

Nydsley Residential Home

Nydsley Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

We last inspected this service on 4 June 2015 where we found continued breaches relating to:

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 – Staffing. The provider had failed to protect people against the risk associated with not providing appropriate training, supervision and appraisal for staff working at the home.

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 – Good Governance. The provider failed

to protect people against the risks of inappropriate care and treatment by not having systems in place to regularly assess and monitor the quality of the service and to identify, assess and manage risks.

We used our enforcement powers and served warning notices against the provider in respect of Regulations 18 and 17.

Summary of findings

We also asked the provider to take action to make improvements to the shortfalls identified. The provider sent us an action plan telling us about the actions to be taken and that the improvements would be completed by 1 November 2015.

This inspection took place on 14 December 2015 and was unannounced. This inspection was carried out to look at the five questions, is the service safe, effective, caring, responsive and well-led and to follow up on whether action had been taken to deal with the breaches. At this inspection we found some improvements had been made but found further breaches in regulations.

Nydsley Residential Home provides personal care and accommodation for up to 14 people. The home is owned by Mr and Mrs Hall. Mrs Hall is the registered manager of this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Nydsley Residential Home is a large detached property in its own grounds. Accommodation is provided on two floors with a stair lift for people to use to get to the upper floors. There is a small car park for visitors to use.

The feedback we received from relatives of people who used the service was positive. They were very satisfied with the quality of the service their relatives received. This view did not correspond to our findings in a number of areas.

At times during the day there were insufficient staff on duty to ensure people's safety and welfare. **This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.**

There were general risk assessments in place relating to the safe running of the service and also individual risk assessments for some people who used the service. However, the risk assessments relating to people lacked detail about mitigating against risk and failed to assess the balance between risk and people's independence. For some people there was no risk assessment completed

where risks had been identified. **This is a breach of Regulation 12. Safe care and treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People received their medicines at the times they needed them, however, some aspects of the storage, recording and administration of medication placed people at risk. We observed people's medicines were left unattended and there were insufficient checks recorded where people were prescribed medicines outside of the usual medicines cycle. **This is a breach of Regulation 12. Safe care and treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Some staff had received training with regard to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. However, where people lacked capacity, the restrictions that staff and the provider had put in place may amount to depriving some people of their liberty but an application under the Mental Capacity Act Deprivation of Liberty Safeguards had not been made as required. **This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.**

Although we observed staff demonstrating kindness and respect during the inspection, we found derogatory and judgemental language used in people's care records and were concerned how this reflected on the culture and atmosphere at the service. We observed that, although people did not express any concern, there was little choice offered throughout the day. The culture we observed did not enhance opportunities for people to have their emotional social needs and enjoyment of life addressed. **This is a breach of Regulation 10. (Dignity and respect) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.**

Prior to people being admitted to the service a preadmission assessment was completed to ensure the service was able to meet the person's needs. There was a new care planning format in place and we saw some good detail about people's needs, their likes and dislikes and their social history. However, these were not sufficiently personalised and were not always being met in practice. Care plans lacked evidence of people being involved in determining how they wished their care and support to be provided. They related more to tasks to be

Summary of findings

completed rather than how to meet people's individual needs, and choices and their well-being and enjoyment of life. **This is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.**

We found some improvements to auditing and monitoring systems of the service. However, they were not sufficiently detailed to facilitate an analysis of the findings and the development of improvements. The registered manager worked alongside staff and as such worked 'hands on'. This gave them little time to concentrate on management tasks and keeping up to date with new legislation and good practice. This meant the service failed to have a culture of continuous improvement. **This is a (continuing) breach of Regulation 17 (Good Governance) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 from the inspection carried out on 11 November 2014.**

The overall rating for this provider is 'Inadequate'. The means the service has been placed into 'Special Measures.' The purpose of special measures is to:

1. Ensure that providers found to be providing inadequate care significantly improve.
2. Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
3. Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Although staff had received training with regard to safeguarding adults and were able to demonstrate an understanding of the issues, the policies and procedures available did not reflect up to date legislation and guidelines.

The provider had systems in place to ensure new staff were recruited safely, this included carrying out appropriate checks to ensure people had not been barred from working with some groups of people. No new staff had been recruited since the previous inspection.

The service was clean and staff had access to personal protective equipment such as gloves and aprons.

Since the previous inspection a training programme had been put in place and all staff had received updated training. Although we were told the content of training had been discussed in the staff team, more formal systems to monitor competency and understanding of training would be beneficial in ensuring staff could demonstrate appropriate skills and knowledge in relation to the people they cared for.

Although there was no choice of menu people's food preferences were known and accommodated. People were very positive about the food provided with particular reference to everything being 'home cooked'. However, identified nutritional risks were not always appropriately managed.

The service is an older, adapted property with a purpose built extension and as such some areas of the home were not as easily accessible as others. We were told by the registered manager that this was considered when people expressed an interest in coming to live at the home. We discussed the increasing number of people living at the home who lived with dementia and the need to improve the environment to make it more dementia friendly, with the use of signage for example.

People's bedrooms were personalised and visitors to the home were encouraged and welcomed. The provider arranged for entertainers in the home but there was a lack of daily activities provided by the staff team, either for a group of people or for individual interests.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Staff had received training in safeguarding adults from abuse. However, policies and procedures within the service did not reflect new legislation and guidance.

There were insufficient staff on duty at some times to ensure the health and safety of people who lived at the service.

Risk assessments relating to individuals were not sufficiently detailed to mitigate identified risks. In some cases risks were identified and no assessments undertaken.

Appropriate checks were completed as part of staff recruitment and this helped reduce the risk of employing unsuitable people.

Although people received their medicines as prescribed, some of the systems to record and administer medicines placed people at risk of harm.

Inadequate



Is the service effective?

This service was not consistently effective.

People were not appropriately supported to make decisions.

Where people lacked capacity, the restrictions that staff and the provider had put in place may amount to depriving some people of their liberty but applications under the Mental Capacity Act Deprivation of Liberty Safeguards had not been made as required.

People were provided with nutritious food. Snacks and drinks were available during the day. People's dietary likes and dislikes were known by the staff. However, additional support to mitigate nutritional risks was not always in place

People had access to the local General Practitioner (GP) and district nursing services.

Requires improvement



Is the service caring?

This service was not consistently caring

We observed staff being kind and caring. However, some of the language used to describe people in their care plans was judgemental, derogatory and disrespectful.

There was a lack of choice for people in how they spent their day.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

People's needs were assessed prior to them being admitted to the service to ensure the service was suitable for their needs.

Care plans had been completed but they were task focussed and failed to include people's choices and preferences as to how they wanted their care and support provided.

Activities were not always available and did not reflect people's individual interests and preferences. The provider did arrange for external activities to come into the home on occasion.

Relatives had opportunity to give feedback on the quality of the service and told us the provider communicated any changes in needs with them in a timely manner. However, people using the service did not have appropriate opportunities to comment on the quality of care in place.

Is the service well-led?

This service was not well led.

While there were now some systems in place to monitor the quality of service, these did not consider all aspects of service provision.

Although some improvements had been made the provider was still not meeting regulations despite previous requirement actions and enforcement action against them

The provider failed to monitor the quality of the service effectively and did not promote a culture of improvement.

The registered manager had little management time to focus on keeping up to date with new legislation and new guidance with regard to good practice.

The registered manager was unable to understand our concerns and felt that her own and staff entries within people's records were acceptable.

Inadequate



Nydsley 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. The inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the

overall quality of the service, and provided a rating for the service under the Care Act 2014.

You can find full information in the detailed findings sections of this report.

We carried out an unannounced comprehensive inspection on 17 December 2015. This inspection was completed to check that improvements had been made to meet the legal requirements identified at the inspection of 4 June 2015 and the previous inspection of 11 November 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding

alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

Before the inspection we had attended or received minutes of meetings arranged by the local authority and attended by representatives of the local authority safeguarding team, the local authority contract and commissioning team and the local Clinical Commissioning Group (CCG)

The inspection was carried out by two inspectors.

We spoke with four people who used the service, two relatives, a visiting professional, the registered manager, and two members of staff during the course of our visit.

We looked at ten people's care records, three people's in detail to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staffing rotas, training and supervision. We looked at records for the management of the service including quality assurance audits, action plans and health and safety records.

Is the service safe?

Our findings

We looked at the previous two weeks rotas and saw from 8am - 8.30am and 1pm - 3pm there was only one member of care staff on duty. During the night there was one waking night staff at the service with the registered manager, who lived locally, on call. The registered manager was on the rota from 8.30am until 1pm along with one other member of care staff. There was a member of domestic staff on every weekday morning and a cook on most days.

Our review of care records indicated that there were two people requiring two members of staff to support them with moving and handling, personal care or emotional support due to a diagnosis of dementia. Five people required help with personal care from one member of staff. We noted that two people had disturbed sleep and one person experienced distressed behaviour during the night.

Staff confirmed the details on the rota. One member of staff said they thought there were enough staff but confirmed when two staff were supporting one person the other people were left unattended. We saw in the records for the person who experienced disturbed sleep and distress that on one occasion the staff member recorded being frightened and had called the registered manager who had come into the home during the night.

When we asked the registered manager how they knew staffing was sufficient they said, "I don't know it is enough". They said they often worked in afternoon in the office but this was not recorded on the rota. They stated "There was not enough work to warrant an extra staff member on duty." However, they later agreed to cover the period 1-3pm so that there were two staff on duty during these hours. We will continue to monitor staffing levels as part of our regulation of this service.

Staff deployment throughout the 24 hour period was insufficient to make sure that people were kept safe at all times.

This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

We looked at how risks were assessed and managed. We saw some completed risk assessments for example for moving and handling and mobility. However, for some people where a risk had been identified there was no

appropriate risk assessment in place. For example, one person required liquidised or mashed food yet there was no corresponding Malnutrition Universal Screening Tool (MUST) assessment or risk assessment with regard to eating or drinking.

One person with a diagnosis of dementia had experienced increased distress. The manager had appropriately referred this person for support from the specialist mental health team who had advised completing behaviour monitoring forms. We saw some completed forms but there was no evidence of any analysis or review to indicate appropriate staff responses to alleviate this person's distress.

We saw that risk was identified with regard to moving and transferring. Risk assessments had been completed but they did not provide sufficient information about reducing risks or promoting independence.

We saw for one person who was described as being at risk of malnutrition and weight loss there were no records of food and fluid intake which would have assisted the staff with monitoring this risk to this person's wellbeing.

This meant risks had not been assessed or where they were the assessments contained insufficient detail to protect people from harm.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 – Safe care and treatment.

We looked at medication administration records (MARs) and other records related to medicines. We spoke with the registered manager, responsible for handling medicines on the day of our visit, about the safe management of medicines, including creams and nutritional supplements within the home. They told us they had a recent pharmacy audit completed by the supplying pharmacist. We reviewed the audit and noted the pharmacist had recommended staff undertake refresher training in the safe administration of medicines. The registered manager told us they were in the process of arranging this training.

People's prescribed medicines were administered from daily sectioned monitored dosage boxes prepared by the pharmacist on a weekly basis. Medicines were stored securely when not in use but were carried around the home on a tray whilst being administered. Medicines were not transported in a locked cabinet which meant unless they were visually monitored at all times there may be

Is the service safe?

occasions when medicines were left unattended. When we arrived at the service we noted medicines left unattended on the kitchen table because the manager had been called away.

We noted there were no photographic or written descriptions of medicines in the dossett boxes. This meant staff were unable to identify each individual tablet. We asked the manager in the instance of an individual refusing a specific medicine, how they would know which one it was. They agreed that they would not be able to identify the medicines and agreed to contact the pharmacist for them to provide a photograph/picture of each tablet and a description of each tablet. This would ensure staff knew which tablet they were giving to individuals. Medication records were clear, complete and accurate. However we noted that where additional medicines were prescribed and the staff had written the MAR, only one staff signature was present. Good practice would recommend that two signatures are completed in order that a check can be made on the correct information transferred from the prescription.

This is a breach of Regulation 12 (2)g , proper and safe management of medicines, of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Medication stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Daily temperature checks were carried out in all medicine storage areas to ensure the medicines did not spoil or become unfit for use.

There had been nine safeguarding alerts relating to the service since November 2014. Two of these had been substantiated or partially substantiated by the local authority safeguarding team.

The provider had not made any safeguarding alerts themselves. However, we identified circumstances where this would have been appropriate and in line with North

Yorkshire Social Services safeguarding protocols. The provider had not revised their safeguarding policies and procedures in line with new national legislation implemented in April 2015.

The staff we spoke with confirmed they had received training with regard to safeguarding adults and one member of staff told us they had also covered this as part of their NVQ (National Vocational Training). We spoke with staff about safeguarding adults. Staff could demonstrate an understanding of the issues; what constituted abuse and said they would report any concerns to the registered manager.

We recommend the provider reviews the effectiveness of safeguarding training and reviews their policies and procedures in line with current legislation.

We spoke with people who used the service who told us they felt safe. Visitors we spoke with were very complimentary about the home. They confirmed they were regular visitors and thought there were always enough staff on duty and available. However this conflicted with our findings during the inspection.

There were risk assessments in place relating to the safety of the environment and equipment used in the home. For example, the chair lift and bath hoist. We saw records confirming equipment was serviced and maintained regularly. There was a fire risk assessment in place for the service and personal emergency evacuation plans (PEEPs) for individuals.

The home was clean and people made positive comments about the cleanliness for example; "The cleaning is OK", "Everything is nice and clean", "I cannot grumble at the cleaners".

Staff had access to personal protective equipment such as aprons and gloves and we observed staff using good hand washing practice. Audits had been completed with regard to infection control and the cleanliness of the home.

Is the service effective?

Our findings

During the previous inspection on 11 November 2015 we recommended staff receive training with regard to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records showed this had been carried out and those staff we spoke with confirmed they had completed this training

The 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 and hospitals 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.

We reviewed 10 people's care records and saw there were no completed mental capacity assessments despite us identifying that five people were not always able to make their own decisions. Due to their personal safety they were not free to leave the home and were therefore subject to constant supervision. Their capacity to consent to live within the service should therefore have been assessed. In addition, we noted that two people were using incontinence aids where the record stated they were continent but wore them for protection or did not like wearing them. There was no assessment to determine whether these people had capacity to consent to this care practice or that a best interest decision had been made on their behalf. This meant they were subject to undue restriction according to the MCA.

We spoke to the manager about the MCA, DoLS and best interest decisions and they confirmed they had attended training and had the relevant documentation. However, they did not see it as their responsibility to complete the MCAs.

The provider was not working within the principles of the MCA and had not made application for DoLS authorisations even though people's liberty was being restricted.

This is a breach of Regulation 11 - of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 – Need for Consent.

The home was an adapted property with a purpose built extension. Some parts of the home were less accessible than others. The manager explained consideration was given to this during the preadmission assessment to ensure people were able to access their bedrooms.

We noted handrails to assist people to walk independently and appropriately fitted grab rails in toilet and bathrooms. The service was not a specialist service for people living with dementia and as such the environment was not adapted to be dementia friendly. We noted from one person's records that they spent a large proportion of their day seeking out the toilets, which were not signposted appropriately for a person living with dementia. Some people living at the service had developed the illness and would benefit from specific signage to assist people in orientating themselves around the home.

We recommend the provider consults NICE (National Institute for Clinical Excellence) guidance on supporting people with dementia and their carers in health and social care.

During our previous inspection we found a continuing breach relating to staff training and supervision.

At this inspection, we asked the registered manager about how they arranged training. They told us that most training was completed on a computer and although she did not feel this was as effective as face to face learning it was more cost effective. Staff had completed training with regard to moving and handling, first aid, basic food hygiene, infection control and safeguarding adults. We asked the manager whether she then assessed staff understanding and competence. She told us she discussed staff training as a team but there were no formal systems to review its effectiveness. One member of staff told us, "I get the training I need and can always ask the manager for more. Another carer is quite good with dementia and shares ideas."

We looked at staff records and saw evidence of supervisions and appraisals carried out in October and

Is the service effective?

November 2015. Appraisals considered areas such as quality of care, safety, teamwork and communication. We discussed with the manager developing these further to include objectives and goal setting to promote professional development.

This meant that the breach of regulation in relation to staff training was now met. However, the comments made to us by the registered manager and staff indicated training was not given priority and we were not confident that there was a culture within the home of continuous learning and developing skills and practice.

We recommend the provider ensures opportunities for staff to develop further skills and knowledge are put in place in order that people's needs are met and their enjoyment of life is enhanced

We spoke with people about the quality of meals available in the home. Most people we spoke with were happy with the standard of food. Comments made included, "The food is good. They accommodate our likes and dislikes".

We observed the lunchtime experience and saw tables were set with fresh flowers, tablecloths and napkins. People were given time to enjoy their meal and it was a social and relaxed occasion. There was no menu available but we were told, because the service was small, people's individual likes and dislikes were known and accommodated. A member of staff told us, "We know [name] doesn't like fish so on the days we have that they are given something else."

We noted that people were offered tea and coffee at regular intervals and heard staff encouraging people to drink sufficient fluids.

The care records we looked at included those of people who had nutritional risks associated with their health and well-being. Although there was a national recognised malnutrition risk assessment tool available in the home we did not see this completed for anyone despite us identifying in people's records some people as being at risk. When we asked the manager they said they knew people well and would refer people to the dietician or speech and language therapist if they had concerns. Failing to use a recognised risk assessment tool left some people at risk of not having their nutritional needs appropriately met.

The local area operated a system where each care home was linked to a specific general practitioner surgery, (although people living at the home had the choice to remain with the doctor they were registered with prior to admission). The nominated local GP practice held a regular surgery in the home and responded to emergency visits if required. People told us the access they had to their doctor was good. One person said, "There are no problems seeing the doctor. If I want to see the doctor staff make an arrangement for them to visit me here." Care plans also included information about people's access to ancillary medical services such as chiropody, hearing specialists and opticians.

People we spoke with were complimentary about the staff. Comments made included "The staff are very good", "The staff are all lovely, I can't grumble about them".

Is the service caring?

Our findings

While reviewing people's care plans we identified descriptive language which was derogatory and judgemental. For example, we saw someone described as 'not behaving' and 'quite a lot of work for staff.' In contrast we saw other care plans where people were described more favourably. It was apparent that these records were not written in a caring way but suggested that people were differentially regarded by staff. We spoke with the registered manager about our findings who failed to understand our concerns. This indicated that not all people were treated with proper dignity and respect.

In contrast when we spent time in the lounge areas of the home, we saw staff approached people kindly and engaged people in conversation which was meaningful and relevant to them. For example, we heard staff referring to family and known interests. Staff acted in a kind and respectful way and people looked well cared for and appeared at ease with staff. Staff crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person.

However, our observations during the day indicated people did not have choice about what they wanted to do or where they wanted to be. Any interaction we observed was usually when a task was being completed such as assisting to the table or handing out tea and coffee. We did not observe or find reference to meeting people's social needs other than for one person whose care plan stated they 'liked to be busy so offer for them to dry tea cups'. There was an institutionalised culture of routine in the home;

everyone ate together, and then sat in the lounge. Apart from one person who told us they went out for a walk every day there was a sense that other people were directed in their routines. There was not a culture where people could determine how they received their support; how and where they spent their days based on individual preferences.

It was of concern that despite a warm and welcoming feeling to the service and the positive approach of some of the care staff, there was an underlying approach which did not promote individualised support and care for people and that the service provided is that of institutionalised care where people lacked choice.

One person said, "Very comfortable place and well looked after but it's all routine. If you are prepared to sit back it is all done for you". However, they added "There is nothing to do. You lose your identity."

This is a breach of Regulation 10 (of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 –Dignity and respect.

Most people who used the service told us they were happy with the standard of care and support they received and that all the staff were kind. Comments included, "The carers are very kind. No complaints. Everything is nice and clean". A relative said, "The staff are brilliant, I have every confidence in them."

During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke to two visitors who said they were very happy with the care their relatives received.

Is the service responsive?

Our findings

The registered manager told us they had revised the format for care planning since the previous inspection and following a safeguarding adult's investigation now completed pre admission assessments.

Three people had been admitted to the service since our previous inspection. We reviewed their records and saw pre admission assessments had been completed. They contained sufficient information about the person's needs and their 'life story' to enable staff to support people appropriately. The registered manager explained that following on from the pre admission assessment a full care plan would be completed.

The new care plan format contained sections covering areas such as personal care, nutrition, mobility and health conditions. These contained sufficient information for staff to be able to provide support to meet individual needs.

People's corresponding daily records generally related to tasks completed such as personal care given and meals eaten, with little evidence of the person's experience of the day or their wellbeing.

Care plans were reviewed regularly but in most instances this was recorded as 'no change to the person's needs' which meant there was no recorded reflection about people's experiences or any goals for the future in improving people's quality of life. The relatives we spoke with said there was good communication between them and the staff and they were kept up to date and consulted about any changes in people's needs. A satisfaction questionnaire from one relative stated, "If there are any changes in the care plan for [name] I am always consulted." However, we could see little evidence of the involvement of people using the service, such as being included in the planning of their care or influencing how they wished their care to be provided. For example, for one person it was recorded that a dim light kept on in their bedroom at night 'helped'. This was in relation to their risk of falling and not about personal choice. For another person we saw the care plan stated this person had capacity to make decisions. We saw a DNAR form (Do Not Attempt Resuscitation) which showed a discussion with the person's next of kin had taken place but there was no reference to a discussion with

the individual concerned about their wishes. We also noted that three people wore incontinence protection despite there being records that people did not need them or did not want to wear them.

This is a breach of Regulation 9 - person centred care of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

Some people had life stories in their care plan as well as a description of their interests. However, there was no activities programme available and we saw little evidence that staff assisted people individually or in a group to be occupied. The provider arranged for external people to come to the home such as musical entertainers. On the day of the inspection an instructor had come to provide and exercise class with people and children from the local school came into the service to sing carols. People seemed to enjoy this. We asked one person who lived at the service about activities on offer and they told us, "It's a surprise when we do stuff". When we asked them what they were going to be doing they replied, "I don't know, the surprise has not come yet".

The provider had a complaints procedure but this was not readily available to people or their relatives. The registered manager said there had been no complaints received. The two relatives we spoke with said they felt able to raise issues with the registered manager and these would be addressed. Neither had any major concerns about the service their relatives received.

In response to the findings of a previous inspection the provider had sent out 20 questionnaires to relatives and professionals to gather their feedback on the quality of the service. The registered manager told us only three had been returned and these were all very positive. We saw comments recorded; "The home always feels warm and has a nice atmosphere when you enter. I have no problems with the professionalism of the staff. They are all approachable and courteous." And "Independence is very much encouraged. We are very satisfied."

However, the manager had not explored alternative ways to gather people's feedback. Residents meetings were not held and people were not asked directly for feedback on the quality of the service. This meant people using the service did not have an opportunity to influence the running of the service or improving their experience of it.

Is the service responsive?

Most people who used the service told us they were happy with the standard of care and support they received and that all the staff were kind. Comments included, “The carers are very kind. No complaints. Everything is nice and clean”. Another person said, “Very comfortable place and

well looked after but it’s all routine. If you are prepared to sit back it is all done for you”. However, they added “There is nothing to do. You lose your identity.” A relative said, “The staff are brilliant, I have every confidence in them.”

Is the service well-led?

Our findings

The previous inspection of 4 June 2015 found a continuing breach of Regulation 17 (Good Governance)

At our inspection in June 2015 the provider sent us an action plan which stated they intended to put in place a system to assess, monitor and audit the service and manage risks. They gave assurances that they would be compliant by 1 November 2015.

During this inspection we asked the manager to explain what action they had taken. They had implemented a number of auditing systems for infection control, care plans, health and safety, fire safety, and medicines administration. They explained that individual staff members had been given responsibility for specific audits which the manager would oversee. We reviewed these audits and could see they had been completed regularly. However, the majority consisted of a 'tick list' with a Yes / No answer. This system was not sufficiently detailed to allow issues to be identified and analysed so that improvements could be made. We identified issues which should have been identified and addressed through the auditing process. For example, we saw instances of poor medicines management and issues raised by North Yorkshire Fire and Rescue had not been identified through the provider's own auditing.

There was a lack of systems in place to monitor the quality of the service people received or for people to have opportunities to influence how the service operated. Surveys had not been sent to people who used the service and there were no alternative means for people to contribute their views such as residents meetings or discussions individually.

The manager told us they did not have a development plan for the future improvement of the service. They explained that because the service was small they 'talked amongst themselves and shared ideas.' When asked about improvements, the registered manager said they had implemented a new care planning system and the training staff had completed. They added that the senior care worker had previous experience of working with people living with dementia and had 'a lot of ideas'.

People who lived at the home and their relatives told us they knew who the registered manager was and saw her

around the home; they confirmed she was approachable and responded to concerns and queries. They said they were satisfied with the service they received and spoke highly of the manager.

We asked the registered manager about their own professional development. They told us they had completed some of the training staff had completed. They did not keep up to date with new national legislation and practice guidance other than some clinical changes they became aware of through the local general practitioner and district nursing services. We noted that policies and procedures related to previous regulatory bodies such as the Commission for Social Care Inspection and the National Care Standards Commission and had not been updated to include current legislation and good practice.

Previously we have spoken to the provider about the availability of a computer on the premises to support them and staff to access up to date information about care practice, legislation and guidance. The registered manager confirmed they had considered this but had not installed one.

The registered manager knew the people who lived at the service and their relatives very well. They worked alongside staff on shifts and as such provided direct personal care. However, this meant they had little time to focus on issues required for the operational management and quality of the service. This resulted in a task orientated approach as opposed to person centred care which did not take account of changing legislation and current good practice. Any action taken by the provider had been completed because the requirements of regulations were brought to the provider's attention through regulatory processes.

Our records showed that the provider had appropriately submitted some notifications to us about incidents that affected people who used services. However, there was not a full understanding of the all requirements for reporting adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team and the health protection agency.

Whilst the provider had taken some action to improve their governance of the service the systems they had put in place were failing to identify shortfalls in the requirements of the law or the actions required to improve the quality of the service.

Is the service well-led?

We were unable to see the previous inspection report on display within the service. When we spoke with the manager they told us they were not aware this had to be displayed. The manager agreed to display this. It is important this information is shared so that people and their families are aware of the inspection outcome. CQC ask the provider to share a copy of the summary with people and their relatives. As of April 2015 there is now a legal requirement for providers to display their rating.

The manager was unable to demonstrate that they understood the need to meet the regulations associated

with running the service Their own use of unprofessional and insensitive language in people's care plans did not provide a positive role model for staff. Their failure to seek and respond to information about current best practice and expectations was a key contribution to the continuing failure to provide a person centred model of care and the promotion of individual human rights.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.