

Diamond Care (2000) Limited

Carisbrooke

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?	Good ●

Summary of findings

Overall summary

Carisbrooke provides accommodation and personal care for up to 12 people with a learning disability. The service is a detached period property in a central location in the town, close to all local amenities. Accommodation is provided over three floors with access to the first and second floor via stairs; there is a stair lift to provide assisted access to the first floor. At the time of the inspection there were 10 people living in the home.

The service had a registered manager in post. They had managed the service for 10 years. 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.

At the first rated comprehensive inspection in February 2015, we found there were shortfalls with the care records and there was a breach in regulation. We rated the service as 'good' in the safe, effective and caring domains and 'requires improvement' in the responsive and well-led domains. We rated the service as 'requires improvement' overall. We then completed a focused inspection in August 2015 to review the responsive domain and found the necessary improvements to the care records had been made. This inspection took place on 25 November 2016 and we found sustained improvements had been made in all areas and have rated each domain as 'good' and the service has been rated overall as 'good.'

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. Staff understood the procedures they needed to follow to ensure people were protected from the risk of abuse. People we spoke with told us they felt safe living in the home.

Our observations during the inspection showed us people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs. We saw there was a recruitment system in place that helped the registered provider make safer recruitment decisions when employing new staff.

Assessments of people's needs were completed and care was planned and delivered in a person-centred way. Care plans were regularly evaluated, reviewed and updated. Aspects of the care plan format were easy for people to understand by the use of pictures and symbols. We saw evidence to demonstrate people and their relatives were involved in their care planning.

Risk assessments had been developed to provide staff with guidance in how to minimise risk without restricting people's independence. This included the management of their behaviours using the least restrictive options. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. Staff were overheard speaking with people in a kind, attentive and caring way. There were very positive comments from relatives about the staff team.

Staff received training that enabled them to support people safely and meet their assessed needs. The registered manager had been working with staff to develop their knowledge and autonomy in the day-to-day management of people's care needs. We found staff were making progress and received regular guidance, support, supervision and appraisal.

People's nutritional needs were met and in recent months staff had been supported to provide a more balanced and healthy diet for people. Staff monitored people's food and fluid intake and took action when there were any concerns. People told us they enjoyed the meals.

Most people attended day services each weekday and participated in a range of recreational, therapeutic and sensory activities. People also accessed a range of community facilities and completed activities within the service. They were encouraged to participate in activities, outings and be active and healthy.

We found improvements in the way the service was managed. The quality monitoring system had been reviewed, developed and strengthened. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

A complaints process was in place which was accessible to people, relatives and others who used or visited the service. Staff were enabled to make suggestions to improve the quality of people's care.

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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 were recruited safely and there were sufficient numbers on duty to meet people's needs.

Staff had received training in how to safeguard people from abuse and knew the process of referring concerns to appropriate agencies.

People received their medicines as prescribed and systems in place ensured medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support, and where this was not possible the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

A renewal programme was in place and improvements had been made to the environment.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. People were encouraged to eat a healthy, balanced diet and told us they liked the meals provided.

People were supported by staff that had received training relevant to their roles and tasks. Staff received supervision, support and appraisal.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion.

Staff provided explanations to people prior to carrying out tasks

and gave them information at a pace that was appropriate to their needs.

People's privacy and dignity was promoted and maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their preferences, interests and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were enabled to maintain relationships with their friends, relatives and the local community. There had been continued improvements with the activities for people.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

Is the service well-led?

Good ●

The service was well led.

The culture of the organisation was open and inclusive. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

The registered manager had improved the quality monitoring systems to support the continued development of the service. The registered manager was open to suggestions and was enthusiastic about implementing new guidance and ways of working, to provide a better service for people.

Staff worked as a team and they had a dedicated approach to their work.

Carisbrooke

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.

The inspection took place on 25 November 2016. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This 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. We received the completed PIR within the timescale given. We also received information from health and social care professionals who were involved with the service.

We contacted North East Lincolnshire Clinical Commissioning Group and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service, the registered manager, senior care worker and a care worker. Following the inspection we spoke with four relatives and two health care professionals.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to the ten people who used the service, such as their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held about this.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rotas, minutes of meetings with staff,

accident and incident records, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

People told us they felt safe and were happy living at the home. We saw people responded positively with the staff they had contact with and were comfortable in the company of the other people who used the service. One person said, "This is my home. I like living here" and another person said, "The staff are nice."

Comments from visitors we spoke with included, "Oh yes, they are very safe there. Our relative has seizures sometimes and staff will make sure they get the care they need and everything is managed safely", "Very safe, no concerns at all, they [the person who used the service] are always pleased to return there when they have been to stay" and "The manager and staff consider everyone's safety, yes, I think [name of relative] is very safe at Carisbrooke."

Relatives also told us they considered there were enough staff available to meet people's needs and the staff group were consistent. One person told us, "Always two staff and the manager on. The staff are always around and nothing escapes them, they are all very attentive", "Most of the staff have been there a long time, not many leave, which is very good for [name of relative] as they know them so well", "Staff are regular, they don't chop and change" and "Always seem to be enough staff, everything is managed well."

We found the service helped to keep people safe. Staff confirmed they had completed safeguarding training and they understood what to do to if they witnessed abuse or it was disclosed to them. They were clear about reporting procedures. We looked at how safeguarding incidents had been managed. We found appropriate notification and liaison had taken place with the local authority adult safeguarding team and measures were in place to help keep people safe.

There were systems in place to protect people's monies deposited in the home for safe-keeping. This included individual records, two signatures when monies were deposited or withdrawn and regular checks. The registered manager confirmed they previously held appointeeships for some people who used the service but these had now been transferred to the relevant placing authority, who now had the legal responsibility for overseeing their management.

We saw people who used the service had risk assessments in place to help guide staff in how to minimise risk. For example, these included moving and assisting, falls, the use of medical equipment, epilepsy management, choking, nutrition and how to support people if their behaviour was challenging to themselves or other people.

The registered manager explained how they regularly reviewed people's dependency levels and there were two staff on duty each day and at night there was one waking and one sleeping member of staff. Rotas also showed the provision of staff to meet the requirements of additionally funded hours, for one-to-one support to access the community. The registered manager's hours were now fully supernumerary, although they confirmed they continued to spend the majority of their time working with the care staff and overseeing the day-to-day care provided to people who used the service. The registered manager confirmed any staff absence due to sickness and holiday was covered by the service staff or bank staff, so people always knew

the staff on duty. Records showed there were usually seven people from the service attending day services most week days.

The registered manager confirmed there had been low staff turnover at the service. We looked at three staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy. The registered manager confirmed people who used the service had been involved in the interview process with new staff.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. At the time of the inspection there were no controlled medicines in use or medicines which required refrigeration. Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice. One person had recently been prescribed medicine to be administered via a nebuliser and staff had received specific training on this. The service was experiencing difficulties obtaining the medicine from the pharmacy provider and we saw the registered manager and senior care worker were working hard to resolve this issue.

People's support plans gave information about what medicines they took, what it was treating, the dosage, side effects to watch out for, date started/due to finish and the reason to discontinue. None of the people who used the service were able to administer their own medicines. Medicine administration records (MARs) were well completed. Audit records showed that earlier in the year there had been a number of medicine errors; we found improvements had been made with administering and recording medicines and there had been no recent errors. Detailed protocols had been put in place to direct staff on the administration of 'as needed' medicines and we found staff were generally recording on the reverse of the MAR the reason for administration. One person's records showed their medicine to manage their behaviour and anxiety had been reviewed by their consultant psychiatrist recently, this was being reduced as their condition had been so stable. A relative told us their family member regularly came home to stay at weekends and staff always made sure their medicines were correct and available to take with them.

The service had a business continuity plan which addressed risks to the running of the service, such as the need to evacuate the premises due to a power failure or flood. Fire equipment was regularly serviced. Regular checks on utility systems and equipment were in place to ensure that risks were minimised and people were supported in a safe environment.

Is the service effective?

Our findings

People told us they were able to access health professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "I go to the dentist and doctor. I have my feet done sometimes", "The food is nice, we can choose the meals" and "I like roast beef best."

Relatives we spoke with told us, "Their health needs are well managed. Staff have always arranged for the doctor if there have been any concerns and have contacted us to keep us informed", "[Name of person]'s general health has declined in recent months and the staff have managed this very well. The physiotherapist visits each week and the staff have made sure they have the right equipment in place" and "The menus are discussed at the weekly meetings with everyone. I know they are encouraging people to have healthy options and the staff have worked hard with this."

Staff understood people's routines and the way they liked their care and support to be delivered. We saw staff communicated with people effectively and used different ways of enhancing communication with them, for example, they used picture cards with some people. Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day-to-day choices relating to how they wanted to spend their time, activities, day services, meals and about their care and support. A health care professional told us, "Carisbrooke residents' abilities cover a wide range; staff are very adept at adjusting their communication to meet the person's needs. Very positive interactions."

Records we checked confirmed people had been supported to maintain good health and had access to healthcare services such as screening programmes, dental services, physiotherapists, speech and language therapists and orthotic specialists. We spoke with health and social care professionals who have regular contact with the service. They considered the staff could at times be more pro-active in contacting them if there were any concerns or problems with people who used the service. They confirmed however, that following assessment and any recommendations made, that staff ensured these were followed and worked for the individual. Records showed one person had recently been discharged from hospital and due to their change in needs the staff had accessed support from a range of health professionals and arranged for the provision of new equipment to assist the person's mobility and risk of sustaining pressure damage.

People were involved in decisions about what they ate and drank. We found care plans included how staff were to meet people's nutritional needs, and the person's dietary preferences. The plans provided staff with important information, such as, the texture of food required, what to avoid and how small it needed to be cut up to aid swallowing difficulties. During the inspection we observed the lunch and tea-time meal service and saw people enjoyed their meals, staff supported people when necessary and the atmosphere in the dining room was lively. Records showed people were consulted each week about their meal choices and a menu was agreed. We saw the menus were posted on the notice board in the dining room in written and pictorial formats. The registered manager explained about the work he had been doing with staff in recent months to improve the nutritional balance of the menus. Staff used the 'eat well plate' for guidance and recorded the nutritional value of the meals provided. The staff told us they considered improvements had

been made and people were supported to eat healthier meal options.

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 so that they can 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). Records showed one person's DoLS had been authorised and the service was waiting for assessments and approval for nine applications they had submitted. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

In addition, the registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken. For example, the registered manager had worked closely with one person's family and GP recently to review a recent decision around the person's resuscitation status, which had been made during their hospital admission.

Staff had completed training in the MCA. In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. Comments included, "We always ask the residents about their care and involve them as much as possible" and "We know our residents and their preferences and routines really well, but we always ask them about their care. Some people can't communicate very well but we know by their body language and sounds and gestures what they want."

People were supported by a very stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. This included epilepsy, feeding and swallowing, pressure damage prevention, safeguarding, first aid, health and safety, infection control, MCA, fire safety, dignity, end of life and nutrition and safe food management. The registered manager confirmed they had arranged for staff to have training in IT (information technology) and English to support their report writing skills. Records showed 91% of staff had completed a national qualification in care.

The registered manager had encouraged the staff to undertake themed research and held group discussion sessions over a variety of different topics. Information gathered was available for staff to review in a reference file. Some of the topics covered were: dysphagia, dehydration, how to brush your teeth the proper way, foods and drinks high in fat/sugar, palliative care, mental capacity, Down's syndrome, dementia, smoking, and visual impairment.

Records showed staff had individual support and development meetings with their line manager and received an annual appraisal of their work performance. A member of staff said, "We get lots of training, the manager is a stickler for making sure we keep our training up to date. He is always looking for new courses."

At this inspection we found improvements had been made to the environment. The lounge had been redecorated and some furniture and furnishings replaced. The shower room had been upgraded. The laundry floor replaced. Some people's bedrooms had been redecorated and personalised and staff had involved people when choosing colour schemes and decoration. There were plans for the remainder of the

bedrooms to be redecorated. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. Outside, essential maintenance had been completed and the flat roof to the extension had been replaced. A gardener had been employed to maintain the grounds and had developed an allotment area for people to assist with planting and growing vegetables. The garden areas looked much tidier.

Is the service caring?

Our findings

People told us the staff were kind and friendly. One person told us, "I like [name of manager] he is my friend, he helps me."

Relatives were complimentary about the care and approach from staff. Comments included, "This is her home in every sense. She is really happy and settled there. You can't fault the place, the staff are excellent", "All the staff are friendly and really considerate. They go the extra mile there-it's like a 'real' home. He is always clean and well-dressed whenever I go to visit. The staff are always very welcoming" and "Carisbrooke is his proper home, all the other residents and staff are like his family. He is really well looked after, we are very satisfied with everything."

We received positive feedback from a healthcare professional, they told us, "I think that Carisbrooke really care about providing the best quality of life to all their residents. This is a very nurturing environment. Residents go on holidays." A social care professional told us, "We have worked with the manager and staff for many years and always found the care and support they provide is of a high standard. People are well-dressed, presented and well-cared for."

The atmosphere within the home was relaxed and comfortable. We saw the relationships between people and the staff who supported them were warm and friendly. We heard staff speaking to people in a kind tone of voice. We saw staff were patient and understanding when supporting people. We found staff had a good knowledge of the people they supported and were able to tell us in detail about their individual needs. When they discussed people's care and support needs with us they did so in a respectful and compassionate way.

We saw people's privacy and dignity was generally well respected. People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs, when required. We saw staff knocked on people's doors before entering and ensured any personal care was carried out in private. However at tea time, we observed a member of staff standing next to a person, assisting them to eat their meal, when the member of staff should be seated providing a more supportive approach. We mentioned this to the registered manager to address. A dignity champion had been appointed and records showed all staff had completed training in dignity and the subject was covered in staff meetings and individual supervision sessions. The registered manager had completed formal observations of staff in relation to their interaction with individuals, to look at their tone and whether dignified interactions and support was provided. Feedback was provided to staff during their supervision meetings.

Staff described how they supported people to make choices, how they included them and how they helped them to maintain a level of independence. Comments included, "Some people are able to wash and dress themselves with minimal support and others need much more help. We always give people choices and encourage them to be as independent as they can be" and "We try and support people with their independence; some people can manage to do their laundry with help and one person can make their

breakfast. We have just got a new tap in the kitchen and the person is struggling to use this and needs prompting."

Some people who used the service shared their bedroom. Discussions with staff confirmed these arrangements had been in place for many years and people were happy with this. Staff described how people had developed a close relationship with the person they shared their room with, for example, in the evening they chose to retire to bed together. The two shared rooms had privacy screens in place. In one shared room we saw how each person's side of the room had been decorated in a slightly different style to support their individual tastes.

The registered manager confirmed that communication systems in the service had improved. Staff were supported to take a more pro-active role in communicating with families, arranging health care appointments, review meetings and in maintaining the associated records. Staff described how information was communicated effectively between shifts by verbal handovers and a communication book. We spent time observing staff interactions and care practices in the communal areas of the home. Staff communicated effectively with people, which meant for some people, understanding their gestures and their body language. Staff used a variety of different communication techniques appropriate to each person's needs. People were given time to process information and communicate their response.

We saw people and their relatives had been involved in providing information for their care plans. There were preferences, likes and dislikes recorded. People's care files also contained an, 'At a glance record' which gave an overview of the person's health and how they communicated their needs and wishes. The person could take these documents with them to hospital or other health appointments to show healthcare professionals how to provide them with effective support.

The majority of people have used the service for many years. In recent months one of the people who had used the service had died suddenly. The registered manager confirmed they had provided support to other people in the service to deal with this sad loss. We discussed end of life planning for people with the registered manager. They confirmed they had obtained the end of life assessment and planning record, entitled, 'What If - Celebrating My life.' This helped staff when working with people and their families to gain a more detailed picture of the support and arrangements people may choose at this time. We found staff had started to complete some of the records.

Is the service responsive?

Our findings

People told us that they were happy living at Carisbrooke and they enjoyed the activities and outings in the community. Comments included, "I go to the day centre. At home we do games", "I like cooking curry and having my nails painted", "In the summer we go in the garden a lot and to the park", "I like shopping at Morrison's", "I visit my boyfriend sometimes", "I've done baking and sometimes singers come. I've been on holiday, we went on an aeroplane." One person also told us they went to meetings with their key worker and they could talk with the registered manager.

Relatives were very complimentary about the care provided to their family member. They confirmed they were involved in care review meetings and were pleased about the activities and holidays their family member participated in. Their comments included, "They go to the day centre in the week, but they also do a lot of activities in the service. He loves singing and the massages they have", "I am very involved in all aspects of his care. I've read his care plan and attend care reviews, I am able to have my say", "They take him shopping for clothes so he can choose his own, he always looks well-dressed and comfortable" and "Staff are always taking the residents around and about, sometimes on their own or in small groups. The holidays they have had have been fantastic, what lovely experiences and memories to give people."

Relatives told us they knew how to raise concerns and make complaints. Two relatives we spoke with both told us they had no 'qualms' about any aspect of the service. Other comments included, "Never had to complain about anything" and "We have no concerns, but we would always speak with [name of the manager] if we were worried about something."

We observed how people received consistent, personalised care, treatment and support. Details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs were recorded in their profile records. Staff told us that routine was very important to many of the people who used the service and so care plans were carefully followed. People's wishes were respected if they chose not to participate in planned activities or due to changes in their health and wellbeing. During the inspection, one person's day service placement was cancelled and staff supported them with this change in routine. We saw them explaining to the person and sitting with them, providing reassurance and support with different activities such as watching TV and having a hand massage.

We looked at the care files for three people who used the service and found these to be well organised and easy to follow. We found the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required to enable their independence to be maximised where possible. People's care plans were person-centred in the way they were written. For example, one person's communication care plan detailed their needs around slow processing of information and how staff could help by saying the first letter of a word or the sound, to help the person converse more easily. Another person's plan described the sounds they made when they were happy and their behaviours when they were anxious and agitated. The plan directed staff on the positive management of these behaviours.

When we checked the care plan for a person whose health needs had declined in recent months, we found staff had updated the care plans and risk assessments to reflect these changes. The person had sustained some skin damage during a recent hospital admission and the care plan detailed the equipment and support in place.

Some people who demonstrated behaviours which challenged the service, themselves and others, had care plans to direct staff on the support they required. These behaviour plans were detailed and personalised, they identified triggers and directed staff on how to manage these effectively using the least restrictive option.

The registered manager confirmed he was supporting care staff to take on more responsibility for recording in the care files, such as updating care plans and any communications with relatives and health and social care professionals. A member of staff we spoke with said, "We are completing more of the care records now. [Name of manager] is very supportive with this and goes over things if we aren't sure. He checks everything." We found the quality of the daily records in terms of content and language used had continued to improve. The registered manager confirmed he completed weekly and monthly reviews and audits of the care records and was pleased with the improvements the staff were making. He had arranged for additional training in English (grammar, spelling and report writing) for staff in 2017 which would support further improvements with the overall quality of their recording.

We saw people were supported with activities in the local community, visiting relatives, local shops, parks, the sea front, cafes, restaurants and the leisure centre. Some people received additional funding to support these outings. Most people who used the service attended regular day services where they participated in a range of recreational, therapeutic and sensory activities. We saw people had personalised support plans and risk assessments to help them access community facilities.

A weekly activity programme was in place. A display board using pictures provided people who used the service with information about what was taking place each day. A member of staff had delegated responsibility to co-ordinate the activities in the service and review the programme each week, monitoring people's level of enjoyment and participation with them. Records showed people participated in a more varied and regular in house activity programme, such as playing games of dominoes, a bean bag game, film sessions, creative drawing, baking and visits from a therapist for massage sessions. Local singers and a theatre group also visited the service. During the inspection we observed people were occupied with watching TV, a game of skittles, listening to music and enjoying a hand massage and manicure. A TV had been provided in the dining room and we saw people enjoyed looking at photographs of themselves on holidays and participating in activities, which the registered manager had set up.

We saw the service had a complaints policy and procedure displayed in the entrance hall which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been no complaints received since the last inspection. The service had complaints information in pictorial format and concerns and issues were discussed at the weekly meeting.

Is the service well-led?

Our findings

When we asked people's relatives about the management of the service, all the comments we received were very positive. These included, "[Name of manager] is absolutely fabulous, a lovely man- so dedicated, I couldn't wish for a better manager", "The place is top class", "We are very satisfied with the home and all aspects of the care" and "The manager and staff have the place running smoothly, there have been a lot of improvements over the years."

The registered manager was very experienced and had managed this service for 10 years. People who used the service and their relatives knew the registered manager and we observed how people approached him and his engagement with them. It was clear the registered manager knew people's needs well and had developed positive, professional and caring relationships with them. We found the registered manager and the staff team spoke very fondly and sensitively about the people who used the service.

The majority of comments we received from health and social care professionals about the management of the service were positive. However, one visiting professional considered there was an over reliance on the registered manager in most areas, such as, reporting requirements, referrals, accessing advice and support from other professionals. The registered manager was aware of this concern and in 2015 had recruited and appointed a deputy manager, but the member of staff resigned after a short time. The registered manager explained how they had been working hard over the last 12 months to increase the staff's competence and confidence in managing aspects of the service when he was not on duty. They had been working closely with staff to increase their knowledge and have more responsibility and autonomy. Staff now had lead roles in areas such as, medicines management, activities, dignity and infection control. All staff now had more responsibility in maintaining the care records and the new menu planning systems and nutritional monitoring tool. The registered manager confirmed steady progress was being made and staff were being supported to take more responsibility for managing the day-to-day care of people who used the service. One member of staff told us, "The manager is very supportive. We are much more involved with keeping the records up to date and he has shown us how to do this."

The registered manager told us they were supported by a senior manager and sent them a weekly report which detailed any complaints, incidents, accidents, changes affecting people who used the service, staffing issues and maintenance work. The registered manager confirmed the senior manager had not visited the service recently but they had regular telephone contact.

Staff said they enjoyed their work and there was a good team approach at the service. Comments included, "We all work well together" and "Really it is like a big home, residents have lived here for so long together now."

At our last planned inspection in February 2015 we found the quality monitoring programme was limited and required review to support the on-going development of the service. Following the inspection the registered manager had researched audit programmes, which included visiting other local services to look at their established systems. At this inspection we found they had made good improvements to the quality

monitoring systems and developed a more thorough programme of audits over the last 18 months.

Records showed the registered manager and senior care worker regularly completed a range of internal audits of areas such as care plans and supplementary records, weights, activities, personal finance accounts, the environment, health and safety, infection prevention and control and medicines management. The medicines systems were also checked each year by the pharmacy provider. Action plans had been created to address any shortfalls identified from the audits with dates for compliance.

An annual maintenance programme had been developed and we could see recent improvements to the environment such as redecoration of the lounge and bedrooms with further work planned. We discussed the decorative improvements needed to the medicines room which the registered manager acknowledged and confirmed would be addressed.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken. These were also reviewed for the individual as part of the monthly care plan reviews. The registered manager confirmed they would be analysing accidents and incidents within the new audit programme on a monthly basis, to see if there were any themes or trends emerging, to inform learning at service level.

Staff meetings were held every three months and records showed the meetings were used as a forum to share information and to discuss progress made with some of the new initiatives and changes in working practices. The registered manager explained that group meetings were not held with for relatives due to lack of interest, but they sent out regular newsletters to keep them informed about changes at the service.

An annual survey had been carried out in 2015. It gathered views from people and their families, stakeholders and staff and the majority of responses were very positive. The registered manager had reviewed all responses and developed an action plan to deal with any shortfalls identified. These included improving the involvement of a person's relatives with care planning and providing information to staff about new legislation. Records showed the improvements had been made.

We saw the registered provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way. In recent weeks, one person had their Deprivation of Liberty Safeguard application assessed and authorised. The registered manager confirmed there had been an error and a notification had not been submitted. It is important we receive these notifications so we can monitor the number and check with the registered manager how they are supporting and protecting people. The notification was submitted immediately after the inspection.

At their last assessment by the environmental health officer in October 2015 the service had been awarded 3 stars for the food safety management, owing to some shortfalls identified in the recording systems. The registered manager confirmed they had included checks on these records within the new audit programme to ensure appropriate standards were maintained.

North East Lincolnshire Healthwatch had completed an 'enter and view' visit in February 2016. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The visit had been positive and one recommendation to provide photographs on people's doors had been made. The registered manager confirmed he had discussed this recommendation with the people who used the service and their relatives, and as each person could easily identify their own room, they did not think the photographs were necessary at this time.

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2015/16 where quality standards were reviewed within the authority's Quality Framework Award; the rating has not yet been published. A number of recommendations had been made from the assessment and during the inspection we found evidence that the registered manager was addressing these.