council (ERYC) Commissioning and Safeguarding teams in June 2015. At this inspection we saw that ERYC had visited and audited the records in July 2015. Recommendations from this visit were that people without capacity should not be asked to sign for monies given to them and instead two staff should sign all transactions. Our checks of the records showed this had taken place as requested.

People received their medicines safely and appropriately. Staff had received training on medicine management and the medicine policy and procedure was updated in March 2015. However, we found the policy and procedure did not follow best practice such as the National Institute for Clinical Excellence (NICE) guidance. For example, it did not include advice for staff on the process of ordering prescriptions or the covert administration of medicines (disguising medicines in food or drink). The policy and procedure also made reference to The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were replaced in April 2015 by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the service consider current guidance on administering medicines in care homes and take action to update their policies and practices accordingly.

Checks of the medicine administration records (MAR) and spot checks of the medicine stock levels showed that these were up to date and accurate. This indicated that people were receiving their medicines on time and as prescribed, and this was confirmed by people who spoke with us. Fridge and room temperatures were being recorded daily and were within acceptable limits. This indicated medicines were being stored at the correct temperature for them to be effective. Unused or unwanted medicines were stored safely until they could be collected at the end of each medicine cycle. Two staff recorded these in a

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'returned medicines' book and this was signed by the pharmacy representative when collected from the service. Discussions with the manager and one care staff indicated they had a good knowledge of people's medical conditions and understood the medicines people were taking.

Is the service effective?

Our findings

At our last inspection on 1 June 2015 we identified some concerns about the way the service obtained consent. It was not clear how the registered provider ensured that individuals had been consulted with about their care needs, and that an individual had agreed and consented to the care and support being provided for them.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection on 22 October 2015 we found that the registered provider had followed the action plan they had written following the 1 June 2015 inspection and the breach had been met.

Improvements had been made to the recording of restrictive practice in the care service. The registered provider had told us in their action plan following the June 2015 inspection report that they would speak to people who used the service and find out their views on smoking in the service. We saw evidence that this had occurred in the resident meetings held in August 2015.

Checks of the care files showed that where applicable, smoking in the home was risk assessed and documented in a care plan agreed with the individual person. We were told by staff and people who used the service that people living in the service handed in their cigarettes and lighters in the evening to reduce the risk of fire from people smoking in bedrooms. As people who used the service had been deemed to have capacity to make day to day choices, this was viewed by us as a restrictive activity. However, the registered manager said these would be returned by staff if people wished to smoke in the smoke room or outside in the evening or at night.

People who spoke with us said they were happy with the smoking arrangements although there did seem to be some mixed understanding of what these arrangements were. One person said they weren't allowed cigarettes after bedtime, but two other people told us "You can smoke at night, if you come downstairs", and another said "At bedtime you leave your cigarettes down stairs. You can have cigarettes at night if you come down and use the right facilities." The registered manager told us they would make sure it was discussed again at future meetings so that people fully understood the house rules around smoking.

At the June 2015 inspection we saw that the registered provider had introduced an induction programme for new starters. At this inspection we found that it remained a basic two day induction where staff were introduced to people who used the service and shown around the service. During the two days staff read the policies and procedures for the service and completed corporate processes necessary for their employment. Two members of staff spoke to us about their inductions. One staff said, "My induction was not in depth, but it was fine" and the other staff member told us, "I had an induction when I started that covered the basics." They told us about some of the training they had completed and this was verified with the training plan shown to us.

We recommend the service finds out more about induction for staff based on current best practice.

Checks of the staff training plan and staff certificates, along with discussion with the staff indicated that the amount of training accessible to the staff continued to improve. We saw that the training deemed obligatory by the registered provider was being completed and further sessions had been booked in October 2015 to cover any gaps identified by the training plan. Three staff had completed mental health awareness training and the staff we spoke with showed an understanding of people's specific needs and medical conditions. This meant they had the knowledge and skills to meet people's mental health needs.

The frequency of staff supervisions had also improved. We were given a copy of the supervision matrix completed by the registered manager. It showed that every member of staff including the new starters had received at least one supervision with the registered manager. From May 2015 up to October 2015 staff had attended between one and four supervision meetings. The details of what was discussed at these meetings were seen in the staff files. This meant staff received support from the registered manager and their progress and work practice was monitored.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Seven of the eight people in the

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service had been assessed by the community mental health team as having the capacity to make decisions. One person had a DoLS authorisation in place about having an escort with them when they left the service.

Three of the staff including the manager had completed MCA and DoLS training and another four were booked to complete this in October 2015. Two staff and the registered manager who spoke with us demonstrated a good understanding of how MCA and DoLS influenced the care given in the service and supported people's rights. This meant people's rights were protected and upheld within the service.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "We always offer them choices and talk to people to ask for their consent before we offer any support." We asked people if they had the opportunity to make decisions and choices. One person said, "Some of them ask me - yes I do."

When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. Two staff told us that restraint was not used within the service. The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff told us, "We know their triggers and use distraction techniques and talking to calm them down."

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We asked people who used the service if they felt their health needs were being met and the response to us was very positive. People commented that,

"Yes, I do [see the GP]" and "I see the dentist". "Yes. I get to see the dentist, chiropodist and optician" and "I go to the hospital on a regular basis."

We saw that people were supported to access health care specialists such as the respiratory nurse and medical / surgical consultants at the local hospital. Where people lacked the capacity to make life changing decisions about

their care, we saw that Best Interest Meetings had been held with their consultant, family, social worker and themselves in order to discuss the care needed and any decisions made were recorded in their care file.

We saw that people had been assessed for nutritional risk and where any concerns were identified then they had been referred to a dietician. Information in the care files showed that risk assessments and care plans were in place where needed. For example, one person who was deemed to be at risk had regular input from the dietician and their advice was documented in the person's care file. We observed that this person ate a 'fortified' diet which was high calorie and the person had access to supplement drinks which they took throughout the day. People were weighed regularly and the registered manager monitored these each month to make sure individuals were not gaining or losing excessive weight without appropriate action being taken.

Observation of the service indicated that people were provided with meals, drinks and snacks throughout the day, which reflected each person's choice about what they would like to eat. We spent time speaking with the kitchen staff who were preparing the lunch time meal. They told us that people had two choices of main meal and alternative meals were available such as omelettes, sandwiches or jacket potatoes if people did not want either of the two main choices.

We asked people who used the service for their opinions of the quality of the food served to them on a daily basis. Five people were very positive and said "It is very good", "It is good we have two cooks" and "It is alright." One person told us "It is still the same. They give it to us as it comes. They write the menu on the blackboard sometimes." When asked if they enjoyed the food they said "Yes." Another person said "The food is not very good", when we asked if they had a choice of food they said, "Usually." One person who used the service told us that they could go to the kitchen to get their 'work flask' filled with a hot drink at any time. We saw that this was in their bedroom and they explained that as they were on the top floor of the building it saved them having to climb up and down the stairs each time they wanted a drink.

We were shown a food and fluid chart kept by the kitchen staff for one person using the service who was deemed to be at nutritional risk. However, it only listed what meals and drinks they had been given and not how much had

Is the service effective?

been consumed. We also found that the information on people's allergies and food likes / dislikes was kept in their care files, not in the kitchen. To ensure that the risks to people are being clearly identified and monitored it is important that information and records of people's needs are detailed and available both to care staff and kitchen staff.

We looked at the menus on display in the kitchen. These were varied and the registered manager said they reflected the wishes and choices of people using the service, as they were discussed in resident meetings. However, neither the kitchen staff or the registered manager had any qualifications in food nutrition and dietetics so could not say if the meals being provided were nutritionally balanced and met the dietary needs of people who used the service.

We recommend that the service seek advice and guidance from a reputable source, about the recording of food and fluid charts and the provision of nutritionally balanced meals for people using the service.

Our observation of the service showed that redecoration was on-going and the registered provider continued to update the environment. Some minor repairs were needed and these were brought to the attention of the registered manager during the inspection. We saw that the first floor bathroom had a broken side panel and the toilet on the second floor required decorating as the environment looked worn and tired. We asked the registered manager if the temporary repair to the gas flue (mentioned in the January and June 2015 inspections) had been

permanently 'fixed' and we were told "No. However, the gas safety certificate is due in December 2015 so the registered provider will make sure it is done for then." The registered manager told us they would notify CQC when the repair had been carried out.

We saw that the outside area to the rear of the property had been tidied up and new tables and chairs had been provided for use by people living in the service. The registered manager told us they had plans to plant bulbs and create a small vegetable patch as part of activities within the service and we saw evidence that people had been given the opportunity to pot up small bulbs and plants towards this aim. One person told us "It is looking nice out here now. I have used the tables and chairs in summer time and things are getting better." Another person said, "The smoking room has been painted. Gardens at the front and back have been cleaned up a bit. It is much better now [the registered manager] is here."

At the June 2015 inspection we made a recommendation that the registered provider look at current legislation around disabled access into and out of the building with regard to the fire exit areas. During this inspection we were given a copy of the quote from a contractor to demonstrate that the registered provider was intent on improving the disabled access to the building. The quote indicated that the registered provider had asked for a concrete ramp to the front door and to the back door including a disabled hand rail to one side. The registered manager told us they would let CQC know when this had been completed.

Is the service caring?

Our findings

At our last inspection on 1 June 2015 we identified some concerns about the way people who used the service were treated with regard to dignity and respect.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection on 22 October 2015 we found that the registered provider had followed the action plan they had written following the 1 June 2015 inspection and the breach had been met.

We asked people who used the service if staff were caring and interested in people's well being. We received a mixed response from people in that three people said, "Yes, they look after me well" and five others had a few niggles and grumbles that they shared with us. One person said, "Things have improved as certain staff who used to shout have left. However, I was told to 'go and sit down' the other day which wasn't very nice." When we asked other people if staff shouted at them two people told us "Not really. They don't shout at me," but three others said "Staff, sometimes shout", "No, they wind me up sometimes" and "They do not speak to you properly." People who spoke about the shouting were unable to say who the staff were or when this had happened. It was also unclear if the shouting episodes were historical or more recent.

We saw from looking at records and documents in the service that following our last inspection in June 2015 the registered provider and registered manager had spoken with staff about their general conduct in the staff meetings and supervisions. We fed back people's niggles and grumbles about the staff to the registered provider and registered manager following this inspection. We were assured that further meetings would be held and the registered manager would monitor staff behaviour and speak with people who used the service.

Three staff who spoke with us said they had not heard other staff shouting at people who used the service. They were aware of the whistle blowing policy and were confident about using it if the need arose. One person who had recently joined the staff team told us, "It was made very clear at my induction that the registered provider and registered manager would not tolerate anyone raising their

voice towards a person using the service." We also spoke with a relative who was visiting. They said they visited regularly and had not witnessed any negative behaviour from staff such as shouting or swearing.

We observed some good interactions between staff and people who used the service during our inspection. Staff were caring and patient with people and asked their opinions about different subjects discussed throughout the day. Staff told us that they had more time now to spend with people and this had made a huge difference to individuals. We saw that one person who had previously been very withdrawn had really 'come out of their shell'. When we asked what they had been doing lately they proceeded to animatedly talk about their interests, drawings and daily life.

Another person told us that "Staff have been helping me with washing my hair." We saw in their care file that they were allowing staff to support them with personal hygiene which for them showed a level of trust in the staff and an improvement in their self image. Staff were very positive about the changes they were seeing in the service. One staff told us "'It's not just a job, I do it because I have empathy. It's about them at the end of the day.'" They said there was "A really good team" working at Pentrich.

People told us that they were involved in discussions regarding their care and we saw that people signed their agreement to their care records. Where people asked that their families were not involved in their care, this was respected by the staff. However, others wanted input from their families. One relative who was visiting the service told us they were kept involved in decisions and that they had input into [name] care plan six months ago. We saw that people made decisions and choices about all aspects of their lives. For example we saw in one person's file that their ability to work and hold down a job was really important and they had successfully done so for over ten years.

Seven of the eight people who used the service had capacity and were able to make their own decisions and choices about their lives and care. They were able to go out into the community on their own and all eight people who used the service were good communicators with staff and others. One person who needed support when making life changing decisions had close family who attended care reviews and best interest meetings as their advocate.

Is the service caring?

The registered provider had policies and procedures in place about equality and diversity. We saw that various policies and procedures also referred to equality and diversity issues. For example, the medicine policy reminded staff to check about the use of gelatine capsules if people were vegetarian, to be mindful of cultural differences in that some people preferred their medicines to be given by staff of the same gender as them. It also reminded staff about the need to observe people's religious beliefs when they may be fasting and preferred not to have medicines at certain times.

Information about people's gender, sexuality, marital status, ethnicity, culture and religion was captured in their care file and where people had expressed any preferences around equality or diversity this was respected and

supported by the staff. For example, one person told us they were Church of England faith and they were able to go to local services when they wished to. They said, "The only time I go to church is in the summer time when I go to a coffee morning. I go to the Salvation Army coffee morning on Wednesdays." Another person said they were a Jehovah's Witness and that they were free to practice their religion and staff respected their belief.

We observed staff during our inspection knocking on people's bedroom doors before entering and people who spoke with us said staff respected their privacy. People were seen spending time in their rooms and in the communal areas as they wished. One person told us, "The staff do not come in without knocking and they don't bother me when they know I want to be alone."

Is the service responsive?

Our findings

The staff we spoke with showed that they were knowledgeable about the people in the service and the things that were important to them in their lives. People's care records contained a 'life history' and 'What is important to me' information. Having this kind of information assisted staff in understanding the person's needs, past history and experiences and in developing individual person centred care.

Since our inspection on 29 January 2015 everybody who used the service had been reassessed

by a health professional to make sure their physical and mental health needs were clearly identified and being met. These reviews took place with the people who used the service and their case workers.

Care records were written in a person centred way. We saw that staff reviewed the care plans on a monthly basis and every six months this task was carried out with the people who used the service or their representatives. For example, we saw that one person's care file had been shared and discussed with the individual's relative in May 2015 and two other people had reviewed their own file with the staff as they did not want their family involved in their care. These decisions about sharing information were clearly documented and agreed with people. People we spoke with said they could talk with staff about their care, and their wishes and choices were respected by the staff.

We found that people were receiving appropriate care and support, but the documentation of this could be improved in that changes to people's care needs were not always updated onto the care plans and health care professional input was not always recorded. For example, one person had a care plan for skin integrity, which mentioned they were at risk of harm due to their mental health condition which made them follow an excessive washing routine. The care plan for their medicines noted that they were on antibiotics for a recent cut to their leg but the skin integrity plan had not been updated to say this cut had now become infected. We were told by the registered manager that this person had been seen by their GP and was now receiving weekly dressings from the practice nurse at the surgery, but these visits were not recorded on the professional visit record.

We also saw that one person was due to undergo a surgical operation, which had been discussed in a Best Interest Meeting and the consultant's letter was in their file. However, there was no care plan about their medical condition and although the registered manager could tell us what was happening with this person's care needs it still required documenting in their care file so any new staff understood precisely what support the individual required. Another care file required personal information updating as the person who used the service had a recent family bereavement but their family member's name remained in their care file as an on-going contact and their care plans reflected this also.

We recommend that the service finds out more about training for staff, based on current best practice, in relation documentation and record keeping.

Staff supported and encouraged people to maintain contact with their families and friends. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families or where they used to live. People told us that they could have their family and friends visit them and that they could maintain relationships with people. One person spoke about their partner who lived in the community and others talked about their families. One person said "My family come to see me every month" and a visitor told us, "I visit regularly and also phone my relative every week."

When describing hobbies, interests and activities to us most people spoke about pastimes outside of the home. They said they went to the library, gardening, cycling, walking, shopping, bowling and spending time with their families. Several people told us that there were not enough activities inside the service or arranged by the service. However, we saw that staff were spending more time with people and that improvements were slowly being made to the range of activities on offer.

The registered manager kept an activity planner and a record of what had taken place in the service. We saw that one person had a birthday party in September 2015 and there had been a day trip out to Sewerby since our last inspection in June 2015. People told us that there were activities in an afternoon including board games and that someone came in from the community to do arts and crafts with them once a week. One person spoke about what they liked doing and said, "I like watching television, I go out, art work and sewing." Another person said "Art sometimes, I

Is the service responsive?

make Christmas cards. Well I don't like needlework you know, I don't like cooking. I like painting, doing Christmas cards, going for a coffee. I want to go shopping, but I have to manage my money.”

One person received four hours one to one support with activities and they showed us their pictures and drawings that they had recently completed. The registered manager kept a spread sheet record of the time spent with the person and the activities they completed. Some people in the service were employed in the local community. One person spoke with us about their job and what they did in the workplace. They told us “I enjoy working and the money gives me some financial independence.”

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. We saw that the service's complaints process was also included in information given to people when they started receiving care. Checks of the information held by us about the home and a review of the registered provider's complaints log indicated that there had been no complaints made about the service in the last 12 months. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

Is the service well-led?

Our findings

At our last inspection on 1 June 2015 we identified that the registered provider did not have an effective system to assess, monitor and improve the quality and safety of the services provided to people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection on 22 October 2015 we found that the registered provider had followed the action plan they had written following the 1 June 2015 inspection and the breach had been met.

At this inspection we found the manager had been registered with CQC in October 2015. This was a small service and the registered manager was an integral part of the staff team. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. We saw that the registered provider had the rating from their last inspection (June 2015) on display in the entrance hall. This meant the registered provider was meeting current regulation.

During this inspection we received positive feedback from staff, people who used the service and one visitor about the improvements taking place in the service. We saw that the staffing levels had improved, people were being consulted more about their care and daily lives in the service, action had been taken about changing staff attitudes towards people using the service, infection control procedures and practices were more robust and more detailed quality assurance checks were taking place.

Feedback from people who used the service and staff was obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. We saw that there was a monthly list of staff and resident meetings on the wall in the registered manager's office. We were told by people that these were taking place and that they found them useful. When we asked people if they had the opportunity to give feedback on the service they told us "I go to the resident meetings. They have been all right" and "Yes. I go to the meetings and I tell them what I want to do. I have asked if we can have some days out to Scarborough or Filey or somewhere else like that." Staff also told us there

were staff meetings every month. They told us they could bring up any concerns such as the rotas, training and if anything was unfair. We were given minutes of the meetings to look at during this inspection.

We saw that the registered manager had sent out satisfaction questionnaires in July 2015. The analysis of the results showed that people who used the service felt the care they received was good, meals were improving and at that time people said they wanted to see a cook on duty and the lounge decorating. From our observations in October 2015 we saw that the registered provider had acted on the feedback and a cook was now employed and there was on-going decoration in the service.

People were encouraged to maintain their links within the community through their social activities such as meetings with the local church and visitors / family, friends taking them out and going on trips with the staff or into the local area to pubs and shops. Some people walked to the local newsagent to pick up their daily newspapers so they could keep up to date with news and views relating to their local area and wider afield.

Staff told us that they felt the culture of the service continued to improve, with less institutional practices being used and a much better atmosphere being created for people. Staff said they were still getting used to the changes taking place and they commented that there was sometimes a language barrier with the registered manager and that the registered manager did not always listen to their opinions and did not delegate tasks effectively. However, they felt this was slowly getting better. Overall staff said their morale was much improved and the leadership of the service was getting better. The registered manager said they felt the relationship between the staff and people using the service was better, with fewer incidents being reported and a positive vibe in the service.

We found that staff records and people's care folders were kept within a locked cabinet in the registered manager's office. Information within them was up to date and monitored by the registered manager. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable

Is the service well-led?

adults, recruitment of staff and infection prevention and control were reviewed regularly although some needed to be amended to ensure they reflected current legislation and best practice guidance.

Improvements had taken place to the audit process within the service. The registered manager had carried out audits on care plans, accidents, risk in the service, complaints, staff training, supervisions and medicine administration records. We saw that the registered manager took action if they found staff practice was lacking. This was evident in the staff supervision records and staff meeting minutes.

The registered manager said they were aware of the need to continually drive improvements to the service forward and they were aware of the areas that needed further improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.