

## Bramble Lodge Care Home Limited

# The Grove and The Courtyard

### 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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We inspected The Grove and The Courtyard on 4 and 9 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The Grove and The Courtyard is a purpose built care home providing care for different client groups across four separate units. The Lodge accommodates a maximum number of 14 people living with a dementia and who have nursing needs. The Cleveland unit can accommodate a maximum number of 14 people with

mental health conditions. Courtyard unit on the ground floor can accommodate 12 people and Courtyard unit on the first floor can accommodate 15 people with mental health conditions. Accommodation is provided over two floors and includes communal lounge and dining areas. Externally there are garden areas and a car park.

The home had a manager who started working at the service in July 2014. The manager was in the process of completing their application to apply to be registered manager. A registered manager is a person who has

# Summary of findings

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 they felt safe in the service and we saw there were systems and processes in place to protect people from the risk of harm. Checks of the building and maintenance systems were undertaken to ensure health and safety. However the service had been without a handyman for a number of weeks and as such some safety checks such as testing water temperatures and monthly fire instruction with staff had not been undertaken as often as required during this time.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Systems were in place for the management of medicines so that people received their medicines safely. However we had some concerns in relation to the medicines storage room on Courtyard (first). This room was used as an office and also a hairdressing room. People's mental health conditions meant that people and their medicines required reviewing on a regular basis at different times during the month. This made the reordering process of medicines difficult for staff as they had to remember to reorder medication for different people at different times during the monthly cycle. This increased the risk of people running out of their medication supply.

Staff told us that they felt well supported, however formal supervision was not taking place as often as it should be. We saw that most mandatory training for staff was up to date.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. However we saw that some improvement could

be made. On occasions when providing care and support staff did not always tell people what they were doing particularly in relation to moving and handling. This could compromise welfare and safety. People told us that they were able to make their own choices and decisions and that staff respected these.

The manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager understood when an application should be made, and how to submit one. This meant that people were safeguarded and their human rights respected.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People told us that they liked the food provided. However we felt that some improvements could be made to the meal time experience of those people living with a dementia.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information and set out how each person should be supported to ensure their needs were met. We found that some risk assessments were insufficiently detailed. They did not contain individual person specific actions to reduce or prevent the highlighted risk. This meant that safety actions to keep people safe were not documented and people could come to harm.

We saw that people were involved in a range of activities. We saw that staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. However activities for those people living with a dementia were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People and relatives told us that the manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

# Summary of findings

In general there were effective systems in place to monitor and improve the quality of the service provided; however the manager had not undertaken infection control audits. Staff told us that the service had an open, inclusive and positive culture.

We inspected The Grove and The Courtyard on 4 and 9 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The Grove and The Courtyard is a purpose built care home providing care for different client groups across four separate units. The Lodge accommodates a maximum number of 14 people living with a dementia and who have nursing needs. The Cleveland unit can accommodate a maximum number of 14 people with mental health conditions. Courtyard unit on the ground floor can accommodate 12 people and Courtyard unit on the first floor can accommodate 15 people with mental health conditions. Accommodation is provided over two floors and includes communal lounge and dining areas. Externally there are garden areas and a car park.

The home had a manager who started working at the service in July 2014. The manager was in the process of completing their application to apply to be registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the service and we saw there were systems and processes in place to protect people from the risk of harm. Checks of the building and maintenance systems were undertaken to ensure health and safety. However the service had been without a handyman for a number of weeks and as such some safety checks such as testing water temperatures and monthly fire instruction with staff had not been undertaken as often as required during this time.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust

recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Systems were in place for the management of medicines so that people received their medicines safely. However we had some concerns in relation to the medicines storage room on Courtyard (first). This room was used as an office and also a hairdressing room. People's mental health conditions meant that people and their medicines required reviewing on a regular basis at different times during the month. This made the reordering process of medicines difficult for staff as they had to remember to reorder medication for different people at different times during the monthly cycle. This increased the risk of people running out of their medication supply.

Staff told us that they felt well supported, however formal supervision was not taking place as often as it should be. We saw that most mandatory training for staff was up to date.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. However we saw that some improvement could be made. On occasions when providing care and support staff did not always tell people what they were doing particularly in relation to moving and handling. This could compromise welfare and safety. People told us that they were able to make their own choices and decisions and that staff respected these.

The manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager understood when an application should be made, and how to submit one. This meant that people were safeguarded and their human rights respected.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People told us that they liked the food provided. However we felt that some improvements could be made to the meal time experience of those people living with a dementia.

# Summary of findings

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information and set out how each person should be supported to ensure their needs were met. We found that some risk assessments were insufficiently detailed. They did not contain individual person specific actions to reduce or prevent the highlighted risk. This meant that safety actions to keep people safe were not documented and people could come to harm.

We saw that people were involved in a range of activities. We saw that staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. However activities for those people living with a dementia were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People and relatives told us that the manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

In general there were effective systems in place to monitor and improve the quality of the service provided; however the manager had not undertaken infection control audits. Staff told us that the service had an open, inclusive and positive culture.

# 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?

Improvements are needed to make sure that the service is safe

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the manager.

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

Systems were in place for the management of medicines so that people received their medicines safely. However we had some concerns in relation to the medicines storage room on Courtyard (first). Also people's mental health conditions meant that people and their medicines required reviewing on a regular basis at different times during the month. This increased the risk of people running out of their medication supply. Risk assessments were evident on care records looked at during the inspection but some required further detail to include individual preventative measures to reduce the highlighted risk.

**Requires Improvement**



### Is the service effective?

The service was not effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Formal supervision sessions with staff were not happening as often as they should be. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. However some improvements could be made to the meal time experience for those people living with a dementia. People were involved in preparing and cooking the food.

People were supported to maintain good health and had access to healthcare professionals and services

**Requires Improvement**



### Is the service caring?

This service was caring.

People told us that they were well cared for. In general we saw that staff were caring and supported people well. However staff did not always tell people what to expect or what they were doing particularly in relation to moving and handling. This could impact on the safety and wellbeing of the person.

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

**Good**



# Summary of findings

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

## Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

We saw that most people were involved in a range of activities. We saw that staff engaged and interacted positively with people. However activities for those people living with a dementia were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People and relatives told us that the manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

**Good**



## Is the service well-led?

The service was well led, however some improvement was needed.

The home had a manager who started working at the service in July 2014. The manager needs to complete their application to apply to be the registered manager.

There were effective systems in place to monitor and improve the quality of the service provided; however infection control audits had not been undertaken. Staff told us that the home had an open, inclusive and positive culture.

**Requires Improvement**



# The Grove and The Courtyard

## Detailed findings

### Background to this inspection

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

We inspected The Grove and The Courtyard on 4 and 9 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two adult social care inspectors and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During the inspection we spoke with 17 people who used the service and six relatives. We also spoke with the manager, the regional director, the deputy manager, a unit manager, the activity co-ordinator, a team leader the handyman and with five support workers. After the inspection we contacted the local authority and the safeguarding officer for the North of England Commissioning Support Team to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We observed how people were supported at lunch time and during activities. We looked at five people's care records, three recruitment files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, communal areas and the garden.



# Is the service safe?

## Our findings

We asked people who used the service if they felt safe, one person said, “The staff all look after us.” Two other people said that they felt, “Protected by the staff.” A relative we spoke with said, “They are getting well looked after. They make sure they are safe, they look in on them regularly during the night.”

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the manager and deputy manager would respond appropriately to any concerns. The manager said abuse was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff we spoke with during the inspection told us that they had received safeguarding training when they started working at the service and on a regular basis. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in August 2013.

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the home or by another agency. Incidents had been investigated and appropriate action taken.

The manager told us that the service had been without a handyman for a number of weeks and as such had relied on a handyman from another service in the group to come and carry out in house safety checks. The manager told us that she was aware that there were some weeks in which some safety checks such as testing water temperatures had not been undertaken. The manager told us that tests of the fire alarm had been carried out to make sure it was in safe working order, however some monthly fire instructions involving staff had not. We spoke with the newly appointed handyman who told us that all checks would now be carried out regularly. We were shown records to confirm that the temperature of showers, baths and hand wash basins in communal areas had been taken on 4 December 2014. We saw that some water temperature recordings were too cool. We pointed this out to the manager at the time of the inspection who said that they would take action to rectify the problem. The manager and handyman told us that regular checks of the fire alarm were carried out to

ensure that it was in safe working order; however the records of these weekly tests could not be located during the visit. We saw records to confirm that staff had been part of fire drills in February and June 2014. Staff told us that this ensured that they knew the procedures to follow in the event of a fire. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm, fire extinguishers, nurse call and emergency lighting. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises

The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, the environment, skin integrity, falls, nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly. However, some risk assessments contained limited information for example risk assessments to keep those people safe who were living with a dementia. Risk assessments for each person were very similar and not individual to the person. They informed staff to keep areas free from hazards and ensure that people had their call bell. They did not highlight the individual risks to the person or specific action to reduce or prevent the highlighted risk. The manager said that they would review risk assessments.

The manager told us that they had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with vulnerable people. Staff we spoke with during the inspection confirmed this to be the case. During the inspection we looked at the records of three staff to check that the home’s recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help



## Is the service safe?

employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. References had been obtained and, where possible, one of which was from the last employer.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff to meet the needs of the people who used the service. One person we spoke with said, "There is always someone there if you need them." Another person said, "There's plenty of staff around." There were four units in the service. The Lodge could accommodate a maximum number of 14 people who had a dementia and who required nursing care. At the time of the inspection there was 13 people who used the service cared for on The Lodge. During the day there was one nurse and three care staff on duty. On night duty there was a nurse and a one care staff member. Cleveland Unit could accommodate a maximum number of 14 people who had mental health conditions. At the time of the inspection there were 13 people on this unit. During the day there was three care staff on duty one of which was a senior care assistant. On night duty there was a senior care assistant and a care assistant. Courtyard (ground floor) could accommodate a maximum number of 12 people who had mental health conditions. At the time of the inspection there were 11 people on this unit. The staffing levels were the same as the Cleveland Unit. Courtyard (first floor) could accommodate a maximum number of 15 people with mental health conditions. This unit was fully occupied at the time of the inspection. During the day there were three care staff on duty one of which was a team leader. On night duty there was a senior care assistant and a care assistant. Staff told us that staffing levels fluctuated depending on need and when people who used the service needed to be accompanied when going out, staffing levels were increased. This helped to ensure that people were kept safe.

There have been some recent safeguarding concerns in relation to medicines; some people had not received their medicines as prescribed. Following this the service was visited by a pharmacist for the North of England Commissioning Support Team on 9 October 2014 to review the medication processes within the service. Following the visit a number of recommendations were made to reduce the risk of reoccurrence of people not receiving their medicines as prescribed. The pharmacist visited again on 24 November 2014. We looked at the records of the visit and noted that the pharmacist had found that significant

improvement had been made in relation to the management of medicines. The pharmacist noted that a number of the recommendations they had made in relation to medication ordering and record keeping had been undertaken by staff.

During our inspection we looked at the arrangements for the management of medicines and saw that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. People's mental health conditions meant that people and their medicines required reviewing on a regular basis at different times during the month. This made the reordering process of medicines difficult for staff as they had to remember to reorder medication for different people at different times during the monthly cycle. This increased the risk of people running out of their medication supply. A discussion took place with the team leader, unit manager and manager in respect of this. The unit manager said that they were working with staff to reduce / prevent the reoccurrence of people not receiving their medicines as prescribed.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Nurses and senior care staff were responsible for the administration of medicines to people who used the service. We spoke with three people about their medicines who knew what their medication was for and when they took it. People said that they got their medicines when they needed them and the staff were very helpful.

We had some concerns in relation to the medicines storage room on Courtyard (first). This room was used as an office and also a hairdressing room. This room was kept locked when staff were not in the room with the exception of when the hairdresser visited. We saw that personal confidential information was stored in files on open shelves within this room. We pointed this out to the regional director and manager who said that they would take immediate action to address the concern. The manager told us that the hairdressers was to relocate to the ground floor, however in the interim they would make sure that all personal confidential information was stored within a locked cabinet.

Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that

## Is the service safe?

medicines were stored within the recommended temperature ranges. We saw that some room temperatures were too warm. If medicines are stored at incorrect

temperatures they can lose their effectiveness. After the inspection we received information from the manager telling us that they had obtained air conditioning equipment to keep the room at the correct temperature.

# Is the service effective?

## Our findings

People and their relatives told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, “They are great staff. They know me inside out.” Another person said, “The staff are nice, they’re talkative and they are interested in you.”

We saw that people held suitable qualifications and experience to enable them to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. We looked at the induction records of three staff. We saw that all staff had completed the induction. Staff that we spoke with confirmed that they had undertaken induction and shadowed other staff and had the support of other senior staff when they started work.

The manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that most of the mandatory training for staff was up to date. However we saw that 12 staff had not undertaken the annual safeguarding training. We saw records which informed that this training was due to take place in February and March 2015. We saw records of one of the audits undertaken by the regional director in November 2014. We saw that the regional director had also highlighted the training that staff had undertaken and any shortfalls in training. Where shortfalls were identified training had been arranged for the early part of 2015.

One staff member that we spoke with during the inspection told us how they were mentored by the team leader in order to develop their skills to become a senior care assistant. They told us that they had enjoyed the challenge and that they were just about to complete their NVQ level 3 in care.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. During the inspection we looked at supervision records and spoke with staff and it became apparent that the manager and senior staff misunderstood what was needed for staff supervision. Supervision was not happening as often as it should be. This was pointed out to the manager at the time of the inspection who told us that they would take immediate action to address this. We saw

records which confirmed that all staff had received an annual appraisal. One staff member we spoke with said, “She (the manager) is amazing and very supportive. She has an excellent relationship with all staff.”

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, there was three people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The manager and staff that we spoke with had a good understanding of DoLS. The manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they had and would follow if a person had been identified as lacking capacity or was deprived of their liberty.

We looked at the service’s menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. Staff that we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service on the unit that provided nursing care to those people living with a dementia. Many people who used the service needed assistance to eat or to be fed. Staff from other units came up to help at lunchtime as people who were being supported on other units did not need as much help. We saw that staff were patient and encouraged people to eat. Although the lunchtime experience for many people was relaxed and enjoyable we saw that some improvements could be made. We saw that two people

## Is the service effective?

who were independent with eating were sat at a table with their meal for 35 minutes. During this time staff did not interact with these people as they were busy helping others. People did not interact with each other and were often seen turning around looking for attention. This was pointed out to the manager at the time of the inspection who said that they would speak with staff immediately in respect of this.

Those people on the mental health units were able to prepare their own food or could also make a choice from the menu that day. People told us that they could make a decision on a day to day basis about what they wanted to do. On the day of the inspection we saw that staff supported some people with their own meal preparation.

People told us that they liked the food and that portion size was good. One person said, "They certainly make sure that we are well fed." One person told us that they thought that staff needed to fill up the fruit bowl more.

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. We saw that those people who were able made their drinks whenever they wanted. This meant people were supported to maintain their hydration.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I've been to see the dentist and the optician." A staff member told us that people were offered an annual health check and the flu vaccination. One the day of the inspection we saw one person was supported to make a visit to their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

# Is the service caring?

## Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. One person said, "They all look after us and look in on us that means someone cares." Another person said, "It's good here, one of the best places I've been in. I've got a nice room."

During the inspection we spent time on all units so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. Staff showed patience and gave encouragement to people. It was apparent that staff knew people's personal histories and individual needs. A team leader that we spoke with was able to tell us about all people in the unit. This meant that staff knew the people they were caring for very well. We saw that all staff took the opportunity to talk with people, listen and show a genuine interest in what they had to say.

We spent some time on the nursing unit for people living with a dementia. In general we saw that staff were caring and supported people well. We saw that one person who had just moved into the home was very anxious. Staff were there to support the person and hold their hand. Staff were seen to walk with the person around the unit to relieve their anxiety. We saw that the deputy manager spent time with one person who used the service who was displaying behaviour that challenges. The deputy manager was able to divert the person and engage in meaningful discussion which helped to reassure and settle the person. This helped to ensure the safety and welfare of people. However, we saw that some improvements could be made. On occasions staff did not tell people what to expect or what they were doing particularly in relation to moving and handling. We saw staff move a person forward in their seat to put a piece of equipment there to help them mobilise the person. Staff did not tell the person what they were doing. Another person who was mobilising with a hoist was asked to get hold of the hand bars of the hoist but staff did not tell them what they were doing or where the person

was going. This did not ensure the safety and welfare of the service user. This was pointed out to the manager and regional director at the time of the inspection. They said that they would speak with staff to address our concerns.

At the time of the inspection there were 52 people who used the service. During our visit we reviewed the care records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Those people who wanted to or their relatives / representatives were involved with planning their care. Care records reviewed contained information about the person's likes, dislikes and personal choice. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

We saw staff treated people with dignity and respect. We asked staff how they ensured that people's dignity was maintained. One staff member told us that they got to know people's likes and dislikes and said, "You can't tell them what to do, you advise but it's their decision." This staff member went on to tell us about ensuring that people were treated as individuals. This meant that staff at the home treated people with respect and dignity.

The atmosphere was lively, there were many occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff always got down to the person's level to ensure that eye contact was made. This demonstrated that people were treated with dignity and respect.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. All bedrooms had a lockable bedroom door and some people who used the service had their own key.

We were told by people who used the service that they were encouraged and supported to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice.

# Is the service responsive?

## Our findings

Those people who used the service who were accommodated and supported on the mental health units told us that they were involved in activities and outings. People said that they were both encouraged and supported by staff to access the local community. People said that they went to the local shops, the pub and cinema. One person told us about their holidays each year to Scarborough or Filey. A staff member told us that 15 people who used the service and five staff had enjoyed a caravan holiday this year. People from the Courtyard unit on the ground floor told us that they were involved in in-house activities. One person told us they played dominoes or monopoly with another person every evening. Another person told us that they liked to be outdoors and pruned the shrubs. Staff told us that they were considering turning an underused café on this unit into a pool room to provide an alternative activity. Some people from the Courtyard unit on the first floor felt that they would benefit from more activities. One person said, "We just sit around." Another person said, "There are usually staff around to keep you company but I'm sure they could organise a few more things to do." We asked people what they would like to do. One person said, "It would be nice to be more active, I used to go to keep fit or aqua aerobics. Another person said, "It would be nice to go to the leisure centre."

Those people from the mental health units were supported and encouraged with in house activity such as shopping, cooking, cleaning, laundry and cleaning and tidying their room. This was scheduled as part of their weekly plan. During our inspection visits we saw staff support people with laundry, cooking and ironing. One person said, "We have washing machines that we use with the support from staff to do our laundry and change our beds. I do mine on a Monday."

The manager told us that an activity co-ordinator was employed to work during the week with those people living with a dementia. During the inspection we spoke with the activity co-ordinator who told us that they were making plans for Christmas activities. We were told that there was to be a Christmas party on 15 December and that a female vocalist had been booked to entertain people and their families. People were going to a pantomime and there was to be a Christmas bazaar held at the home. The activity co-ordinator told us that people liked to listen to music,

sing, watch television, chat, take part in crafts and have hand massages. On the first day of the inspection we observed very little activity taking place with people who used the service. The activity co-ordinator was preparing prizes for the Christmas bazaar so had limited interaction with people. When they had finished this a film was put on. This meant that during the course of the day people were provided with little stimulus. This was pointed out to the manager on the first day of the inspection. On our second day the manager told us that the activity co-ordinator was to spend time with other activity co-ordinators in the group to seek new ideas to provide a stimulating range of activities within the service.

During our visit we reviewed the care records of five people. People's care and support needs had been assessed before they moved into the service. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We found that care plans were reviewed and updated on a monthly basis or more often if needed.

People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in care plans. People and relatives told us that care and treatment needs were regularly assessed and reviewed. The relative of one person told us that staff at the service had been very responsive to need. They told us that the speech and language therapist had been contacted when a review of swallowing had been needed. They also told us how staff had worked with other professionals when the person presented with behaviour that challenged to keep people safe. This relative said, "They're lovely, they always phone me. They're brilliant and they're there for me too."

The manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. The manager told us that senior staff had undertaken training in first aid. We saw records to confirm

## Is the service responsive?

that this training was up to date. We asked some of staff if the training had provided them with the necessary skills and knowledge to deal with a medical emergency, one staff member said, “The training we had was very good and although I would be nervous I feel that I could deal with an emergency situation.” This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We looked at the home's complaint procedure, which informed people how, and who to make a complaint to and timescales for action. The procedure was a little misleading as it informed that the complainant could contact the Care Quality Commission with their complaint. We spoke with the manager and regional director about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people's views about the service. The manager told us that the procedure would be amended.

The manager told us people who used the service and relatives were given a copy of the complaints procedure when they moved into the home. During the inspection we spoke with people who used the service who told us that if they were unhappy they wouldn't hesitate in speaking with the manager or staff. People said that they were listened to and that they felt confident in raising any concerns with the staff. One person said, “All of the staff are lovely you could say anything to any of them. They are approachable and listen to you.”

Discussion with the manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the service's record of complaints there had been two complaints made in the last 12 months. We saw that both complaints were investigated and responded to promptly and appropriately.



# Is the service well-led?

## Our findings

The manager had started working at the service in July 2014. They were in the process of completing their application to apply to be registered manager. The manager told us about their values which were clearly communicated to staff. The manager told us about valuing the individual and the importance of working together. They said, "All staff bring something to the team."

Observations of interactions between the manager and staff showed they were open, inclusive and positive. One of the staff we spoke with said, "We are encouraged to share our views and make suggestions. I always feel that I'm listened to." Another staff member said, "She (the manager) is so good at giving you recognition." Staff we spoke with demonstrated commitment to providing a good quality service. They told us that the manager was approachable, supportive and they felt listened to. One staff member said, "She's (the manager) amazing and very supportive. She has an excellent relationship with all staff. She has got a lot of passion for the service." We found that the manager had a good understanding of the principles of good quality assurance. The manager recognised best practice and developed the service to improve outcomes for people.

The staff we spoke with described how the manager since coming into post had made a lot of positive changes and all of them were aimed at giving people the best quality of care. Staff discussed how the manager worked with them to review the service to see if they could do anything better. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.

People and relatives we spoke with during the inspection told us that they thought that the service was well led. We saw that the manager worked with and supported people during the inspection days. When people who used the service asked to speak with them they did. We saw on numerous times during the inspection days that the manager supported people with making drinks and care. We asked people if the manager was approachable. One person said, "She is really lovely and approachable."

We asked the manager about the arrangements for obtaining feedback from people who used the service and

their relatives. They told us that a satisfaction survey was used to gather feedback. We saw that they were in the process of collating the results of a survey carried out in August 2014. Initial analysis showed that the majority of people were happy with the care and service that they received. The manager told us that they were to develop an action plan of areas requiring improvement.

The manager told us that since they commenced work at the service they have had to prioritise what needed to be undertaken first. The manager told us that she spoken with people who used the service on a daily basis, however yet had to re-establish the formal meetings with people to share their views and ensure that the service was run in their best interest.

We saw records to confirm that staff meetings had taken in August and November 2014. We saw that open discussion had taken place about health and safety, nutrition, medicines, record keeping and training.

Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there were areas for staff learning and action planning within the document. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The manager told us of various audits and checks that were carried out on medication systems, the environment and health and safety. We saw records of audits undertaken. Records were audited as were events. This helped to ensure that the home was run in the best interest of people who used the service. The manager told us that they were aware of the need to undertake an infection control audit but had not had time to do as yet. We were told that this was planned to take place in January 2015.

The manager told us that regional director and other senior staff employed by the provider carried out visits to the home on a monthly basis to monitor the quality of the service provided and to make sure the home were up to date with best practice. Records were available to confirm that this was the case.