Haverholme Care Home Limited

Haverholme House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Haverholme House is registered to provide residential care for up to 47 older people, some of whom may be living with dementia. There are two units, Grove Court and Pine Tree Court with a range of communal rooms available for people to use. The service is situated in attractive grounds on the outskirts of Appleby village, near Scunthorpe.

At the last inspection in October 2016 the service was rated requires improvement in four domains; safe, effective, responsive and well-led. This gave the service the rating of requires improvement overall. We found no breaches of regulation. This rating was awarded in the four domains because we had to make sure positive improvements that had been made were maintained over time since the inspection in February 2016. At that time we had found the provider was in breach of ten regulations. These were in relation to person centred care, need for consent, safe care and treatment (including management of risk, medicines and infection prevention and control), safeguarding people from abuse, premises, complaints, staffing (numbers, support and training), good governance, fit and proper person's employed and non-notification of incidents. In February 2016 the service had been rated 'inadequate' and it was placed in special measures. During this inspection we found improvements in all of these areas had been maintained.

The inspection was completed on 1 and 7 November 2017, by one adult social care inspector. No breaches of regulation were found.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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. A manager had been appointed and they were going to make a registered managers application to the CQC. Therefore the domain 'well-led' cannot be rated higher than requires improvement.

We found staff understood how to identify signs of possible abuse and knew how to report this to help to protect people from harm and abuse. Staff recruitment procedures were robust. Infection prevention and control measures were in place. Staff had good knowledge and understanding about risks present to people's wellbeing. People who used the service told us they felt safe living there. There were sufficient numbers of competent staff provided to meet people's needs.

Accidents and incidents were monitored and there were plans in place to inform staff of the action they must take in the event of an emergency. This helped to protect people's health and safety. General maintenance of the premises was undertaken.

People received their medicine as prescribed and staff were appropriately trained with the skills required to carry out their role effectively. Minor issues regarding people's prescribed creams were dealt with immediately by the manager to protect people's wellbeing.

Staff received supervision and an annual appraisal was being planned for staff who still required this.

People's independence was promoted even if there were risks attached to this. The service gained permission to share relevant information with health care professionals so that people's wellbeing could be promoted.

The environment had been enhanced with reminiscence areas for example, an old fashioned post office and a 1950's lounge. Gardens had level access and were inviting. There was a wide variety of activities provided in house and links with the community were being enhanced.

People's capacity was assessed and care and support was provided in line with the Mental Capacity Act 2005, which helped to protect people's rights.

People were treated with respect. Staff were kind and patient in their approach to people and respected their diversity. People's confidentiality was maintained and care records were stored securely, in line with data protection legislation. Advocates were provided to people if this was required, to help them raise their views.

People were offered choices of food and drinks and individual dietary needs were catered for and monitored in line with their care plan. People had access to health services when required and the service responded quickly when they needed advice or guidance from other professionals.

The service had a complaints policy and welcomed feedback from people living at the service, relatives and staff. Issues raised were investigated and this information was used to enhance the service provided to people.

People who used the service had personalised care plans in place and their individual's preferences were documented. Risk assessments were in place along with life history, medical conditions and professional contact records. People's communication needs were recorded and staff were aware of this, which ensured people were able to let staff know their needs.

Family and friends were welcome to visit the service and people living at the service were encouraged to maintain their family contact.

There was an effective management team at the service who were open and transparent. They were supporting a new manager who had recently been appointed. The service's visions and values were known by the manager and all parties were working to maintain or improve the service provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to safeguard people from harm and abuse.

There were sufficient staff provided to meet people's needs. Recruitment procedures were robust.

Medicines were stored and administered safely in line with current guidance.

Maintenance checks were undertaken which helped to make sure the service remained a safe and pleasant place for people to live.

Is the service effective?

Good

The service was effective.

People's rights were respected and care was provided with consent or in people's best interests. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Peoples were offered choices of food and drink which took into account their dietary needs.

Staff undertook training and supervision to develop and maintain their skills.

The environment aided people's reminiscence.

Is the service caring?

Good

The service was caring.

People who used the service told us the staff were kind and caring and protected their privacy and dignity. Staff understood people's needs and involved them in decision making.

Friendly banter occurred between people and staff where people

wanted this.

People were provided with information and explanations to help them make choices about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and monitored. People received person centred care. Their health was reviewed and monitored by staff and health care professionals to help to maintain their wellbeing. End of life care was provided in line with people's individual wishes.

An activity co-ordinator was employed to ensure people continued with their hobbies and were offered meaningful activities both in-house and within the community.

People were supported to raise concerns or complaints about any aspect of the service. Issues raised were investigated and rectified and this information was used to maintain or improve the service provided.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service did not have a manager in place that was registered with the Care Quality Commission; therefor this domain cannot be rated higher than requires improvement.

The manager and management team were approachable and asked for and acted upon feedback that they received. Quality assurance systems were in place, and where issues were found corrective action was taken to maintain or improve the service.

The service was developing effective links with the local community.

Statutory notifications were sent to the Care Quality Commission as required.

Haverholme House

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 was undertaken on 1 and 7 November 2017, by one adult social care inspector.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). 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. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We spoke with the local authority to obtain their views about the service prior to our visit. We reviewed all of this information to help us to make a judgement about the service.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we spoke with five people who used the service, three relatives, four visiting professionals, the operations director, senior support manager, four staff and the chef. We also spent time observing the interactions between people, visitors, relatives and staff whilst in the communal areas of the service.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files, three staff supervision records and appraisals, staff training records and rotas. It also included three people's care records and medicine administration charts, minutes of meetings held with people who lived at the service, relatives and staff, quality assurance audits, policies and procedures, maintenance records and complaints and compliments. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

Good

Is the service safe?

Our findings

At the last inspection in October 2016 we rated the service as required improvement in this domain because we needed to see that the improvements that had been made were maintained over time. This was in regard to ensuring sufficient numbers of staff were on duty, ensuring the service was clean and well-maintained and maintaining safe medicine management. During this inspection we found the service provided to people was safe.

People we spoke with told us they felt safe living at the service. One person said, "I am safe and well cared for. I am very satisfied. I would not want to move from here." Another person said, "Knowing the staff are here makes me feel safe." Relatives confirmed their family members were safe. One relative said, "[Name] is as safe as she can be. I leave not worrying." Another said, My relation gets the right medicines at the right time."

All of the health care professionals we spoke with all told us the people they supported were safe and well looked after at the service. One said, "I have no concerns about the service."

People were protected from harm and abuse. Staff undertook training to make sure they were aware about the potential signs of abuse and how to report concerns. A safeguarding and whistleblowing policy and procedure was in place to guide staff about the action they must take. We found safeguarding incidents were reported to the relevant agencies, including the Care Quality Commission (CQC). The manager understood their responsibilities regarding this, which helped to protect people.

During our visit we saw people were encouraged to remain as independent as possible even if there were risks attached to this. Risk assessments were in place for risks to people's health or wellbeing. For example; the risk of falls, pressure damage to skin due to immobility or frailty or the risk of choking. Staff we spoke with knew the risks present for each person and they monitored and supported people whilst respecting their independence and choice.

We saw the staffing levels provided at the service were monitored to make sure there were enough competent, skilled and experienced staff to meet people's needs. People's dependency needs were assessed and reviewed to determine the number of staff required to provide timely care and support to them. We were informed that if people were unwell or were attending appointments or activities staffing levels were increased to support them. Staff we spoke with told us they covered each other's leave so people were mainly looked after by staff who knew them and understood the risks present regarding people's wellbeing.

We found there was a robust recruitment system in place. Staff files we inspected confirmed staff completed application forms, provided references, and a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

The management team audited information about accidents and incidents that occurred and looked for any patterns or trends. Advice, help and guidance was gained from relevant health care professionals, where necessary to help to prevent further issues from occurring.

We looked at documents relating to the maintaining of equipment and health and safety checks undertaken at the service. We saw regular checks were undertaken on moving and handling equipment; hoists, slings and wheelchairs, checks on fire doors, emergency lighting, water temperatures, window restrictors, the call bell system and mattresses, were also carried out. These environmental checks helped to prevent incidents from occurring.

We saw there was a business continuity plan in place which informed staff about what to do in an emergency, for example, with a utility failure or fire. We found people had personal emergency evacuations plans (PEEPs) in place which provided information for staff and the emergency services about the support people would need in an emergency so people would receive the care and support they required.

We looked at how medicines were ordered, stored, administered, recorded and disposed of. We saw people had individual medicine administration records (MAR). A photograph was present to help staff correctly identify people and information about any known allergies was recorded. We saw people had their medicines reviewed periodically by relevant health care professionals.

During our visit we observed a member of staff administering people's medicines at lunchtime and we saw that people received their medication safely. Staff were attentive and took time to explain to people what medication was been given. Medicines were stored in a suitable medication trolley which was locked and stored safely each time it was left for a short period to give people medication. Random balances of medicines that we checked were found to be correct.

Senior staff ensured medicines were obtained in a timely way so that people were not left without vital supplies. Staff signed the MAR as medicine was given and codes were used if medicine was refused. The medication storage room and fridge temperatures were monitored to ensure medicines were stored in line with the manufactures recommendations to remain effective.

We looked at how prescribed creams and ointments were administered to people and recorded on their MAR. We found in five people's records that we looked at staff were not recording when these items were being used. Some of these items were to be used 'as required'. We discussed this with the new manager who immediately spoke with staff and reviewed the condition of people who may have required creams. We were informed following our inspection that people had not come to any harm and a new system to monitor the application and recording of people's prescribed creams was now in place and was being audited on a daily basis.

We observed how the staff managed the control and prevention of infection. We found policies and procedures were in place to inform the staff. Training was provided to staff and infection control audits were in place to identify and address any potential risks. We saw that any issues found were corrected. Staff had personal protective equipment provided; such as gloves and aprons and hand washing facilities were available throughout the service. This helped to ensure the service delivery remained hygienic.

We found there was a transparent culture in place regarding safety. Staff were aware of their responsibilities and were able to report any concerns to the management team. Issues raised were addressed immediately.

Good

Is the service effective?

Our findings

At the last inspection in October 2016 we rated the service as required improvement in this domain because we needed to see that the improvements that had been made were maintained over time. In February 2016 we had found issues with how staff were applying the principles of MCA, staff had not been receiving induction, training and support to fulfil their roles and we had found areas of the premises had not been well maintained. During this inspection we found the improvements in all of these areas had been maintained.

People we spoke with said they were looked after but could choose how to live their life and the environment provided met their needs. One person said "I am happy I can live my life as I please." Another person said, "They [the provider] spend a lot of money to expand and improve the environment and this pleases us very much because they are always adding more beautiful areas to the environment."

We found people's needs were holistically assessed prior to and during their stay at the service. This regime of assessments and on-going monitoring was undertaken by staff who regularly reviewed people's care, health and wellbeing. There was a resident of the day scheme in place and staff used this to spend time with the person and undertake this review. We found staff in regard to each person in their care. We saw good practice guidance, such as that in the Alzheimer's Society 'This is me' document, which was used to help inform the staff about people's needs when they were living with dementia. National guidance and monitoring tools were in place to assist staff to effectively assess people's nutrition needs. We found NICE guidance was in place regarding medicine management at the service. The manager told us it was important to follow good guidance to promote people's wellbeing.

Staff undertook equality and diversity training. They understood the importance of allowing people to live their lives how they chose with no restrictions. The manager and management encouraged this at the service, which was inclusive of relatives, visitors and staff.

People who required equipment such as pressure relieving mattresses and cushions to be used to protect their wellbeing and prevent skin damage due to immobility had this equipment in place. We saw hoists were used to assist people to transfer where this had been assessed as being required to help to deliver effective care and support to people. We spoke to visiting healthcare professionals during our inspection. They told us staff referred people to them appropriately and in a timely way. They confirmed when medical equipment was identified as being required this was put in place to help maintain people's wellbeing. People living at the service were supported by healthcare professionals. For example, we saw district nurses, chiropodists, GP's and opticians. The outcome of their visits was recorded to help inform the staff.

Staff undertook regular training to make sure they had the skills they needed to support people. This covered a variety of subjects, for example; safeguarding, fire safety, food hygiene, medication management, first aid and dementia care. This helped staff to meet people's needs. New staff had to complete a period of induction where they worked alongside more experienced staff to enable them to develop their caring skills. Training for staff was provided through the Care Certificate (a nationally recognised care qualification). One staff member told us "There is always something to learn." A programme of induction and training was

provided for new staff to make sure they had the skills they needed to be able to care for people safely.

Staff were provided with supervision and we saw senior staff received supervision training to help them provide this. Supervision and appraisal records that we looked at highlighted the staff's training needs and future goals staff wished to achieve. We saw performance issues were discussed which helped to develop the staff's potential. Appraisals were to be held next year for staff to allow the new manager more time to get to know the workforce.

We observed staff cared about people's wellbeing and we found they referred people to relevant health care professionals in a timely way. We observed staff supporting people in the last restrictive way, for example, one person liked to walk but was a little unsteady at times so staff walked with them and offered a hand to them, which was accepted. We saw people were encouraged to remain as independent as possible, even if there were risks attached to this. Staff were aware of the risks present to people's wellbeing and they observed, monitored and assisted people, as necessary without restricting their freedom.

We saw good practice guidance documentation, for example, on nutritional monitoring and dependency tools were used at the service to help maintain people's health and wellbeing.

People had their dietary needs assessed and kept under review if there were any concerns. Those who required encouragement with eating and drinking were monitored by staff and relevant health care professionals to help maintain their wellbeing. People's special dietary needs, including food allergies were known by the chef and staff. Other special dietary needs, for example thickened fluids to aid swallowing and pureed or soft diets to help to prevent choking were also known. During our inspection the dining arrangements were changed after the manager consulted with people living at the service. A second dining area was utilized to allow people to have a more relaxed social mealtime experience. This also allowed people who required assistance to receive better support from staff.

We found adapted crockery, such as plate guards and beakers and special cutlery were used to help people maintain their independence with eating and drinking. Coloured lipped plated were used to help people living with dementia to define the food on the plate, which encouraged them to eat. We saw finger foods were provided if people were unable to sit to eat a meal because they wanted to walk around. This helped to ensure people's nutritional needs were met.

People's special needs were incorporated into the décor of the building, for example there was a secure entry system to help people remain safe. Reminiscence areas had been created including a shop front, post office, and garden wing with planters and a 1950's lounge with original fireplace and décor including a cloths horse and washing. There were quiet lounges provided so people could see their relatives in private, either in communal areas or in their bedrooms. Signage was in place to help people find their way around, while memory boxes helped them locate their bedroom. Visitors were able to make themselves a drink and help themselves to refreshments, which were appreciated.

The manager told us further communal areas were going to be re-furbished. This work was planned in advance so that it kept disruption to people living at the service to a minimum. People were asked for their suggestions about how they wanted the service decorated so that their views were acted upon.

We found people were encouraged to lead healthier lives. People had access to secure gardens with level surfaces to gain fresh air and exercise. We saw an exercise class held at the service which everyone participating in thoroughly enjoyed, no matter what they were able to take part in. Those that loved gardening were encouraged to maintain this hobby.

Good

Is the service caring?

Our findings

People we spoke with said the staff were caring. We received the following comments; "The staff are very good. They are attentive." And, "The staff are kind."

Relatives told us the staff were attentive and kind. They told us they were happy with the care their loved ones received. One relative said, "Staff are caring and kind." Another said, "The manager cares about the residents and the staff do too." Another relative said, "My [name] is really settled. The staff are kind and considerate to his needs."

Healthcare professionals we spoke with told us the staff had a positive attitude and they were attentive to people. One said, "Nothing is too much trouble for the staff. Staff sit and really listen to people, which makes them less frustrated and so they can get their point across. Some people like a laugh and a joke and staff provide this if so."

During the inspection we observed staff treating people with patience and kindness in the communal areas of the service. We saw staff asking people if they were alright or if they needed anything and they acted upon what was said. We found people were encouraged to express their views in general conversation and at resident and relatives' meetings. We saw people sitting and talking together in lounge areas and in the dining rooms. Staff understood people's life histories; they spoke with people about times that they found comforting and meaningful. For example, one person loved gardening and staff invited them to spend time in the garden with them and speak about their garden at home.

We saw that where people were living with dementia and found it difficult to communicate they used different methods of letting staff know about their wishes, for example, through sounds or body language. The way people communicated and what this meant was known by staff. People's care records contained information about how people preferred to communicate and this informed the staff and relevant health care professionals about people's communication needs. We saw staff used gentle and appropriate touch and facial expression, such as smiling to help reassure people living with dementia.

We saw pictorial signage was provided which helped people to find their way around and locate toilets and bathrooms. Pictures were used to tell people about the activities taking place in the home. We saw staff plated meals up and showed people what was available to them so they were able to say or point to what they would like to eat. Staff made sure people were given time to communicate and they acted upon what they said. Information about the service was read to people, or was able to be provided in large print or a pictorial format to make sure people were informed.

We saw staff listened to relative's views and they had time to be able to spend with people and their relatives which helped them to feel supported. Staff addressed people and their relatives by their preferred names. Notice boards informed people what was occurring at the service and this helped people feel included as part of the Haverholme Care Home 'family'.

During our visit we observed staff were attentive and monitored people to make sure they were comfortable and contented. We saw if people became unsettled, agitated or distressed staff responded quickly to help calm and reassure them. Staff used eye contact by kneeling down to an appropriate level to speak with people. We saw if people were walking and were unsteady on their feet or were upset staff walked with them and tried to understand what was wrong, so they could correct this. We saw staff had enough time to sit with people and involve them in conversations and decisions about their care.

The manager told us the staff team cared about the people living at the service and their relatives. They told us they treated everyone as they would wish to be treated. Staff were provided with training on how to deliver personalised care and support to people. This enhanced the care provided to people. Staffing levels were monitored by the manager to make sure there were enough staff provided to meet people's emotional needs. A member of staff we spoke with said, "I love it here. The people I look after are like family to me."

Information about advocacy services was provided to people. Advocates were available to help people or their relatives, which helped them voice their views. This information was known by staff and they kept people informed.

Relatives told us that they were involved in decision making and kept up to date with information regarding their loved ones. The records we looked at showed that people were involved in planning their care if they were able or wanted to do so. People's relatives were also involved and invited to care reviews and best interest meetings. One relative told us, "I am invited to meetings and I am told about everything." We saw people were encouraged to be as independent as possible and were supported by staff, as necessary.

The service recognised the importance of treating people equally and staff completed equality and diversity training. We saw that information about people's religious needs was recorded and this information was known by staff. People were supported to maintain their faith and religious services were held at the home. Training was provided to staff about how to deliver person centred care. Staff we spoke with told us this helped them to care for people appropriately.

People said the staff respected their privacy and dignity. We saw this was the case. Staff knocked on people's doors before they entered. Personal care was provided behind closed doors in bathrooms or people's bedrooms. We also saw staff discreetly asking people if they needed assistance or required help with personal care tasks. Training records showed that staff working at the service completed dignity training.

People were assessed to make sure they were not suffering pain or discomfort. Appropriate was taken if staff could not determine why a person was in discomfort.

We found people were encouraged and supported to maintain their relationships with family and friends. Visiting was permitted at any time and visitors were made welcome. A newsletter was provided so people could plan to have their family and friends present at events, for example, the Summer Fayre.

Information about people was held securely in line with the Data Protection Act. Staff understood their responsibilities to maintain people's confidentiality. The provider had a confidentiality policy in place to help to keep the staff informed.

Good

Is the service responsive?

Our findings

At the last inspection in October 2016 we rated the service as required improvement in this domain because we needed to see that the improvements that had been made regarding the previous shortfalls had been maintained over time. In February 2016 we found care was not sufficiently planned or delivered to meet people's individual needs. There were inconsistencies with the level of person centred information provided to direct staff and complaints had not been appropriately investigated or responded to in line with the provider's policies. During this inspection we found all of these improvements had been maintained.

People we spoke with told us the staff were responsive to their needs. One person said, "I don't wait for staff to attend, as they are 100 percent superb, a joy and always attentive. The doctor or nurse comes when needed." Another said, "I would see the GP or nurse if I was unwell. The staff are trained and seem to know what they are doing." A relative we spoke with said, "I observe the staff and they seem to have the have the skills and knowledge to look after people."

During our inspection we spoke with visiting health care professionals and they told us the staff were responsive to people's needs. We received the following comments, "The staff are really good with people, they are better equipped and trained. They are on the ball and tell us if they have any concerns about people's wellbeing. They take my advice and act on it. Not like in the past. They get equipment for people, as necessary", "The staff are very friendly, helpful and knowledgeable They are able to answer questions about people" and "Staff are really good at keeping me informed and involved with what is going on."

We found an assessment of people's needs was undertaken by senior staff prior to them being admitted to the service. This allowed people and their relatives to ask questions and find out about what the service could provide for them. We saw that information about people's health and wellbeing was obtained from relevant health care professionals, the supporting local authority and from hospital discharge notes to ensure people's needs could be met. All of this information was used by the staff to develop personalised care plans and risk assessments for people following their admission.

We saw people's care records were personalised to their needs and considered people's wishes and feelings about the support they required. They contained guidance for staff about how to support people with regard to their nutrition, tissue viability, communication, and mobility. A brief summary of people's care needs was provided to staff so that new or agency staff could quickly understand the care people needed to receive.

We saw care records contained key information including next of kin details, involvement of health professionals, pre admission assessments, past medical history, areas of independence and a life history. This helped the staff to understand people and engage with them.

Potential risks that may affect people's wellbeing were recorded and kept under review. This included monitoring people at risk from weight loss, falls, swallowing problems or choking. We saw relevant health care professional were involved in monitoring these risks which helped to protect people's wellbeing. We

found if special equipment was assessed as being required this was provided, for example, pressure relieving cushions and mattresses to help prevent skin damage or hoists to help to transfer people safely. Risks to people's wellbeing were reported to head office and visiting senior management reviewed these to make sure people were receiving the correct care to maintain their health.

We found people were encouraged and supported to maintain their relationships with family and friends. Visiting was permitted at any time and visitors were made welcome. A newsletter was provided to people so they could plan to have their family and friends present at events, for example, the Summer Fayre.

The service employed an activities co-ordinator who was creative and understood people's hobbies and preferences for activities. Photographs albums of activity that had already taken place were available for people to look at and they provided evidence that people enjoyed the activities provided. During our inspection we saw arts and crafts were taking place because people liked to make things. Relatives were invited to activities undertaken. A relative we spoke with said, "I am invited to activities and I join in. I play dominos." People were encouraged to continue their hobbies for example, arts and crafts and gardening. They were offered meaningful activities both in house and within the community. A hairdressing salon was provided and people could have their hair done there, if they wished. This was appreciated by people living at the service.

We saw there was a complaints policy in place and this was made available to people. It informed them about how complaints would be handled and expected response times. It also detailed how to take further action if the response received was unsatisfactory. People we spoke with confirmed they had no complaints to make about their care or the service provided. One person we spoke with said, "I have no complaints." Where complaints had been made the management team used the learning from their investigation to maintain or improve the service provided.

End of life care was provided at the service. We saw compliment had been received from family and friends about care at this time in a person's life. People's wishes for their care and support at the end of their life was recorded and followed by the staff. Relevant health care professionals supported people's care to make sure people remained comfortable and had a dignified and pain free death.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in October 2016 we rated the service as required improvement in this domain because we needed to see that the improvements that had been made regarding the previous shortfalls had been maintained over time. In February 2016 we had found quality monitoring systems were not effective and systems to identify and assess risks to the health and welfare of people had been inadequate. Also the service had not notified the Care Quality Commission (CQC) about incidents that had affected the safety and welfare of people who used the service. During this inspection we found all of the improvements that had previously been made had been maintained.

During this inspection the service did not have a manager in place that was registered with the CQC. A manager had been appointed and they confirmed they were going make a registered manager's application to the CQC. Due to the manager not being registered the rating for this domain cannot be more than requires improvement.

People we spoke with told us the service was well-led and the manager was accessible to them. We received the following comments; "The new manager is brilliant, everything is on the up. She is here all the time. I am quite happy" and "The home is managed well."

Relatives we spoke with told us the service was managed effectively. One said; "The manager is enthusiastic and willing to try hard. She is concerned about the residents and the staff." Another said, "The staff and manager are all lovely. There have been lots of changes with managers leaving, but the new manager is lovely and really good at present." Relatives said their views were sought about the service provided.

Staff we spoke with told us the manager was having a positive effect on the service. Staff said, "[Name] is doing a good job as manager. She bends over backwards for us, and although she is in on her days off, she is doing a good job. There is a good atmosphere here now. We are all pulling together as a team" and, "The changes have been made for the better. It is a nice place to work now because things continue to get better."

The manager was supported by the higher management team who attended the service regularly and provided constructive feedback to help the manger develop their skills. We found the management team were helping to shape the culture of the service and they were effectively engaging with people, relatives, visitors, staff and commissioners. The management team were open and transparent with us and willing to work together to maintain or improve the service in any way they could.

The management team considered people's diversity, equality and human rights in the way the service was managed. people living at the service, staff and relatives and they all confirmed they were treated as individuals.

Staff told us they felt the service was led effectively. Staff told us the service had improved since our last inspections. A member of staff said; "The changes made since the last inspections were needed for the good

of the service. It is much better here now. The head office staff visit and speak with us and monitor how well we are doing." Positive feedback was also supplied from health care professionals that we spoke with. They said, "The manager is good and nothing is too much trouble. In the past the home had a bad reputation. The management team are working to get rid of this and there have been improvements. The home's reputation is getting better" and, "All the staff have their heart in their work, all are here to care. There is good teamwork. Any issues and I talk with the manager who is very approachable. At the moment the service is on the up."

We found the manger was positive and determined to develop the service for the benefit of the people living at Haverholme House. We found some previous audits were not available to be inspected because they had been deleted from the computer. \however the manager was undertaking audits and checks across the service to help them understand where improvements could be made and this information was shared with the higher management team. During our visit we found an issue with the recording of people's prescribed creams. The manager responded to our feedback to enhance the service and put systems in place to prevent shortfalls in this area occurring again.

People were provided with information, which included a statement of purpose. This set out the aims and objectives of the service; which were to provide high quality person centred care and treated people with dignity and respect, whilst maintaining their wellbeing and safety.

We saw the manager had an open door policy in place so that people using the service, relatives, visitors and staff could speak with them at any time. Staff meetings were held to enable staff to voice their views. We looked at the minutes of the staff meetings; areas for discussion included training, rotas, ideas and suggestions how to improve the service and general discussions about good practice. Staff we spoke with said their comments and feedback was encouraged and welcomed by the management team. Staff who were unable to attend were provided with the minutes to help keep them informed.

A comments and suggestions box was provided in the reception area for people to use to gain their views. The provider sent questionnaires to people living at the service, their relatives and health care professional on a yearly basis. These were shortly to be sent out to request feedback about the service.

We saw resident and relatives' meetings took place and areas discussed included; activities and the food provided and changes in the management team. News letters from local community groups and about local events that were taking place were discussed. The manager had just produced the service's first newsletter for people to read, this promoted all the positive changes that were happening at the service and helped to keep people informed. We found the service had good connections with local religious groups, and links with the local schools were being promoted. The manager was developing as many links with other local community groups as possible. There had been a 'Songs of Praise' held at the home where half of a local choir had attended to worship together. A local car boot event had been attended and staff had raised money for the benevolent fund for retired soldiers and with the funds raised staff had hosted an event for the soldiers at the service.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. We found the manager reported issues to CQC, which meant we could check appropriate action had been taken.

We saw that the management team held discussions to look at how the service could continuously learn, improve and innovate. For example, a senior manager for another service was helping to induct the new manager at Haverholme House and assist them to understand how to effectively monitor the service and

implement changes that would benefit people living there and the staff.

The management team celebrated staff achievements and excellence. For example, we were informed three staff had been nominated for awards and were finalists at the Yorkshire and Humberside and East Midlands Care Award Ceremony. The results of the nominations were not known at the time of our inspection.