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Pentrich Residential 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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 November 2016 and was unannounced. At our last inspection of the service on 22 October 2015 the registered provider was rated as 'requires improvement', but was compliant with all the regulations in force at that time. There were a number of recommendations in the last report that were followed up during this inspection.

Pentrich Residential Home provides accommodation and support to a maximum of thirteen people over the age of eighteen who have a mental health condition. The service is situated in a residential area of the coastal town of Bridlington in East Yorkshire. The property has three floors. The accommodation consists of two shared bedrooms and nine single bedrooms, two of which have en-suite facilities. Bathing and toilet facilities are available on each floor of the property. There is a dining room and two lounges are located on the ground floor. The property does not have a passenger lift so is only suitable for people who are able to use the stairs. Parking is available to the front of the building, although space is limited to around three vehicles. At the time of our inspection there were eight people using the service.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. 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.

We saw improvements had been made to the service in the last year, but there remained areas of the service that did not offer people a good quality environment. One bathroom/shower room required remedial work to the tiling and floor coverings to ensure people had safe and hygienic facilities. We have made a recommendation in the report about this.

During our inspection we found that staff were working in a variety of roles to maintain the staffing levels in the service. Whilst people's care needs were being met this was reliant on the goodwill of the workforce. We have made a recommendation about this in the report about.

Staff had completed some basic mental health training, but more in-depth training would ensure they had the knowledge and skills to meet behaviour that challenged the staff in regard to certain people who used the service. We have made a recommendation about this in the report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes.

Medicines were administered safely by staff and the arrangements for ordering, storage, administration and

recording were robust.

Where people who used the service were subject to a level of supervision and control that amounted to a deprivation of their liberty, the registered manager had completed a standard authorisation application for them and these had been reviewed by the supervisory body of the local authority. This meant there were adequate systems in place to keep people safe and protect them from unlawful control or restraint.

People were able to talk to health care professionals about their care and treatment. People told us they could see a GP when they needed to and that they received care and treatment when necessary from external health care professionals such as the Community Mental Health team and Community Psychiatric Nurses.

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered manager had investigated and responded to the complaints that had been received in the past year.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

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

Some aspects of the service were not safe.

The staff demonstrated a good understanding of safeguarding vulnerable adults procedures. Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

Staff had been employed following robust recruitment and selection processes. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service. However, staff were working excessive hours whilst waiting for new staff to start work.

Improvement to infection control practices meant people lived in a clean environment that was free from malodours.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff received induction, supervision and training to give them the support and knowledge they needed to meet people's needs. However, the current level of training did not give them the skills and knowledge to meet acute mental health needs when people's mental health fluctuated.

We saw people were provided with sufficient food and drink to meet their nutritional and hydration needs.

Improvements had been made to the environment, but there remained areas that needed further work to ensure the tiling and flooring in the bathroom and shower rooms were safe and fit for purpose.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff, who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Further investment was needed to ensure improvements continued with the environment, staff training and staffing levels within the service.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

Pentrich Residential 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 registered 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 23 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

As part of the inspection process we contacted the local authority safeguarding adults and commissioning teams to enquire about any recent involvement they had with the service. We were told they felt the registered manager had improved the quality of the service, but there were concerns that staff awareness of active mental health treatment measures and management of acute needs was limited.

We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned in October 2016 within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and three staff. We also spoke with five people who used the service. We carried out observations of the lunch time meal and walked around the whole building.

We spent time in the office looking at records, which included the care records for two people who used the service, the recruitment, induction, training and supervision records for three members of staff and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

There was an on-going staff retention issue at the service. The registered provider told us that it was hard to recruit local staff. Nine staff were employed with two new staff recruited and waiting for employment checks to be returned. There were vacancies for part-time care staff on days and nights and for a part-time cook. Staff said they were understaffed at times, which caused them stress as it meant they had to work both nights and days in addition to covering the role of cook. Staff told us, "We are putting in six day weeks until the new staff are recruited and that is exhausting." The registered provider informed us that no staff member worked more than the legal maximum weekly hours (48). This was confirmed by the staff rotas we looked at.

On the day of our inspection we found that the staff on duty consisted of a senior care worker, cook, registered manager and a domestic staff member. The registered manager told us that the domestic staff was responsible for laundry and carried out these duties in a morning. Care staff completed activities with people who used the service in addition to their regular care tasks. We have not made a requirement in this report around staffing levels as the impact on people using the service was low and we could see how the service had improved in terms of cleanliness and activities for people. We also recognised that the registered provider was actively recruiting for new staff. However, staffing levels were only being maintained due to the goodwill of the current employees and was not sustainable long-term.

At the last three inspections of Pentrich Residential Home, all in 2015, there were concerns raised about the levels of staffing. This resulted in a breach of regulation 18 in January and June 2015 and a recommendation in October 2015. Whilst we can see that some improvements have been made to the deployment of staff, staff have again brought up concerns about working a lot of hours and feeling exhausted.

We recommend that the service reviews its staffing levels using a dependency tool and seeks advice and guidance from a reputable source, about staff retention and flexible working.

People who used the service said they felt safe and that they could discuss any worries or concerns they might have with the registered manager or the staff. People said they could have a lock on their bedroom doors if they wanted to. One person told us, "I feel safe here. I have a key for my bedroom so that I can lock it when I want to. I like to lock it to stop other people from wandering in."

Visible improvements were seen to the level of infection control and hygiene within the service since our last visit. All areas we looked at were clean, tidy and free from malodours. Cleaning schedules were in place, which were signed off each day and night by the relevant staff. Comments received from relatives in the satisfaction questionnaires sent out in 2016 included, "The environment is greatly improved." Staff told us, "The service has really improved in the last year. Bathrooms have been improved and the outside area is much better. The service is more homely and settled. Things can take a while to happen, but they do eventually get done."

The registered provider had policies and procedures in place to guide staff in safeguarding people. The registered manager had completed the local council's safeguarding training including the use of their risk

assessment tool. Checks of three staff files indicated that the staff had completed safeguarding training during their induction and again as refresher training. The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse.

We had been notified of two safeguarding incidents in the last 12 months. These had been reported to the local council's safeguarding team and investigated. For one incident the registered provider followed their disciplinary processes and for the second incident no further action was needed. This demonstrated to us that the service took safeguarding incidents seriously and ensured they would be fully acted upon to keep people safe.

We saw there were behaviour management plans and risk assessments in some of the care files we looked at. These detailed the types of behaviour exhibited by individuals and what impact this had on them and others around them. Staff had identified trigger points and patterns of behaviours and the care plans gave staff clear instruction on how to diffuse situations and keep people safe from harm. Where necessary, staff received advice and guidance from health care professionals such as the Community Mental Health team and the Community Psychiatric Nurse. People were also able to talk to these professionals and discuss their anxieties, behaviours and how these affected them.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. They completed an analysis of these to identify any trends or problems within the service. We saw that the last analysis showed that since May 2016 there were six issues that were related to the distressed behaviour of people using the service, which had been dealt with appropriately.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included the fire alarm system, portable electrical items and gas systems. We saw that the Legionella (water borne virus) certificate was issued in November 2016 and no concerns were found by the specialist contractor. The fixed electrical writing certificate was due for renewal and the registered provider sent us the certificate to show the work was carried out in December 2016.

The service did not have any passenger lifts to the upper floors and moving and handling equipment was not required at the time of our inspection. The majority of the people were fully mobile. However, there were a limited number of bedrooms on the ground floor for people who needed some support with their mobility.

We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It was reviewed in November 2016.

Staff told us, "Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training." We found that the fire risk assessment was reviewed in July 2016 and a fire drill was carried out in October 2016. Personal emergency evacuation plans (PEEPs) were in place for people who would require assistance leaving the premises in the event of an emergency. These were in each person's care file and were up to date.

The service had identified a specific fire risk for one person, around smoking in their bedroom. Meetings had been held with the person to discuss the risk to themselves and others and work was on-going to ensure compliance with the house rules of smoking only in the smoking lounge or outdoor area provided for this activity. The registered provider had also purchased fire retardant items including bed linen, a chair cover, a mat and a bin for the person's room to further reduce the risk of a house fire. Oxygen warning signs were seen on display on the lounge door and bedroom doors where oxygen cylinders were in use. These notices helped ensure the emergency services were aware of any risks in the event of a fire. This indicated that where a risk was identified by the service then action was taken to reduce the risk as much as possible.

We looked at the recruitment files of two members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

Staff told us, "The medicines are audited on a daily basis and more formally each week. The manager has carried out four observations of staff practice and there is the odd missed signature which is brought to our attention straight away." One person using the service told us, "Staff give me paracetamol and at the moment I have no pain. I always get my medicine on time."

We looked at how medicines were managed within the service and checked the people's medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately.

Requires Improvement

Is the service effective?

Our findings

There was a weekly record of a 'building' inspection being carried out. Any issues found were allocated weekly to the handyman such as repairs needed. The registered manager told us that recent repairs carried out by specialist contractors included replacement of two boilers and a new panel fitted to the fire alarm system.

Our observations of the premises showed that although there was some improvements to the environment there remained areas that needed further work such as the tiling in the bathroom/shower room, which was coming away from the walls in places. If water got behind these areas then it would create a much bigger problem. We saw that the flooring in the shower room had been replaced, but this had been done in three sections and the joints were already beginning to separate and lift. This could become a trip hazard if the sections lifted away from the floor.

We recommend that the service seeks advice and guidance from a reputable source, when carrying out repairs and renewals within the home, to ensure a good standard of work is achieved.

People told us they got on well with the staff and were able to talk about their care and support whenever they needed to. One person said, "[Name] is my keyworker, they help me clean my room and go with me to the Doctor's and the hospital. I can do a lot of things myself, but they are around if I need any help."

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork. All new staff were introduced to the people who used the service at the time of their job interview and during their induction, so there was already a degree of knowledge before new staff worked as part of the staff team.

We saw that the staff team had access to a range of training deemed by the registered provider as both mandatory and service specific. Evidence in the staff files showed us that staff had completed training such as fire safety, medicine management, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. The staff training plans also showed that they had completed courses on dementia care, epilepsy awareness and the Mental Capacity Act 2005.

Staff had completed some basic mental health training, but more in-depth training would ensure they had the knowledge and skills to meet behaviour that challenged the staff in regard to certain people who used the service. The majority of the current client group had stable mental health conditions, but better knowledge would help staff manage people's mental health needs if or when they fluctuated. Staff told us

how they found one person's behaviour 'intimidating' when they were 'pushing the boundaries'. We saw that there had been a number of incidents around anxious and distressed behaviours from this person over the last six months. Staff told us that physical restraint was not used in the service. One member of staff had completed breakaway training eight years previously, but had not updated this.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people with mental health conditions.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Checks of the staff files showed that they received regular supervision from the registered manager and had a yearly appraisal of their work performance. This meant that staff practice was monitored and reviewed to make sure people who used the service received a good standard of care. Staff said that supervision sessions took place every two to three months, but the same issues were covered each time and they told us they would like to focus on more topics in the future. Staff also told us, "We are a good team; we can all speak our mind and tell each other if things have not been done."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Only one person using the service lacked capacity and they had a DoLS in place with regard to restriction of liberty and constant supervision. Staff spoke with us about assisting this person to access the community when they wanted to and ensuring they remained safe at all times. Staff said, "Everyone else here at the service has capacity so they can tell us if they are happy to receive care; if they accept then the care goes ahead, if they refuse then that is their right to do so and we respect that."

People who we spoke with told us that staff only carried out tasks or provided assistance with personal care when they had obtained consent or 'implied' consent, and that they were encouraged by staff to make decisions about their care. We saw that the care plans were signed by people wherever possible to indicate these had been discussed and agreed with them. One person said, "I like it here. I can go out with the staff or by myself. I visit the local shops and we go out to local places like Scarborough."

Information in the care files indicated people received input from health care professionals such as their GP. People told us how they could access outside professional help if they needed to. One person said, "I go to see my doctor when I don't feel well. The staff go with me to help me." Each person had a health 'passport', which was taken with them to hospital or medical appointments; these gave clear information to other health care professionals about the health and welfare abilities and needs of the person where the person had difficulty communicating with others.

Evidence in the care files showed that people had good access to specialist health care professionals such as the Speech and Language Therapist (SALT) and the community team for mental health. People also saw other professionals such as the dentist, optician and dietician as needed and some people had regular input from community psychiatric nurses. We saw that input from these specialists was used to develop the

person's care plans and any changes to care were updated immediately. This meant people's health and wellbeing was monitored so they remained well and received appropriate care and support.

We found that the cook at the service had left some time before our inspection, but a replacement had been recruited and was due to start work. In the meantime care staff took turns working in the kitchen each day. The staff told us about one person whose dietary intake had improved recently; they were eating more of the meals provided and as a result the number of supplementary drinks they consumed had reduced.

We saw that there was a menu board in place with written information on it. People had a choice of two options for their main meal of the day. People said, "The food is nice, we have good meals here. I especially like the soup." We saw they had a choice of where they wished to eat as one person was eating in the lounge and others were in the dining room. One person told us, "The dinner today was lovely, I ate the lot." Another person said, "The food is nice. We have lasagne, chilli and chicken stir fry."

During the inspection we saw that staff brought one person a snack of cheese squares with ketchup on; this was clearly something they enjoyed. Fresh jugs of juice were available in the entrance hall for people to help themselves to and people told us they only had to ask and staff would get them a cup of tea or coffee. One person had their own flask in their bedroom, which staff filled up for them on request as it saved the person having to carry cups of hot drinks up to their room.

Good

Is the service caring?

Our findings

People were supported in everyday activities of daily living. We observed people going out into the community; some were able to do this on their own and others were supported by staff. Individuals told us "I am going out for a coffee", "I like to go out shopping" and "I enjoy getting out and about on my own." Staff told us, "We try to encourage people to be as independent as possible. People enjoy baking, doing household tasks and going shopping for personal items as it helps them gain important life skills."

Discussion with people, the registered manager and members of staff indicated that the care being provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service. People had a key worker and they wrote notes in the care files to show where people had been, activities they had attended and what issues had been discussed.

People told us that the staff were kind and caring. One person said, "The staff help me out when I need it. They help me manage my money and keep it safe for me until I want it. I feel things have got much better over the last year." And another told us, "The staff are respectful to both me and my family." Staff told us, "We care for people like we would for our own families. We want to improve things for them. Some things need updating such as décor, bedrooms and furniture but we are definitely getting there and heading in the right direction."

Bedrooms were individually decorated to suit each person's tastes and included knick-knacks and trinkets that were meaningful to each individual. People were able to keep small pets in the service. For example, one person had a fish in a tank in their room and another had a budgie. One person said, "My bedroom has been decorated; they asked me what colour I wanted it and I have my personal belongings around me. It is great."

Staff told us they thought the service had moved forward a lot in the last year. They said that staff had previously been very rigid in how care was given, but this had all changed when the registered manager came into post. They spoke about the progress made by individuals and said, "[Name of service user] has come on in leaps and bounds since we changed how we deliver their care. Their whole personality has changed and they have 'come out of their shell'." One person told us, "I am independent care wise. I go sit in my room when I want to."

Staff spoke knowledgeably about the care and support required by each person using the service. They displayed a good understanding of people's individual likes and dislikes and said this knowledge was gained through reading care plans, speaking with relatives and with the people who used the service. One member of staff said, "Mostly we just ask people or they tell us what they need. All of the residents have approached me and requested things; where possible we oblige with their requests." Staff told us, "We get on well with the residents, we can have a laugh and a joke with them and there is never a bad atmosphere. We want to encourage people to do more activities, but at the end of the day it is their choice and we cannot force them to do things if they do not wish to."

Staff told us about the changes in care and support including, "People are asking to go out more now and we have had a lot of days in the local community. We have adapted the menus to suit what people want to eat and we try to make care as individual as possible." One person said, "I can go out whenever I want to; it is cold out at the moment but it is fine." Staff had made a wheelchair referral for one person whose mobility was declining so that they could go out for longer without getting tired. This showed they were being proactive about care needs.

One person told us, "I am getting on lovely. The home has been very stable in the last year, there is the occasional upset between people in the home but I tend to stay out of the way of these things. I feel safe and well looked after." Another person told us, "It is quite nice here. The staff are good and always tell me how things are going. They will put up Christmas trees and decorations and make it look nice."

Staff understood about the importance of confidentiality in building trust with people who used the service. One member of staff said, "I wouldn't go shouting all their business around the home. It is not professional." Care files clearly indicated the wishes of people using the service about who was and was not to be involved in the planning of their care. Where specific wishes had been documented then the person using the service had signed the paperwork.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

The service ensured that people were supported to meet their spiritual needs and celebrate their different beliefs. For example, plans were in place to celebrate Christmas and for one person, whose religious faith meant they did not attend the celebrations, an outing with friends had been arranged to ensure they did not feel left out. One person attended church services twice a week and another visited the Salvation Army periodically. People told us, "I go to the local library to use their computer service and follow my religion" and "At Christmas I am going to the forum (religious group) at Kingdom Hall."

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. People told us, "If you want privacy you do get it" and "If you want privacy there is a lock on your door you can use. They always knock before coming in."

Good

Is the service responsive?

Our findings

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and behaviour management plans were in place to make sure people stayed safe and well. Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care, where individual's had given their consent for this.

Visible improvements were seen to the recording and documentation within the care files. The rewritten care files contained equality and diversity information and the care plans were written in a person-centred way. The new format also recorded people's life history, skills, abilities, spirituality needs and consent to care. In addition to this, the new care files included personal life histories so that staff had knowledge about what people liked to do; their backgrounds and people important to them. This helped staff converse with individuals and understand how they wanted their care to be delivered.

Regular contact with family and friends was encouraged by the staff. However, where people had expressed specific wishes regarding contact or no contact this was clearly recorded in their care files and respected by the staff. Each care file contained information about what was important to each person and we saw people had completed a document titled 'My best day/My worst day'. This gave information about what people liked to do and what they did not like. For example, one person said their family was important to them and they looked forward to their visits. People had signed their care plans where possible to say they had read and discussed them with staff and these were reviewed by staff informally every month and on a formal basis every 12 months with the local authority.

People were enabled to attend places of work and social clubs in the community. For example, one person had a regular job at a local supermarket and another individual enjoyed attending a cookery club every fortnight in Bridlington. We saw that activities taking place were targeted at individuals and reflected their wishes and choices. For example, one person enjoyed taking part in fishing trips and another person went to Scarborough independently and enjoyed a meal whilst they were out. People using the service also had friends who visited them and took them out shopping.

We saw an individual sat colouring pictures in the dining room and they seemed quite focused and content in what they were doing. One person told us, "I have my own bicycle and I enjoy going out on this when the weather is good. I am careful where I go as the roads around here are very busy." There was an activities board on the wall which included photographs of trips out. For example, people had gone to Bempton in September 2016 and Sewerby in October 2016. The service did not have its own transport for people; instead people used the local taxi service to get out and about.

The service had a pet budgie which people enjoyed looking after and it was a good focus for socialisation in the lounge area. There was a list of activities for November 2016 on display and this included the cookery club, a trip to Sewerby Hall, Remembrance Sunday, sea-shell crafts and Christmas card making. People were also invited to join in with board games, making Christmas decorations and attending the Salvation Army coffee morning.

Three people using the service smoked. There was building work taking place in the outdoor area to build a new smoking shelter, which would replace the smoking lounge in the service. This would then give people more communal space within the service that everyone could use.

Staff told us, "We do not have many complaints, but we have the odd grumble."

The complaints procedure was located in a file in the entrance hall, which gave people using the service easy access to the information. The complaints procedure was in a clear print format. However, we felt that some of the people using the service might struggle to understand this format. The registered manager said they would consider looking at an easy read version or a shortened format to make it easier for people to understand. We saw that the last recorded complaint was in August 2016 and this had been dealt with by the registered manager and resolved.

Requires Improvement

Is the service well-led?

Our findings

Feedback from the people who used the service and the staff team was obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. Satisfaction questionnaires sent out by the service in 2016 to relatives and people using the service showed a mix of positive and negative responses. One person said, "The laundry service and décor of the service could be improved" and another response was, "Could do with a facelift." We saw that the registered manager had taken action to speak with staff about taking more care with the washing and ironing of people's clothes. A relative had commented, "The care of my relative has been outstanding" and others had written, "All the staff are wonderful" and "Greatly improved."

People said, "We have resident meetings each month and we discuss menus, bedrooms, complaints or concerns, laundry issues and activities." Staff said, "The staff meetings can be a useful opportunity for staff to say what needs to be said about the service." Staff said they felt well supported by the registered manager, but that the registered manager, when they joined the service, had been 'thrown in at the deep end' and it had taken them some time to form a working relationship with the staff. We were told that staff felt their views were not always listened to or valued.

We saw that the registered manager monitored and analysed risks within the service and reported on these to the registered provider. Monthly audits were completed and those for October and November 2016 showed that any issues were put onto action plans and dealt with by the registered manager through staff meetings, supervisions or face-to-face discussions.

Whilst we saw evidence of improvement to the service at this inspection, and despite quality audits being carried out, we still had some concerns about the deployment of staff in the service, the knowledge of staff around acute mental health issues and the environment. The registered manager was aware of most of these issues and was working towards continual improvement through increased staff training and development. Further work was needed to ensure the staffing levels in the service remained stable and that the environment met a high quality standard. When we discussed concerns during the inspection, the registered manager took immediate action to rectify things within their remit and ensured staff were made aware of the changes needed.

There was a registered manager in post who told us that they monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with them each day. We observed the registered manager as they carried out duties around the service. People seemed at ease with them and one person told us, "[The manager] is always around if you need them. You can tell them anything and they understand what you mean."

Our observation of the service showed that the people were treated with respect and in a professional manner. We asked the staff on duty about the culture of the service and they told us, "It focuses on person centred care and is based on people being treated as individuals. We work towards improving the quality of

their lives." Staff said, "The registered manager is alright, they are approachable and supportive."

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by October 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.