The Old School House Limited

The Old School House and Courtyard Nursing Home

Inspection report

Main Road,
Gilberdyke,
Brough,
HU15 2SG
Tel: 01430 441803
Website: n/a

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection of The Old School House & Courtyard Nursing Home took place on 28 October 2015 and was unannounced. At the last inspection on 9 October 2014 the service was in breach of regulations 22 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These regulations were superseded on 1 April 2015 by regulations 18: staffing and 17: good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On 16 April 2015 we carried out a 'focussed' inspection to check the progress of the service in meeting these regulations. We found there was an improvement in the numbers of staff on duty and that the newly appointed manager had begun to improve the quality monitoring and assurance systems that were in operation. On that visit the service was meeting regulations 18 and 17.

Summary of findings

The Old School House and Courtyard Nursing Home is a residential care home that provides accommodation and support to a maximum of 42 older people, some of whom may be living with dementia. The service is a detached property situated on the main road in the village of Gilberdyke, in East Yorkshire. The service is on a bus route and there are ample car parking spaces for visitors and staff.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who had submitted an application to the Care Quality Commission (CQC) to become the registered manager. They had attended an interview and were awaiting the outcome of it from CQC. 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 we spoke with told us they felt safe living at The Old School House & Courtyard Nursing Home. They said, "I am quite satisfied here. I am treated very well. The staff are friendly" and "Staff look after us well here." There were systems in place to prevent and address safeguarding incidents and staff had completed appropriate training to manage these issues, which meant that people were protected from the risk of abuse.

We found that the premises were satisfactorily maintained and provided a safe environment for people that used the service, but we made a recommendation that the provider ensured all maintenance safety certificates were renewed upon the anniversary of their expiration date, to ensure the premises were safe at all times and there was up-to-date evidence to support this.

We saw that incidents regarding people's safety were appropriately addressed when they arose, that staff understood and exercised their responsibilities to report such incidents and that there were sufficient staff on duty to meet people's needs.

We found that staff had been safely recruited using systems to ensure they were 'fit' to care for vulnerable people. We found that although management of medicines was safe there could have been a more efficient system for storing unused medicines to be returned to the pharmacist and we have made a recommendation to the provider about this in the report. We found that the premises were clean and comfortable.

We saw that staff were appropriately inducted, trained and checked regarding their skills and competences to be able to carry out their roles. Staff received support and supervision from the manager and one person said of them, "The staff know what they should be doing and they are guided by the manager. They do a good job of it."

Staff communication was satisfactory, they followed the principles of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 in respect of people that were unable to represent themselves, so that people's rights were upheld.

We found that staff were kind, caring, understanding and patient. Staff sometimes used fun to include people so they felt part of the group. Staff spoke politely to people and respected their wishes and preferences. Staff encouraged independence and protected people's privacy and dignity. and they supported people to eat well and to stay as healthy as possible.

We saw that staff responded to people's needs regarding their personal care, activities, individuality and any concerns or complaints they may express. Choices were encouraged and respected wherever possible. All of this was based on the on person-centred care plans in place to assist staff on how best to support people. Confidential information was protected and wellbeing was monitored.

We found that the culture of the service was improving under the new manager who had been in post for approximately nine months. It was described by staff as "Happy, friendly and based on teamwork" and the manager was described by visitors as "Open, honest and transparent."

We found that audits of the service were carried out and satisfaction surveys were issued to people that used the service, relatives, staff and healthcare professionals, but not all of the information gathered was consistently analysed, coordinated and fed back to people. We found details of action that had been taken as a result of information obtained, needed to be fed back to people, relatives, staff and healthcare professionals in a more

Summary of findings

definitive way at the end of a cycle of quality monitoring and not only via memos and the newsletter. This was something the manager had yet to achieve at the end of their first year in post.

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?

Requires improvement 

The service was not safe.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

The risks to people's safety regarding the maintenance of the premises could have been improved by ensuring all safety certification was up-to-date.

People were safe because whistle blowing was appropriately addressed and investigated, the risks people faced were reduced, staffing was in sufficient numbers to meet people's needs and staff recruitment followed safe policies and practices. While medication was suitably handled, the storage of medicines to be returned needed to be improved.

Is the service effective?

Good 

The service was effective.

People were supported by staff that were inducted to their roles, received training, supervision and appraisal and communicated well. Staff understood the principles of the Mental Capacity Act 2005, but more of them needed to complete training in this.

People were supported to eat well and to sustain their health and wellbeing. People's environment was clean and comfortable and while it did not impact on their current ability to access all parts of the service, the environment could be made more suitable in the future for people living with dementia.

Is the service caring?

Good 

The service was caring.

People were supported by kind and considerate staff and people's privacy, dignity and independence were respected. Staff were observant of people's needs and, although they encouraged people's independence, staff offered people support when they thought people were in need of it.

Is the service responsive?

Good 

The service was responsive.

People were supported by a staff team that understood their needs and who were aware of people's care plans as a tool to assist them to meet those needs. Staff respected people's individuality and acknowledged their differing needs.

People had systems in place to make complaints if they wished and people understood these would be addressed appropriately.

Summary of findings

Is the service well-led?

Good

The service was not well led.

People had the benefit of a service that was in the process of changing and improving its culture, which was driven by improved teamwork.

The manager was open and honest and was steadily gaining the confidence of people that used the service and staff, so that people were better supported by the whole staff group.

Systems were in place to assess and monitor the quality of service delivery, which required comprehensive feedback at the end of the manager's first year in post, to all those who had contributed information

The Old School House and Courtyard Nursing Home

Detailed findings

Background to this inspection

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

The inspection of The Old School House & Courtyard Nursing Home took place on 28 October 2015 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to staff at the East Riding of Yorkshire Council (ERYC), which contracted services with the Old School House Limited, and from people who had contacted CQC, since the last inspection, to make their views known about the service.

We interviewed and spoke with six people that used the service, two relatives, two staff and the manager, who was waiting to have their status as registered manager confirmed by CQC. We looked at care files belonging to three people that used the service and at recruitment and training files belonging to four care staff. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Old School House & Courtyard Nursing Home. They explained to us that they found staff working for the service to be friendly and helpful. People said, "I am quite satisfied here. I am treated very well and if I wasn't then I am capable of speaking up for myself. The staff are friendly and I get on very well with them all" and "Oh the staff are all very nice, they are polite and very helpful. Staff look after us well here." Relatives we spoke with said, "If I didn't think this was safe and the right place for [Name], then I wouldn't let them stay here" and "I know the staff are kind and that the manager would not tolerate anything abusive happening to the residents."

Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew what constituted abuse of people and while they knew the internal policy and procedure for passing information about suspected or actual abuse to the manager. We saw from the staff training record and individual training certificates that care staff had completed safeguarding training.

The information we already held about safeguarding incidents at the service told us there had been three incidents where the manager had used the ERYC Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. All of these incidents had been notified to us using the appropriate notification documentation and where a referral had been made to ERYC the manager had made this clear. We judged that the service acted appropriately and quickly in respect of this referral. The safeguarding records we saw showed that incidents were recorded properly, investigated and learned from. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that people were protected from the risk of abuse.

Staff told us that people that used the service had risk assessments in place in respect of, for example, falls, skin integrity, nutrition, use of lifting hoists and use of bed safety rails. We saw that there were risk assessment documents in people's care files. People also had individual risk assessments for their personal environment. These were appropriately reviewed each month and helped to reduce the risks of harm to people that used the service.

There were generic risk assessments in the service in respect of people and staff safety. For example they covered working in the kitchen, security of the building at night, use of step ladders and use of substances hazardous to health. There were emergency contingency plans in place for staff to follow in the event of fire, flood, serious damage to property and utility failure.

When we looked around the premises we found that they were safe. However, we saw that two unused bedrooms and two unused bathrooms in the extension wing of the property were being used as temporary storage for furniture and equipment and were not locked for safety. The manager was told about these and undertook to ensure they were kept locked when not being accessed. Two bedroom fire doors did not fit fully into their rebates and the registered manager was told about these. They undertook to instruct the handyman to check that all bedroom fire doors closed properly and to adjust them if they did not.

When we looked at maintenance certificates and contracts for the premises and equipment we saw that certificates required for the safe running of the service were in place: for example, gas safety, fire safety and the lifting equipment. However, the electrical installations safety report was out of date by at least one year. It had been carried out on 29 September 2009 and did not state for how long it was valid; these reports can provide between one and five years of cover. We asked the manager why this had not been renewed in September 2014, which was the latest possible date the report was valid until. They were unable to explain as they said they had been in post nine months, but had only identified the date of its expiry in June 2015. The manager felt this was clearly an oversight on the part of the registered provider.

On 4 November 2015, which was one week after our inspection, the manager informed us in an email that an electrical installations safety check was being started that day, with work to take up to five days. We asked that a copy of the safety report be sent to us immediately upon receipt. The registered provider had been unable to provide evidence that the premises were electrically safe for a period of at least 13 months. **We recommend that the**

Requires improvement

Is the service safe?

registered provider ensures all maintenance safety certificates are promptly renewed at the time they expire, so that risks to people that use the service are reduced to a minimum.

In recent months the manager had informed CQC about problems which prevented the running of the regulated activity. These had related to problems with the hot water and its storage. Work had been completed to remedy these issues and at the time of our inspection the service was running properly again.

Staff we spoke with told us they understood about 'whistle-blowing' and that they would not hesitate to inform the manager of any issues relating to poor staff practice, or to inform the local authority social services department about any poor management practice. Over the last year we had informed the registered provider of two issues which have been brought to our attention and that of ERYC, but only one of these occurred since April 2015. The previous year saw four issues being raised.

We saw from records held in people's care files and copies of accident/incident forms that accidents and incidents were appropriately managed, so that the right action was taken to treat people's injuries and the right strategies were put in place to remedy problems that arose as a result of incidents.

We found that there were sufficient staff on duty to meet people's needs, and that the staff actually on duty were the ones listed on the roster. However, the roster had been changed due to one staff member being unavailable at short notice and one senior staff member being on planned jury service. The manager was covering the senior staff member and had called in another staff member to work the early shift ahead of their late shift. This meant there were three care staff and the manager acting as the senior staff member on duty, also assisting with personal care. There were sufficient ancillary staff on duty to assist the care staff in meeting people's needs. Also the deputy manager, from a 'sister' service nearby, came to support staff so that the manager could be available to us during our inspection. We were told that the number of staff on duty was determined by the number of care hours that people required to meet their needs following assessment using the Residential Staffing Forum tool.

The manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references were taken, Disclosure and Barring Service (DBS) checks were carried out before staff started working and that staff were interviewed and assessed using an equal opportunities process. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We saw that care staff were appropriately recruited in line with the registered provider's recruitment policy and that practices met the requirements of our own legislation. Staff files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. Staff confirmed with us how they had acquired their positions. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

There were systems in place to manage medicines safely. We assessed that medication was appropriately requested, received, stored, recorded and administered. However, there was one shortfall identified with the returning of unused medicines and this was that the storage bins for holding them were insecure. This meant that anyone with access to the medication room could misuse the tablets stored for returning to the pharmacist. **We recommend the registered provider ensures medicines are handled including disposal as per the latest current guidance.**

We were told by staff that only senior staff trained to give people their medicines did so. The service used a monitored dosage system. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when. Medicine administration record (MAR) sheets contained clear details of when and how medicines were to be given and they had

Requires improvement

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been completed accurately by staff. Where medicines had not been administered the MAR sheets clearly identified why with the appropriate omission codes. No one administered their own medication.

Good

Is the service effective?

Our findings

People we spoke with told us they found the staff to be knowledgeable in caring for them. They said, "As far as I am concerned the staff know how to look after me and my illness because they have been trained to do so" and "Oh the staff know what they should be doing and they are guided by the manager. They do a good job of it." Visitors we spoke with said, "Staff understand [Name's] needs and seem to have a way with her" and "As much as can be asked of the staff is done for my spouse. [Name] has dementia but the staff know how to care for her."

Staff we spoke with told us about all of the training courses they had completed in their roles while working at The Old School House & Courtyard Nursing Home, and we saw evidence of the training they had completed in their training files and in the service's central training record. For example, staff had completed training in safeguarding adults from abuse at level 2 and 3, food hygiene, infection control, assisting people to move safely, emergency first aid, health and safety, dementia awareness, fire safety, medication administration and physical intervention. This meant that staff were trained and competent to carry out their roles. Staff told us about the training course updates that were planned for the coming months.

We observed staff assisting people to transfer using lifting equipment and they used it effectively and kept people informed about what was going to happen next. We observed staff assisting people with their meals and saw they were competent in this task. We observed staff relating to people living with dementia and they addressed them sensitively and encouragingly.

Staff recruitment and training files showed evidence that staff had completed an induction to their roles, were given regular supervision and took part in an appraisal and development programme. Staff confirmed that they had supervisions sessions with their seniors or the manager. This meant that staff were skilled and competent to carry out their roles and were supported by their manager and so people were effectively cared for.

The manager followed no particular models of care, but they and the staff were kept up-to-date with some of the research in caring for people living with dementia, by reading articles on the internet. They shared their reading and learning in team meetings, which meant that people were cared for by a knowledgeable team.

We saw that staff used a handover system as well as communication sheets to inform each other of people's issues or activities. They told us they usually got on well as a team and passed on information verbally throughout the day. Visitors we spoke with felt they received good information about their relative. One said, "I get a phone call if necessary to tell me if [Name] is unwell or had a fall and I get a copy of the bi-monthly newsletter to tell me what is happening in the service."

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

Staff told us they had not completed MCA and DoLS training yet but that it was planned for the coming weeks. They understood the outlining concept of these pieces of legislation, but were not fully aware of the processes and responsibilities that came with them. They said they would consult with the manager if they felt there was a need to discuss a person not being able to consent to some aspect of their care. We saw that people were assessed regarding their mental capacity to make important decisions and this was recorded in their files. Staff said they sought consent from people before assisting them with personal care or transferring, for example, and we saw in care files that people had signed their care plans where possible, to consent to the plans being implemented.

The manager told us there had been best interest meetings held for people whenever they were required and ahead of a DoLS application being made. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. We saw that there was a list of names and dates on the manager's notice board for updating the DoLS that were in place for people and a copy of one of the DoLS authorisation forms in a person's care file. All of this showed that the service adhered to the MCA and DoLS legislation to protect people from having their rights undermined.

Good

Is the service effective?

People we spoke with said they found the food to be satisfactory. They said, "I get what I ask for, which is not a full meal but is quite sufficient for me being so inactive and having little appetite" and "The food is quite alright thank you, just home-cooked meals and I usually eat it in my bedroom." Another person in their bedroom was calling for their lunch as they said they were hungry. We saw the cook serving everyone else first and then they brought the person their meal and stayed with them until they started to eat it.

Visitors said of the food, "Meals are okay as far as I have seen. I don't hang around when food is on the go" and "The food is fantastic. I visit at lunch time to help [Name] with her meal and I am sorry to see what gets wasted sometimes because people don't always have good appetites."

We observed the lunch time and tea time meals and saw that people were relaxed and unhurried. Those that required support were assisted appropriately and staff sat with them at the table. Menus were on display, a choice was offered to people where it was known they did not like the food on the menu or where they had changed their mind. We saw that people had their likes and preferences and details of any medical diets they required in their care files and where necessary these were supplemented by a nutritional risk assessment. We saw that where necessary a Speech And Language Therapy team had been accessed to provide assessment of a person's nutritional needs and guidance for staff to follow was recorded in the person's file. People's nutritional needs were monitored using intake charts where necessary.

People told us they had their health care needs adequately met and visitors agreed their relatives received the support they needed when unwell. Care files contained details of people's medication, the conditions they were diagnosed with and details of any hospital appointments or, for example, District Nursing, chiropodist, dentist and optician intervention they required.

We acknowledged that not all of the bedrooms and communal areas of the service, especially in the extension wing, were being used and that these areas were in the process of being redecorated and refurbished. However, two bedrooms that were occupied had carpets that required replacing, one of these bedrooms required redecorating and a third bedroom in use also needed redecorating. We saw that one person's en-suite toilet extractor fan was very noisy when we switched on the light and so it needed replacing. There were two other extractor fans in communal toilets that did not work at all and also needed replacing.

For those people that used the service who were living with dementia, approximately three quarter of the whole group, we found that there could have been some improvement in the signage and the colour/pattern schemes of the décor and carpets to enhance their quality of life by nurturing a better environment. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell. We acknowledged that the manager was steadily making improvements to the environment by following a maintenance plan. We pointed out that consideration should be given to addressing the design and adaptation of the premises that provides people living with dementia with a more suitable environment that meets their needs.

We discussed with the manager about the information that can be found in research undertaken by various universities, leaders in dementia care and reputable sources, which look at reducing the incidence of agitation and behaviour that may be challenging to a service, to encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility.

Good

Is the service caring?

Our findings

People we spoke with said, “Staff are pleasant and very helpful. They care for me how I want to be cared for and meet my needs well” and “The staff are good people, they have a laugh and a joke with us and are there when you need them.” Visitors said of staff, “Staff are very good with [Name] as they understand her needs. [Name] really likes babies, children and pets and so if any of these are ever in the home and there is an opportunity she gets to see them. All the staff do a really good job.”

We observed staff relating well to people that used the service: staff were kind, caring, understanding and patient. Staff sometimes used fun to make people feel included and part of the group. Staff spoke politely to people and respected them. We observed staff assisting a person living with dementia to transfer from a wheelchair to an easy chair and while they informed the person of what was happening at each stage they could have made more of the opportunity and spent a little time afterwards making sure they were settled and comfortable.

The service had a ‘statement of purpose’ and a ‘service user guide’ for people that used the service and visitors. These are documents that, for example, inform people about what they can expect from the service and the staff and about the facilities and care available to them, as well as details about staffing and staff qualifications. The main entrance to the service contained an information and signing-in stand, which gave people details about who was on duty, what to do if they wished to complain, who to contact regarding information on health care conditions and a copy of the latest inspection report and the services bi-monthly newsletter.

People’s general wellbeing was observed by staff and discussed with the manager if necessary. In interview staff told us about ‘keeping an eye on people’ and making sure they were not in any pain or discomfort. Staff felt the whole of the staff team were caring and said whenever staff were needed they were there for people. One staff said of a colleague, “She’s kind to people and there for them when they need her” and said of herself, “I hold hands with people and talk to them about their worries. I observe people and if they look worried I try to reassure them.”

Staff understood the importance of confidentiality and maintained people’s confidential information by only sharing it on a strictly ‘need to know’ basis. We observed that staff were discreet when asking people about their needs and assisted them respectfully.

We observed examples when people’s privacy, dignity and independence were respected. People were assisted to the bathroom discreetly and without any fuss. Their dignity was upheld when they were being supported to transfer from wheelchairs or easy chairs and when they were supported to eat their meal. For example, we saw staff ensure people’s clothing was adjusted when transferring and we saw staff assist people to eat in a respectful way; sitting alongside them, giving them plenty of time and discreetly offering napkins to protect their clothes.

We saw that wherever possible staff encouraged people to be independent in all things, for example, staff asked people to stand and use their mobility aids to walk when capable. Staff gave people a little time to eat independently before they assisted them and staff gave people the choice to decide where they would sit and who with and whether to walk about the premises or stay in their bedroom if they preferred. We saw staff being supportive and patient while encouraging independence, which meant that people’s needs were met according to their wishes.

Good

Is the service responsive?

Our findings

People we spoke with were not all aware of the care plans and documentation held about them in the service. Two people that were aware said they did not have any desire to be involved in maintaining these documents. Visitors were complementary of the care provided. One said, "I can see that everyone here is clean and well dressed, they are well fed and not got up early in the morning like some places."

We looked at care files for three people that used the service and found the files were split into sections, which contained assessments of their needs, risks and capacity, action plans for meeting assessed needs and details of the reviews of care that had been carried out. We saw that when capable people had been involved in compiling these documents as they had answered questions to complete assessments, had made choices about food likes, times they wanted to rise and go to bed and had signed care plans in agreement with them. There were declarations signed by people that said they had participated in risk assessing and planning for their care needs. People had agreed, for example, to have two hourly checks carried out on them in the night.

Care files contained confidential details, pen pictures, Deprivation of Liberty Safeguard authorisations, lists of medicines taken, medical histories, medical diets to improve health, diary notes, declarations of people's awareness of their care files, do not attempt cardiopulmonary resuscitation forms (if appropriate), risk assessments, health monitoring charts, patient passports (to instruct hospital staff on how best to support a person) and records of health care professional involvement. The care plans in place were also written in separate sections and included, for example, information on personal care, mobility, cognition, medication and capacity. Care plans were reviewed monthly and more formally with family and other stakeholders each year. All of this enabled staff to understand and meet people's needs and changing needs so that people were appropriately cared for.

People told us they took part in activities if they chose to. We were unable to speak with some people living with dementia and so observed how they interacted with staff and each other. We saw that people were willing to engage in some activities in the afternoon that staff facilitated and people were smiling. We saw that the service had a variety of activities that people could engage in, including board and floor games, television, music, newspapers, baking, theme nights, visiting entertainers and seasonal events at Easter time, Christmas, on Guy Fawkes night and Halloween. There was evidence of people's involvement in activities on records held in their care files and in some photographs that were displayed around the premises.

We saw that people were encouraged to maintain relationships with family and friends because there was information in people's care files to show who was important in their lives and there were records kept of when people had visitors. We saw that staff spoke with visitors to pass on information about people and one visitor told us they had been asked by the registered manager to bring in familiar items and photographs so their relative could personalise their bedroom.

People told us they were able to make choices about when they got up or went to bed, what they ate, whether or not they had a bath and whether or not they joined in with activities. There was a routine to the day in respect of meal times and most people were encouraged to rise in the morning and go to bed throughout the night. However, if people chose to remain in their bed throughout the day this was respected. People that chose to remain in their bedrooms for meals also had their choice respected. We saw that care plans recorded people's choices and preferences regarding their daily routines, for example, 'I require two staff to assist me to transfer in the hoist', 'I am able to move around my bedroom by shuffling, but prefer to have support from staff to walk further with my walking frame', 'I like to get up at 7:30am and go to the lounge to be with other people' and 'I like to eat my meals in the dining room'.

The service had a complaint policy and procedure that was displayed in the entrance hall and there were complaint forms to complete, if people wished to. There was a monthly log and more detailed monthly records held of complaints made to the registered provider. We saw that in the last year there were ten complaints and these had been addressed internally. People we spoke with told us they knew how to make a complaint. They said, "I would speak with the manager If I were unhappy about anything" and "I should tell my family or the staff if anything was wrong and they would sort it for me."

Visitors to the service told us they knew how to access the complaint procedure and would always speak to the

Good

Is the service responsive?

manager. One visitor said, "If I were unhappy with the place I would not let [Name] stay here" and "If I wanted to complain I would speak with the manager. Staff knew what to do if a person complained to them, as they had a procedure to follow in the event of anyone making a complaint. This meant people were able to have their concerns raised and addressed in order to ensure these issues did not reoccur.

Good

Is the service well-led?

Our findings

People and visitors we spoke with thought the service was being appropriately operated by the manager. They said, "The manager is slowly turning this place around", "The manager seems to know what is needed and organises us all very well" and "I think [Name] is doing a good job and there is still a lot to achieve." Staff at East Riding of Yorkshire Council told us they found that the service had improved over the last six months.

Staff described the culture of the service as, "Happy, friendly, based on teamwork and much better now than it has been." Staff were realistic about the service and said while the staff group were learning to be more cohesive, it still took new staff a while to settle into their roles, as sometimes they were reluctant to use their initiative with regard to tasks that needed doing. Staff told us they were willing to communicate with each other about this to include new staff more quickly before discussing it with the manager.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post. The manager was awaiting the outcome of the interview they had already attended in connection with their application to become the registered manager of the service.

We found the manager to be open, honest and transparent about the service and its recent achievements and continued shortfalls. Visitors we spoke with also felt this way about the changes that had taken place. The manager told us they had not underestimated the enormity of the task when they took over nine months ago, but they had not realised how long certain issues would take to resolve, for example, recruiting new staff to ensure there were sufficient numbers on duty to meet people's needs, and improving the environment.

We saw that the service had policies and procedures files in place, but there was no up-to-date written mission statement within them. The manager told us the statement was no longer reflective of the service and they were planning to discuss the writing of a new mission statement with the involvement of the staff team, one that staff could own and uphold.

There had been one change to the registration conditions of the service in the last two years, which was to remove two regulated activities that allowed the service to provide nursing care, when the current registered provider took over the company in 2013. This meant the service could no longer provide nursing care to people that used the service and therefore no longer employed trained nursing staff.

Audits and surveys were carried out by the service. These included audits carried out in July 2015 on accidents, complaints, dependency levels, care plans, people's weights, infection control, medication, kitchen systems, health and safety, maintenance of the premises, staff files and dignity in the service. However, audits were not always as effective as they might have been because, for example, the one on people's weights was just another record of people's weights that had been checked that month.

We saw action plans in place to address issues identified in audits and they showed when these had been addressed. While there was some analysis of the information collected and some conclusions reached about shortfalls, there was no annual report so that changes in performance or delivery of the service could be fed back to people that used the service. This was something the manager had yet to complete at the end of their first year in post. However, a bi-monthly newsletter was produced to keep people and visitors informed of some events and changes in the service.

There were no new survey responses completed since our last inspection in April 2015, when we had checked on the progress made by the service.

We saw that meetings had been held for people that used the service and for staff and these were recorded. Meeting minutes showed where issues had been addressed, for example, minutes of a meeting held with kitchen staff showed that date stickers were now placed on foods, fruit was taken out to people that used the service once a day and cleaning schedules were now being signed. Minutes of a meeting held with care staff evidenced discussion on the use of mobile phones while on duty and staff responsibilities regarding changes in the roster.

We saw that the service's bi-monthly newsletter gave information about, for example, the recent plumbing issues, the next singing entertainment planned, how the service was going to undertake fund raising events and details of four new staff that had been employed.

Records held in the service in respect of each person that used the service and for the purpose of running the

Good

Is the service well-led?

regulated activity, were generally well maintained. Care files and records held for medication administration, changes in personal needs and health issues were kept up-to-date and documents were signed and dated on completion. Records relating to staff (recruitment and deployment), to accidents and incidents, safety and maintenance and to staff training were also appropriately maintained and kept up-to-date.