

Akari Care Limited

# Ayresome Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 18 January 2017. The service was last inspected in February 2015 and at that time required improvement in the effective domain due to the lack of detail in the records for people who had a Deprivation of Liberty Safeguards authorisation. At this inspection we found that improvements had been made.

Ayresome Court is a 43 bedded purpose built care home providing both nursing and personal care primarily to older people. It is situated on the outskirts of Yarm and in close proximity to public amenities.

There was a registered manager in place who had been registered with the Care Quality Commission since 2014. 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.

We found systems were not always in place to ensure that people received their medication as prescribed. One person who was having their medicines crushed had no record from the pharmacist or GP giving permission to do this, and no record was in place in the person's care plan. Another person self-administered their medication but there was no record of a risk assessment or a check to make sure this person was, and continued to be, competent to self-administer their medicines.

Risk assessments relating to peoples' health and support needs needed more detail and updating to ensure they reflected the individual's current needs. Risks were still in people's care plans when they were no longer relevant. The service used a form called 'recent daily records,' which staff used to document fluid input and output, however these were not always completed. When people took their food and fluid via a Percutaneous Endoscopic Gastrostomy (PEG) feed, the records did not always match with the dieticians feeding regime.

Risks to people arising from the premises were assessed, and plans were in place to minimise them. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff received training to ensure that they could appropriately support people, and the service used the Care

Certificate as the framework for its training. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act. This meant they were working within the law to support people who may have lacked capacity to make their own decisions. The registered manager understood their responsibilities in relation to the DoLS that were in place.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

We found the interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received. People had access to a wide range of activities, which they enjoyed.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences, and people and their relatives said care reflected those preferences.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. Feedback was sought from people, relatives, external professionals and staff to do assist in this. The service had quality assurance systems in place, although the registered manager had recognised the lack of recording on some forms and brought this to the attention of staff at meetings. The registered manager discussed the need to take more appropriate action around the gaps in recording. Staff were able to describe the culture and values of the service, and felt supported by the registered manager in delivering them.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. You can see what action we told the registered provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People did not always receive their medicines as prescribed. There were issues around the recording for people who self-administered.

Risks to people were not always updated to reflect current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence. The registered provider had effective recruitment procedures in place.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood

their individual needs and were kind and patient.

Staff encouraged people to maintain their independence, which was appreciated by people and their relatives.

People and their relatives spoke highly of the care they received.

The service supported people to access advocacy services when needed.

### Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and care and support plans outlined their personal preferences and how they should be supported.

People were supported to access activities and follow their interests.

There were systems in place to manage complaints

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered manager carried out regular checks to monitor and improve the quality of the service, however they did not highlight the concerns we found.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager in delivering them.

The manager understood their responsibilities in making notifications to the Care Quality Commission.

# Ayresome Court

## 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.

This inspection took place on 18 January 2017. At the time of our inspection 37 people were using the service.

The inspection team consisted of one adult social care inspector and one 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted external healthcare professionals to gain their views of the service provided at the service.

During the inspection we spoke with nine people who lived at the service and five relatives. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with seven members of staff, including the registered manager, nurse, senior carers, care staff, activity coordinator, cook and the handyman. We looked at four staff files, including recruitment records.

We also completed observations around the service.

# Is the service safe?

## Our findings

We looked at the way medicines were managed. One person had their medicines crushed due to swallowing difficulties. There were no records to show that the GP or the pharmacist had authorised the crushing of these tablets. Some of the tablets being crushed were film coated or enteric coated. These tablets should not be crushed due to the coating being there to hold the tablet together in the stomach to protect the stomach from the medicine or the medicine from the acid in the stomach, as it should be released in the intestine. Also the tablet can taste very unpleasant. We asked to see the person's care plan and noted nothing was documented on the crushing of tablets. The senior care worker said the crushing of the tablets had been decided years ago. The senior care worker acted on this straight away and rang the pharmacist who confirmed these medicines were not to be crushed. They then contacted the GP to arrange for the medicines to be prescribed in a different form for example liquid or dispersible form.

The registered provider had introduced a new electronic system for recording medication administration. The service had a staff member who was a medicines champion for the new electronic system. They said, "The electronic system has benefited our home as it has a safety net. It has reduced our stock levels and medication errors have been eradicated."

Medicines were stored securely and there was a record of daily checks of the temperature of the room where medicines were stored and the refrigerator where medicines were stored, both temperatures were with safe limits. Staff knew the required procedures for managing controlled drugs. Controlled drugs are drugs that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered.

The registered manager had started to do a medicine administration round each week. This was to provide them with an insight of how the round went and to work with the electronic system. We looked at how the registered manager monitored and checked medication to make sure it was being handled properly and that systems were safe. We found that daily, weekly and monthly audits were in place. The registered manager downloaded a daily report which would highlight if any medicines were missed and the reason why, any stock issues such as low stock or stock not being available and controlled drug compliance. However the reports did not highlight the issue of the crushing of the tablets and the lack of risk assessments for the person who self-medicated.

We observed a lunch time medicine administration round and found the staff members could easily explain how it worked and the safety aspects of the electronic system. For example medicine could not be administered too early if a four hour therapeutic gap was required. The electronic system highlighted medicines that needed to be administered in red, once they were potted ready to be administered the system turned amber and once administered turned green. Once the system was green the medicine could no longer be administered until the next dose was due. This meant that safety measures were in place to prevent incorrect medicine administration. Medicine stocks were recorded when they were received into the service and then the system checked quantities daily. The system would alert the staff member if stock was becoming low. This meant that accurate records of medicine stock were kept so the service would know

when to reorder medicine.

We looked at the guidance information kept about medication that care staff administered 'when required.' We found the information was not detailed. For example one person was prescribed Lorazepam when required for agitation, guidance did not document what staff were to do before administering the medicine such as using distraction techniques. A staff member said this person very rarely used the Lorazepam but agreed to add further detail onto the when required guidance.

One person self-medicated. We asked to see a risk assessment and an assessment of competency for this person to administer their own medicines. We found the service had neither. We spoke with the person and found they understood everything about their medicines and there were no issues around their competency. The registered manager agreed to put systems in place around risk including an annual or as needs changed competency check.

We looked at the risk assessments for people and found that some of these needed to be more detailed and cover relevant information for each person. For example one person was a diabetic and the risk assessment covered if the person had a hypoglycaemic or hypoglycaemic shock. However there was no risk assessment for checking other diabetic complications such as foot or eye damage. One person's care plan and risk assessment said they needed thickened fluids due to dysphagia. Dysphagia is the medical term for swallowing difficulties. However this person now received all their food and fluids via a percutaneous endoscopic gastrostomy (PEG) tube. We spoke to the clinical lead about this and they confirmed that this person did not have thickened fluids and the care plan needed updating. Although all existing staff knew how to care for this person, a new staff member could potentially have read the care plan and offered thickened fluids.

People who were PEG fed had feeding regimes written up by the dietician. However we noted that these were not always followed. For example one person's feed regime started at 7am but records showed it started at 5am, with no recorded reason provided for this. One person required a certain amount of 'pre' and 'post' feed flush but different amounts were recorded. Each person had a recent daily record to show the input and output of fluids. However, these were not completed and there were blank entries. Therefore we could not determine if people were receiving the correct amount of fluids.

Another person was nursed in bed. The care plan stated throughout that the person needed to be turned regularly but no record was made of what 'regularly' meant. The recent room records showed the person was being checked every two hours or more often. However, the record for turning documented 'S' at all times, and it was unclear what this meant. We asked the clinical lead about this. The clinical lead provided a clear and concise reason why this person remained in the same position, which was related to the person's physique. However this was not recorded in the care plan.

We discussed this with the registered manager who said they were constantly asking staff to make sure they completed records and it was brought up at every meeting. The registered manager recognised the need to start taking the lack of recording further.

These issues were a breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People and their relatives said they felt safe at the service. One person said, "Yes I am safe and very happy." A relative we spoke with said, "My relative is safe, they get their medication on time and generally there is enough staff available when they need them."

An external healthcare professional said, "I have no concerns about Ayresome Court."

People we spoke with said they were made aware of fire drills. One person said, "Oh yes the fire drills, the door shuts which is to keep me safe."

The handyman said, "I come in on a night time to do a fire drill so I capture all staff," and "There was one evacuation that had very poor timings, so I stayed back and did another one, they [staff] were not aware I was doing this, but the timings were much improved." The handyman also told us that they did a simulated full evacuation where a staff member took on the role of a person using the service, and other staff had to use lifting equipment to enable them to evacuate the individual. The handyman said, "This gets staff to see how the person feels."

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH). We saw documentation and certificates which showed that relevant checks had been carried out on the electrical installation, gas services and portable electrical equipment. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire that forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. In the past, accident and incident analysis had shown a theme of occurring mainly in the lounge, where the majority of the people sat. To address this there now had to be one staff member present at all times in the lounge area. We saw evidence of this during the inspection and staff asked another staff member to sit in the lounge if they had to leave for some reason.

Staff we spoke with told us they understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. One staff member we spoke with said, "I would go to the manager immediately or a higher authority, if I suspected signs of abuse." Staff had a clear understanding of the whistleblowing (telling someone) procedures. We saw posters on the walls saying 'If you see something, say something,' and 'See it report it.' The posters provided information on who staff could speak to.

We saw there were enough staff on duty throughout the day. We asked people and their relatives if they thought there was enough staff on duty. One person we spoke with said, "Yes, but the older care staff are better. Another person said, "Yes there is enough staff they always come when called." One relative we spoke with said, "Generally there is enough staff when my relative needs them." Another relative said, "I never see any problems, if something needs doing they [staff] are there right away."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also

invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal protective equipment available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.

# Is the service effective?

## Our findings

During our last inspection in July 2015 we found the quality of recording to mental capacity assessments was variable, people did not have clear care plans in place for Deprivation of Liberty Safeguards (DoLS) and lasting power of attorney was not clearly documented.

During this inspection we found that the recording of DoLS had improved. The service had also appointed a member of staff to be a DoLS champion. This staff member said, "I make sure that we work in the best interest of the resident. I keep up to date with when authorisations are needed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in supported living settings are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection 10 people were subject to a DoLS authorisation.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning.

We asked people and their relatives if they thought staff had received the relevant training. One person we spoke with said, "I think the staff are well trained." One relative we spoke with said, "Yes, I know they are well trained, I come in at different times and have observed them using the hoist effectively."

One member of staff was a moving and handling champion. They said, "I make sure all members of staff are up to date with their mandatory training and advice on any updates on new equipment provided."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. We confirmed from our review of records that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards

(DoLS), dignity and respect, equality and diversity, fire safety, food safety and moving and handling. Staff also received competency checks in medicine administration and moving and handling. This meant that staff received the training they needed to support people effectively.

One staff member said, "We are always on continuous assessment about mental capacity, dementia and manual handling. We are at a dementia awareness forum tomorrow."

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff completed shadow shifts on different shift patterns and were supervised whilst working alongside an assigned member of staff prior to being counted in the staff team numbers on shift. All new staff were subject to a three month and six month probationary period which was reviewed on a monthly basis. Feedback was sought from both people who used the service and staff about a new staff member.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A staff supervision plan showed that all staff had received at least four supervisions and an annual appraisal. Supervisions included staffs timekeeping, training attendance, teamwork, enthusiasm, attitude and appearance.

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

We asked people what they thought of the food, one person said, "I like all of the meals, I am not fussy, there is a good choice." Relatives we spoke with said, "Yes the meals are beautiful, especially the Christmas meal." Another relative said, "The Christmas dinner was fab, I'm coming next year even if my relative isn't here."

We spoke to the cook who told us that people were all assessed for cutlery to see if it was safe for them to use unaided. The cook also explained they have if needed separated pans and kitchen areas for food such as Kosher. At the time of inspection no one was on any special cultural diets. There was information in the kitchen about people who had allergies or any special diet requirements such as diabetic as well as likes and dislikes. This meant people working in the kitchen knew specific information on people who used the service.

We observed a lunchtime meal. The atmosphere was very pleasant and jovial, there was soft back ground music playing and lots of laughter. On the menu was vegetable broth, fish cake in a parsley sauce, chips and beans, with fruit crumble and custard to follow. The alternatives were omelette or sandwiches. However one person said they did not like fish cakes and wanted salmon. The cook grilled this person some salmon immediately. People were very complimentary of the food and comments included, 'this is nice,' 'oh this is lovely,' and 'very tasty.'

Staff were very attentive, constantly talking to people and encouraging them to eat as well as offering plenty of drinks.

This meant that the service was ensuring people's health through nutrition and hydration.

People were supported to access external professionals to maintain and promote their health. Care plans

contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist, dentists and opticians.

People we spoke with were happy with the environment. One person said, "The garden is very nice." The registered manager had recently arranged for the lounge to be updated. The chairs had been rearranged to make smaller groups so people could chat and the décor had been changed. One person said, "The colour scheme is much better now."

## Is the service caring?

### Our findings

People and their relatives told us they were very happy and the staff were extremely caring. One person said, "The staff are wonderful and very kind." Another person said, "Yes very caring, nothing is too much trouble for them." Another person said, "I get at least two hugs every morning, they seem very attached to me and they talk and listen to me every day."

One person who had only just come to live at the service said, "It is like living in a hotel, it is lovely, I was so lonely at home and now I am very happy."

One relative we spoke with said, "If the staff were not caring we would not be here, we would move my relative somewhere else, but I doubt we could get a better place to be honest." Another relative said, "I come here seven days a week and without exception they [staff] are the loveliest set of people." Another relative said, "My relative had an accident whilst out and they were really upset, the staff calmed them down much better than we could. They were brilliant, they immediately sorted them out. I can't speak highly enough about them [staff]."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. People we spoke with said, "They [staff] are very respectful and always knock before coming in."

Staff encouraged people to maintain their independence. One person said, "When I first came in here I had to use a walking frame, now I can walk unaided, I don't even need a stick." This person continued to say "I have to sit when I have a shower and they [staff] are lovely." Another person said, "I tell them what I want to wear and they dress me, they keep me as independent as much as they can. To be honest, nothing is too much trouble for them [staff]."

Relatives we spoke with said, "They [staff] keep my relative very independent by asking them if they want to into the lounge, garden, what choice of food they would like and what activities they would like to do." Another relative said, "They encourage my relative to keep independent, they show them different clothes and they pick which dress they would like to wear. The younger ones could be more patient although they do try."

Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they made an effort to stop and talk with people. Staff clearly knew people well, which meant they could have conversations with people that the person enjoyed.

At the time of inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information on how people could access an advocate and what an advocate does was on display in the reception.

At the time of inspection no one was on end of life care. However staff had received training on this subject. We also saw detailed advanced care plans. The service had a memory tree in the reception area where people, family and friends could write their memory of a person on a card and tie it to the branch of the tree. There was also a memory corner in the lounge, which provided a space for people to sit quietly and possibly look at photos, remembering someone who has passed away.

One relative we spoke with said, "They [staff] were brilliant with my relative before they died."

# Is the service responsive?

## Our findings

Staff understood what was meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. One staff member we spoke with said, "Everything we do is for them [people who used the service] and what they want."

Records showed people had their needs assessed before they moved into the service. During this assessment people checked on their mobility, communication and what support they needed on a daily basis. This ensured the service was able to meet the needs of people they were planning to admit to the service.

Care records contained a detailed 'This is me' document. This is me is a simple and practical tool that people with or showing signs of dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. This document also contained information on the person's life history. For example one person was well travelled and enjoyed talking about travel.

We looked in detail at the care plans for four people who used the service. The care plans were written in an individual and person centred way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. This included statements such as; 'I like to have a nap as and when I feel like it.'

Each plan contained guidance for staff to ensure people received the support they required consistently and covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example it was very important for one person to go for their morning walk around the grounds of the service. Another person liked their room set out in a certain way; this person had become upset when staff had removed a throw from their bed when turning it down for night time. Staff had resolved this by taking a photograph of the room exactly how they liked it, so when the room got cleaned it was left as the photo showed. This photo hung at the end of the person's bed.

We could see people had been involved in planning their care. One relative we spoke with said, "Yes I am called into reviews for the care plan and with the physio, stroke team etc. and I get copies of all reports." Another relative said, "I am kept informed of all that is going on." Another relative said, "I am involved in the decision making every step of the way."

People said they were happy with the activities on offer. On the day of inspection people were playing a quiz in the lounge. One person had to name a place or a country and the next person had to name a place or a country beginning with the last letter of the last answer. People were really enjoying this game and a lot of conversation came out of it such as have you been to that place or what do you think they eat at that place.

People we spoke with said, "We do quizzes, we go to the coffee shop and we have visited the garden centre." Another person said, "I don't socialise much, that is my choice and I wouldn't change anything."

The registered manager said they were planning on reintroducing taster afternoons where for example the cook would make chocolates and people had to guess what the flavours were.

One person said, "She [registered manager] organises trips for us, we went to the coffee shop and she got the Archbishop of York to come and give a talk as well as a pony for people to stroke."

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on which external bodies' people could complain to if they were dissatisfied with the service's response. However we discussed with the registered manager that it may have been helpful to have contact details of external bodies who deal with complaints recorded on the complaints policy. The service had received six complaints since January 2016. All complaints were fully investigated with an outcome to the complainant recorded.

People we spoke with were happy with the care they received and had not made any complaints. One person said, "I know how to make a complaint but have not made one." Relatives we spoke with said, "Any issues would be sorted by the manager, but there have been no issues at all." Another relative said, "I have never seen any problems, if something needs doing they are right there."

When new people started living at the home, the registered manager made sure they were made to feel welcome. One person said, "She [the registered manager] encourages us all to make them feel welcome."

# Is the service well-led?

## Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission since 2014.

The registered manager and the area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. The system was aimed at ensuring they provided people with a good service and met appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analyses. The registered provider had carried out checks on the environment, care and a sample of records. The audits had highlighted the issues and concerns we found such as gaps in recordings on the recent daily records. The registered manager told us they constantly spoke with staff about recording and were going to act on this immediately. However the audits had not highlighted the out of date risk assessments, the crushing of oral medicines with no appropriate permissions recorded from the GP as well as the appropriateness of crushing the medication..

These issues were a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

The registered manager said, "We are here for the people, they are the most important."

We saw the registered manager interacted well with people and knew all the people and their relatives by their names.

People and their relatives were very complimentary about the registered manager. People who used the service said, "I love it when she [the manager] brings her dog in we all stroke it." "She is a good manager, no she is an excellent manager, there is a lovely atmosphere here." "I am knitting the manager a teddy bear," and "She [the registered manager] often asks me to sing 'it's a long way to Tipperary' I love singing."

One relatives we spoke with said, "[Name] is the manager and it is definitely well led, absolutely." Another relative said, "Yes she is approachable and goes that extra mile."

We asked staff what they thought of the registered manager. Staff we spoke with said, "I would not have an issue going to say anything to the manager," and 'She is approachable, easy to talk to and her door is always open, "and 'The manager supports me if I am unsure about anything."

All the staff we spoke with said they were really happy working at the service. One staff member said, "I left to go and work at another care home as I thought the 'grass was greener on the other side.' I soon realised my mistake and asked for my old job back and the manager, who is brilliant, welcomed be back with open arms and I have never been happier."

Feedback was sought from people and their relatives through annual questionnaires. The last annual questionnaire was completed by 15 people. The overall response was positive; a few people commented that activities were not to their preference. An action plan was set up with the activity coordinator. The activity coordinator now keeps a file on what activity each person enjoyed or did not enjoy. Another comment from the questionnaire had been that the chiropodist was not visiting regularly enough. The registered manager looked into this and had arranged for more regular visits. People also commented that they were sometimes overwhelmed with the amount of food on their plate. There had been a change in approach which meant that less food was now put on people's plates but could ask for more if they wanted it. The registered manager had set up a 'You said – we did' board in reception so that people could see their comments had been acted upon. The registered manager had recently sent a shorter more personal survey out to people and relatives; these were in the process of being evaluated. The registered manager told us they planned to do surveys more often but concentrate on one topic such as food, activities or the environment.

Meetings took place every two months for staff and people who used the service. For the people who used the service's meeting, the cook, activity coordinator, housekeeper and handyman also attended. Turnout for the people and relatives were good with at least 20 people at each one. The topics for discussion included meals, menus, the garden, taster afternoons, trips out, activities and future plans. For staff meetings the topics discussed included uniforms, confidentiality, rotas, annual leave, respect for the home, record keeping and training.

One person we spoke with said, "I like the regular meetings in the lounge. We can sort things out, not that there is anything that needs sorting as everything is fine." A relative we spoke with said, "I have been to meetings and they are very positive, also the girls tell me or ring me with regular updates on how [relatives name] is getting on." And "There is a file in my relative's bedroom that updates me on how they are getting on and we recently completed and handed in a questionnaire."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the 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.

We asked staff what they thought the culture of the service was. One staff member said, "The culture is homely and happy." And "We work hard to get it right for people and so does the manager."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not provided care and treatment in a safe way for service users through the proper and safe management of medicines. The registered provider had not assessed the risks to the health and safety of service users and done all that was reasonably practicable to mitigate such risks. Regulation 12 (1)(2)(a)(b)(g)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider did not have systems and processes established and operating effectively to ensure compliance with the regulations through assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users and others who may have been at risk from the carrying on of the regulated activity. Regulation 17 (1)(2)(b)
Treatment of disease, disorder or injury	