Burlington Care Limited

Randolph House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Randolph House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Randolph House Care Home accommodates 70 people across two separate units, Poppy and Primrose, each of which have separate adapted facilities. Poppy Unit provides residential care support and Primrose Unit specialises in providing care to people living with dementia. At the time of our inspection there were 43 people using the service.

We undertook this unannounced inspection on 25 and 29 January 2018. The last inspection took place on 21and 22 February 2017 and the service was rated 'Requires Improvement.' Issues were identified in relation to the deployment of staff, standards of hygiene and governance systems.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following the inspection, we were informed the registered manager had resigned and left the service and the provider had appointed an experienced interim manager to oversee the service, until a new manager could be recruited.

The provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing all the issues highlighted during our inspection or consistently driving improvements in line with their own action plans. Examples included shortfalls in care plans, supplementary and consent records, topical medicines and training in behaviour that challenged the service.

There was inconsistency with the application of mental capacity legislation. This had led to one person potentially being deprived of their liberty unlawfully, as staff had not recognised they met the criteria for a Deprivation of Liberty Safeguard. Some people had assessments of capacity and records of best interest decisions when restrictions were in place, but this was not consistent throughout the service. One person was subject to low level physical interventions, which had not been agreed or assessed as being in their best interest. However, we found staff had a good understanding of the need to gain consent from people prior to carrying out care tasks.

You can see what action we told the provider to take at the back of the full version of the report.

The management of medicines was safe with the exception of the recording and administration of some topical medicines. The regional manager took action during the inspection to ensure staff administered these as prescribed.

Improvements had been made to the staff supervision and appraisal programmes. There were staff meetings which enabled them to receive information and express their views. Although staff completed a thorough induction and range of essential training, we found gaps in the training to meet the needs of people who used the service, including the management of behaviour that challenged the service. We have made a recommendation about staff training on the subject of the needs of older people.

People received the support they required to maintain adequate nutrition. People told us there was a choice of food and it was of good quality. We found staff were not always responsive when people had a poor fluid intake. We spoke with the regional manager about this during the inspection and they took immediate action to improve the monitoring of people's intake and the recording of follow up action taken by staff.

The quality and range of activities had improved since the previous inspection. Feedback from people who used the service and relatives was positive about the activity programme, which included one-to-one sessions, group activities, entertainers and community trips. Relatives told us they could visit at any time and staff supported people who used the service to maintain relationships with their family.

Sufficient staff were on duty to meet people's needs. People told us staff responded quickly when they needed assistance. Throughout our inspection we observed there was a visible staff presence at all times. The management team had recently completed a staffing review and changes were being made to the deployment of staff across the units to strengthen the skill mix. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns were raised and such incidents were managed well.

The registered manager and staff worked closely with other healthcare agencies to ensure people received all of the support available to them. Prompt referrals were made to healthcare professionals regarding health concerns.

People who used the service and their relatives were complimentary about staff approach. They said staff were kind and caring and respected people's privacy and dignity. Staff had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement.

The building was adapted to meet people's individual needs. Equipment used in the service was maintained and any repairs were completed in a timely way. There was effective infection control training and procedures in place. People told us they were happy with the cleanliness of the service. Accidents and incidents were recorded and investigated.

There were systems in place to enable people to share their opinion on the service and the general facilities at the home. People told us they felt able to make a complaint in the knowledge that it would be addressed. They said the registered manager and unit managers were approachable and available when they wanted to speak with them.

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 consistently safe.

Although medication systems were safe overall, shortfalls identified with the administration and recording of topical medicines were addressed during the inspection.

Staff knew how to protect people at risk of abuse and harm. They had completed safeguarding training and knew the actions to take if they witnessed abuse or suspected it had occurred.

There were sufficient staff on duty to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There had been inconsistent application of the mental capacity legislation and deprivation of liberty safeguards. Best practice guidelines had not always been followed when people lacked capacity to make their own decisions and important document had not been completed.

People's nutritional needs were met and menus provided a varied and nutritious diet. People had access to a range of community healthcare services and staff contacted health professionals in a timely way when required.

Suitable arrangements were in place for staff to receive an induction and formal supervision. Shortfalls with training in the management of behaviour that challenged the service were followed up and courses planned.

Is the service caring?

Good

The service was caring.

The atmosphere was friendly and inclusive. People and their relatives were positive about the way in which care and support was provided.

Staff were kind, patient and caring. Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People who used the service had risk assessments and care plans but these were not always sufficiently detailed or updated to reflect changes in needs.

People had more opportunities to participate in activities within the service and in outings to local facilities.

The provider had a complaints policy and procedure. People felt able to raise complaints and concerns and staff knew how to manage them.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems for quality monitoring required strengthening in order to identify all shortfalls and support effective improvements.

Improvements had been made to communication systems and new 'heads of department' meetings were held each day.

Feedback systems were in place to obtain people's views such as surveys and meetings.

Randolph House Care 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.

This inspection took place on 25 and 29 January 2018 and was unannounced. On the first day of the inspection, the team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion their expertise was in older people's care. The second day of the inspection was completed by one adult social care inspector.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with 11 people who were able to express their views, but not everyone chose to or was able to communicate with us. Therefore we used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine relatives and three health and social care professionals who were visiting the service during our inspection. We also spoke with the regional manager, registered manager and a selection of staff; these included two team leaders, three support workers, the cook, the laundry assistant, the activity coordinator and a member of the housekeeping staff.

We looked at six people's care records, three staff files and reviewed records relating to the management of medicines, complaints, staff training and maintenance of the premises and equipment. We checked how the registered manager and provider monitored the quality of the service; we also looked around the environment.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe and staff treated them well. Comments included, "I could not be safer living anywhere else"and "Everything is so nice. The staff are so good and it makes me feel safe." All relatives we spoke with had no concerns and were confident their family members were safe and well-cared for. One relative told us, "The staff make [Name of relation] feel happy and safe, they [staff] keep them safe by understanding them."

We checked the management of medicines. Only trained staff, whose competency had been assessed, administered people's medicines. Medicines were stored safely with checks in place to review storage arrangements. Records relating to the receipt, administration and disposal of medicines were accurate, with the exception of topical medicine records held in people's rooms, which were not completed consistently. Some of the topical medicine records indicated the care staff had administered the medicine more frequently, than was prescribed. The majority were barrier type creams, but not all. The registered manager confirmed they completed regular audits, but had not identified this issue. During the inspection new records were put in place and improved monitoring systems to ensure the records were checked and reviewed each shift by the senior care workers. The registered manager also confirmed they were in the process of checking each person's prescription with the GP and dispensing pharmacy, to ensure the frequency each topical medicine should be applied was accurate, clearly documented on the medication administration record and understood by the care staff.

Medicines were stored safely and this included those medicines which required special control measures for storage and recording. Records and staff comments indicated people received medication prescribed to be given 'as and when required' (PRN) appropriately. Protocols were in place to inform staff what the medication was prescribed for, how the person presented when they needed it and what to monitor for after it had been taken. This helped to make sure it was administered consistently and effectively.

People told us they received their medicines when they were due. One person commented, "My tablets are never late." Another person said, "If ever I need extra painkillers, I only have to ask, even during the night."

People's rooms and communal areas were clean and tidy. Good standards of hygiene had been maintained throughout the service and there were no unpleasant odours. The laundry and kitchen areas were clean and organised. There were ample supplies of personal protective equipment such as gloves and aprons. One person commented, "It's lovely and clean here and I like that."

Staff had a clear understanding of safeguarding people from abuse and neglect. They told us they had received training in safeguarding people, including how to recognise and report abuse. All the staff we spoke with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The management team were aware of the correct process to follow if any concerns were reported.

Individual risks to people had been assessed including those related to the use of specific equipment such

as bedrails, weight loss, skin damage, choking, the safe moving and handling of people and falls. Risk assessments for people who demonstrated behaviour that challenged the service were not detailed and provide clear control measures to guide staff in how to help minimise risk.

Some people had fallen on a number of occasions. We checked the care records of people who were most at risk of falls and found risk assessments had been carried out and reviewed on a regular basis. Accidents were recorded and analysed to look for patterns. Medical advice was sought where necessary and preventative care plans and equipment such as pressure sensors, to alert staff when people at risk of falling were moving, were put in place.

Staff completed regular health and safety related checks to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of lifts, hoists, electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

Recruitment of staff remained robust and thorough. Appropriate checks had been undertaken before staff began working for the service. These included an application form to assess gaps in employment history, obtaining references, a disclosure and barring service (DBS) check, which would highlight any criminal record, and an interview. These all helped the provider to make safer recruitment decisions.

Our observations and people's comments indicated there were enough staff on duty to meet people's needs and keep them safe. Following the last inspection, the registered manager had regularly reviewed the dependency of people's needs and staffing levels. The provider had introduced a new staffing tool to support staffing calculations. The regional manager explained how they had recently reviewed the deployment and skill mix of staff on both units and had made recent changes with staff allocation. They considered this would be positive and improve staff availability and the consistency of care delivered throughout the service.

We saw staff were available in communal areas and worked well together ensuring there was a staff presence and that people's requests for assistance were dealt with promptly. The majority of staff we spoke with considered there were enough staff on duty to meet people's needs. Two care staff on Primrose Unit considered the staffing numbers could be increased at busier times, which the regional manager confirmed they would be reviewing in conjunction with the recent redeployment of some members of staff. People who used the service told us, "The staff are never impatient, we are safe here" and "The staff come like lightening when I use the buzzer." One relative considered the service would benefit from more staff, but that all homes could.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the application of the MCA was inconsistent. Whilst many people had capacity assessments and decisions made in their best interest recorded when they lacked capacity, others did not have these records. Some people had restrictions in place such as bedrails, a recliner chair or sensor mats; however, their capacity to consent to the use of these had not been fully completed and the decision to provide them had not been discussed and recorded as in their best interest and as the least restrictive option. Some consent forms had been signed by family members, but there was no clear indication as to whether the family member was the person's Lasting Power of Attorney (LPA). A LPA is a person that has been appointed by the person to help them make decisions or to make decisions on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The provider was not consistently working within the principles of the MCA. Applications for DoLS had been submitted to the supervisory body and eight had been authorised. However, despite staff and management having a good understanding of the necessity and process of this, an application for one person who we considered met the criteria for DoLS had not been made. The person lacked capacity to consent to care, required support for care tasks and received their medicines covertly. The regional manager confirmed a DoLS application would be submitted for this person.

One person demonstrated anxious and distressed behaviour, especially during personal care tasks, requiring the use of low level holding techniques by staff. Although a DoLS authorisation was in place, the application assessment record did not include information about the use of physical interventions. There were no records of any discussions with the person's relatives and relevant professionals that this practice was the least restrictive option and in the person's best interests. This meant the person may be unlawfully deprived of their liberty. We discussed this with the regional manager and they immediately organised for a review meeting with the person's relatives and care management team.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

At the last inspection staff required more regular supervision and an appraisal of their performance. At this inspection, we saw improvements had been made; staff had received regular supervision and an annual appraisal.

An induction process was in place for new staff who completed the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life. The training records

indicated staff had access to a range of training considered essential by the provider. Records showed staff had received up-to-date training in subjects such as moving and handling, health and safety, fire safety, safeguarding and first aid. Staff were provided with training in the management of behaviour that challenged the service. Training records showed only nine staff working on Primrose Unit had completed this training and 12 staff were waiting to complete this course. The regional manager acknowledged there had been delays in this provision and confirmed this training had been prioritised and the first training session arranged for March 2018.

Although staff had completed dementia training, we noted there were few other 'service specific' courses such as conditions common to older people, prevention of skin damage and management of catheters that were included in the staff training programme. The regional manager acknowledged this. Records showed many of the staff had completed these courses with the previous provider or in other work places. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of older people.

People's healthcare needs were met. Records showed they had access to healthcare professionals in a timely way. Staff knew when external healthcare professionals were involved in someone's care and what their role was in supporting that person. They were knowledgeable about specific issues, such as how to spot the signs of a urinary tract or chest infection and the action to take. People told us their healthcare needs were well managed. One person said, "I have my own optician and the staff make me an appointment when the time comes around." Another person said, "If you tell the staff you are poorly then they get the nurse or they call the doctor." Relatives confirmed they were kept informed of healthcare issues relating to their family member.

Community health professionals told us they were often asked to visit people to provide treatment. They all said they had no concerns regarding the care and support given to people. Comments included, "The staff are on the ball and report any concerns quickly" and "The service is organised and staff support our visits very well."

People's nutritional needs were assessed and a screening tool was used to identify any concerns. Staff monitored people's weight and referrals were made to health professionals when required. The cook told us they asked people if they enjoyed their meals on a regular basis and checked out any meal preferences with them. Special diets were catered for and diet notification records informed the kitchen staff of people's food likes and dislikes, allergies and those at risk of losing weight or changes to their dietary needs.

Picture menus were displayed, and on Primrose Unit, people were shown meals to support their choices. There was also a standard list of alternative menu options for everyone. The meals looked nicely presented. Drinks and snacks were served in-between meals. Although we were told a selection of milk shakes, cakes, fresh fruit and crisps were readily available, we observed the snacks offered to people during the inspection were mainly limited to biscuits. When we mentioned this to the regional manager they completed a snack round offering people a full range of nutritious snacks and confirmed they would monitor this provision in future. On the first day, there was a delay for one person receiving support with their meal and when we mentioned this to the registered manager, a new meal and assistance was provided.

People and relatives gave us consistently positive feedback about the meals served at the home. Their comments included, "The food is good", "I was losing weight and the staff supported me with this. The cook talked things through with me and I have put 3lbs on since then" and "I even tried the curry and it was lovely."

The premises had been adapted to support the needs of people who lived there. There was some use of contrasting paint colours, photographs on doors and pictorial signage to provide orientation for people living with dementia. Tactile objects on some of the walls on Primrose Unit also provided people with sensory and visual stimulation. The registered manager explained how areas of the Primrose Unit were scheduled for refurbishment and redecoration. We saw posters up around the home asking people to make suggestions and contribute ideas for the new decoration and renewal programme.

Good

Is the service caring?

Our findings

People told us they felt well cared for and staff were caring. Comments included, "I am so happy that the staff are so friendly", "The staff are lovely and caring", "The staff are so kind", "They look after me so well", "All the carers are great; I am in good hands", "The night staff are so kind to me" and "Every member of staff is so caring and kind." Relatives said, "They are cared for so well; this is their home", "Staff have so much care and compassion" and "[Family member] is happy living here, without a doubt."

Staff ensured people were treated with compassion, respect and were given emotional support. They spoke kindly to people and were attentive to their needs. Staff were observant and intervened if people looked as though they may need something. We saw a member of staff take time to sit with one person who was anxious and upset; they held their hand and talked with them until they settled. Another person was greeted by a member of staff with a big smile and hug, which they responded well to. A member of staff noticed one person appeared disorientated in the corridor and walked with them to the lounge and reunited them with their friend, where they appeared more relaxed. We also observed a member of staff supporting a person to have a drink. They knelt at their level and spoke gently to them. They gently touched the person's arm to gain their attention and were calm and supportive to them.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. One person told us the staff always knocked on their door and waited for a response before they entered. They said, "I really value my privacy and the staff respect that."

Staff gave explanations to people before carrying out tasks. People were encouraged to remain as independent as possible and staff described how they supported people to assist with their care as much as they could.

Care staff knew people well and demonstrated a positive regard for what mattered and was important to them. Staff told us about people's personal histories and we saw how they used this knowledge effectively when communicating with them. Staff and people who used the service looked comfortable together; there was a lot of laughter and friendly 'banter' between them. People said staff were good at listening to them. Speaking about the approach that was adopted in meeting people's individual needs, a member of care staff told us, "We get to know the person; everyone is different and we respect that. We learn about people's backgrounds, their personalities and we involve the families in their care as much as we can."

Relatives and visitors were welcomed in a caring and friendly manner. We heard staff asking relatives how they were and asking about their wider family members. Comments from people and relatives included, "All the staff make you feel welcome", "[Family member] would not come out of their room at all, but with the staffs gentle and on-going encouragement, they are joining in things more and more", "The staff are so hospitable. We are often offered meals and always offered drinks" and "What I like is that I can go and make a pot of tea for two in the small kitchen."

The provider had ensured all staff had been trained in equality and diversity on induction. Staff were aware

of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We found assessment records did not cover all these values and the regional manager confirmed the care documentation was in the process of being reviewed and updated to include this information. We observed people were supported to live a life that was reflective of their individual wishes and values.

People who used and visited the service were provided with a good range of information. There were a number of notice boards and information posters displayed throughout the service and within the entrance area. Information was posted about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices, results of quality audits and surveys and forthcoming activities and events. There were also photos of staff working at the service and people participating in a range of activities. The service produced a regular newsletter which kept people up-to-date with events in the service.

There was information about dignity in word and pictorial format and this explained what dignity was and what people should expect. People were encouraged to sign up to be a 'dignity champion' and events were planned for the 'Dignity Action Day' on 1 February 2018, which included a coffee morning.

The registered manager told us they had developed links with local advocacy services. People had been supported to use advocacy services to help them make important decisions.

Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Requires Improvement

Is the service responsive?

Our findings

Some care plans had detailed information about how to meet people's individual needs, but this was not consistent throughout all the care plans we looked at. Some care records were structured and easy to read whereas other plans, less so, which meant there was a risk staff may miss important care directions. When some people's needs had changed significantly, we found their care plans had not been updated to reflect these changes, although in some cases staff had recorded some updated information in the evaluation records. One person's care file did not contain information about all the current support they required in relation to meals, behaviour, personal and skin care. Another person's medication and healthcare plans contained conflicting information about how much pain relief they could take. One person receiving end of life care had a limited care plan in place to support all areas of the person's needs, including a risk of choking. The regional manager took action during the inspection to ensure the person's care needs were reviewed and new, more comprehensive care plans and risk assessments were put in place, to provide clear directions for staff.

There were other examples of care plans where staff did not have up-to-date information about how to support people in accordance with their needs. For example, one person's care plan to support their mobility had not been updated to reflect the 30 minute observations put in place following their most recent fall. Another person regularly demonstrated behaviour which challenged the service. Their behaviour management plan was general in style and although it included some reactive and proactive strategies, these were minimal in content and did not provide clear directions for staff to help the person and promote positive behaviour.

Supplementary records were used to document some peoples' food and fluid intake, but staff had not always ensured the records were completed consistently or reflected that they had been responsive when a person's fluid intake had been poor. Although people had their individual optimum fluid targets recorded, when these had not been clearly achieved, we could not see what action had been taken by staff to encourage people to increase their intake and monitor their progress. We discussed this concern with the regional manager, who took action during the inspection to put new handover records in place and ensure senior staff were monitoring people's fluid intake records more consistently. We also found gaps in the recording of people's behaviour which challenged the service. The shortfalls in supplementary records could affect the monitoring and review of people's care and treatment by external health and social care professionals and the registered manager.

Staff had not maintained an accurate, complete and contemporaneous record of each person's care.

This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Despite the shortfalls in recording of care, staff knew people's needs well. We received positive feedback from people and relatives about their care. Comments included, "The care they offer my [family member] is

marvellous", "Staff give excellent care", "The staff are fantastic and when [family member] has had respite, they are a new person" and "I do not think [name of family member] could be cared for any better anywhere else."

Visiting health and social care professionals considered staff were responsive. Comments included, "Staff are quick to refer patients if there are any concerns" and "Staff work well with our service and react quickly to people's changing needs."

The provider employed an enthusiastic activities co-ordinator and people were encouraged to join in a range of social and leisure activities. The co-ordinator was committed to ensuring the activities were enjoyable, meaningful and they demonstrated a good understanding of the physical and psychological benefits of activities on people's wellbeing. Each person had an activity care plan which highlighted their interests and preferences with regard to their involvement in activities. The co-ordinator regularly reviewed the activity programme and we found activity provision had improved significantly since the previous inspection.

Without exception, people said they took part in and enjoyed a wide range of activities and outings. Comments included, "We have some fantastic activities, too many to mention", "I just love to go out and staff help me to go for lovely walks", "The activities person is great; they do lots of interesting things and I love the exercise sessions", "We have all sorts of themed days when all the staff will dress up, it's such fun", "I really appreciate the church visits and services they hold" and "There is a regular church service; this means so much to me."

Relatives told us, "[Name of relative] loves to get involved in any of the activities, especially the music sessions; we have even seen them dancing, which is great", "The staff put so much effort into making events such fun and special" and "The co-ordinator makes sure that there is a range of activities every day."

People were still remembering the enjoyable activities that took place over the Christmas and New Year period. They were now involved in the planning of a 'Bird Watching Day' and the 'Valentines Dinner'. People told us how much they enjoyed the local nursery and community schools performing their concerts and plays at the service. We saw community links were enhanced by weekly painting and craft sessions shared with the local nursery school.

During the inspection, we observed people participated in a range of table top games, had manicures, watched films and listened to music. A Scottish piper was arranged to celebrate Burns Night and people enjoyed this. We overheard one person saying to their relative, "Take me closer to the bagpipes, they sound grand."

The provider had a complaints policy and procedure, a copy of which was displayed in the service. This detailed who to refer complaints to and timescales for acknowledgement and completion. Complaints were investigated and responded to appropriately. The registered manager had worked closely with North Lincolnshire Council adult protection team to investigate a recent complaint and took necessary action to resolve the concerns raised.

People and their relatives told us they knew how to make a complaint or raise concerns and would have no hesitation in making a formal complaint if the need arose. Comments included, "I would not hesitate to talk to any member of staff if I was worried about anything", "The manager has made it clear that if we have any concerns we must tell her" and "If ever I had a problem, I would go straight to the unit manager, I know they would listen."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in February 2016, we found shortfalls in relation to the deployment of staff and standards of hygiene in some areas of the service. Although these issues had not been identified through the governance systems, they were addressed during that inspection.

During this inspection, there were inconsistencies in the overall management of the service and aspects of the internal quality monitoring systems were still not effective. The current systems to review the quality of care records were not robust enough to identify and address the concerns we found in relation to supporting consent to care, ensuring care plan records were accurate, sufficiently detailed and the supplementary monitoring records were fully completed.

There had not been an audit to check if people met the criteria for a Deprivation of Liberty Safeguard; this had resulted in a person potentially being deprived of their liberty unlawfully. Regular audits of the topical medicine records had not identified the concerns we found in relation to the frequency of application. We also found shortfalls in staff training around behaviour that challenged the service, which had not been followed up by the registered manager. The food hygiene rating for the kitchen was assessed and rated 3 star [generally satisfactory] in September 2017, an improvement on the previous 2 star rating. However, we found some of the recommendations in the environmental health officer's report had not been planned or fully addressed.

The provider's quality team had completed an audit in September 2017, which was mapped to the CQC's key question outcomes. Shortfalls had been identified in all key questions and an action plan put in place. Although we found the majority of shortfalls had been addressed, there were some outstanding areas of improvement and also evidence that some improvements had not been sustained. For example, not all audits and action plans were signed off as completed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Despite the above, people and their relatives were positive about the management of the home. They told us the registered manager and unit managers were approachable and helpful. Comments included, "I believe the staff and managers are extremely efficient", "This home is very well run", "I am always invited to the resident's meeting", "Staff ask you every day if everything is alright", "I have every confidence in the managers" and "Lovely home and lovely staff", "There seems to have been improvements in staffing levels and staff training" and "My [family member] is very happy here."

The registered manager had been in post since the previous provider. They had many years of experience in managing care services. At the last inspection we received some negative feedback about aspects of their approach, team work and communication at the service. We passed these comments on to the registered manager and regional manager to look into. At this inspection the registered manager had taken steps to

make improvements with their approach and new daily meetings had been arranged for the heads of each department to meet and discuss any issues and plans for the day. Following the inspection, we were informed the registered manager had resigned and left the service. We were informed the provider had appointed an experienced interim manager to oversee the service until a new manager could be recruited.

Relatives felt very involved. They said the management arranged regular meetings with residents and relatives. The minutes of meetings and the 'you said - we did' information poster showed people's comments and suggestions were acted upon. Relatives said they had completed questionnaires regularly and we saw the feedback was generally positive.

All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities. They considered communication and some aspects of team work had improved. The regional manager had recently completed a review looking at changing the deployment of staff to strengthen the skill mix on the units. There were regular shift handovers and staff meetings to ensure staff had up-to-date information about issues affecting the service and people who lived there. At the meetings, we saw information was given and discussions held around topics such as CQC inspection findings, standards of recording, complaints and concerns raised, staff breaks, meal times, communication and all aspects of care. Staff were able to participate in the meetings, express their views and make suggestions.

The registered manager was aware of their registration responsibilities and notified appropriate agencies of incidents which affected the safety and wellbeing of people who used the service.

People felt they were part of the local community and spoke positively about raising funds for various charities throughout the year. One person said, "Giving back is good for you" and "We think of others in need, outside of here."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not consistently acted in accordance with the Mental Capacity Act 2005 in relation to when people were unable to give consent because they lacked capacity. Also they had not consulted with the supervisory body when there was the possibility one person met the criteria for a Deprivation of Liberty Safeguard.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured adequate systems were in place to monitor and improve the quality of the service delivered to people. They had not ensured all care records were accurate and up to date.