

City of York Council

Haxby Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Haxby Hall is a residential care home in Haxby on the outskirts of York. The home is owned by City of York Council and is registered to provide accommodation for up to 49 older people who have personal care needs. The home is purpose built and is spread across two floors with lift access. There is an eight bedded unit at the back of the home for people who may be living with dementia. There is some parking on site.

We inspected this home on 20 and 25 May 2016. This inspection was unannounced. At the time of our inspection there were 42 people living at Haxby Hall.

The home was last inspected in February 2015 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager as a condition of their registration and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found the service was safe. Risks were identified and risk assessments used to guide staff on how to provide safe care and support.

Staff understood their role and responsibilities with regards to safeguarding vulnerable adults and systems were in place to support them to identify and respond to safeguarding concerns.

Medicines were managed safely and in line with guidance on best practice.

There were safe staffing levels within the home; however, we received some negative feedback about how staffing levels could impact on the timeliness of care and support provided and on the support provided for people to engage in meaningful activities. We have made a recommendation about this in our report.

We identified that staff training had not been kept up-to-date and more robust systems were needed to evidence staff's competencies, where training courses were not available. We have made a recommendation about this in our report.

People were supported to eat and drink enough and we received positive feedback about the food provided at Haxby Hall.

Staff provided effective support to ensure people had access to healthcare service where needed.

We received positive feedback about the kind and caring staff at Haxby Hall. People using the service were encouraged and supported to make decisions and the care and support provided maintained people's privacy and dignity.

We found there were systems in place to manage and respond to complaints and to gather feedback about the service provided.

We received positive feedback about the management and there were systems in place to monitor the quality of the service provided at Haxby Hall.

The registered manager and registered provider were committed to developing and improving the quality of the care and support provided, particularly around dementia care.

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.

People's needs were assessed and risks identified. Risk assessments were used to guide staff on how to provide safe care and support to people using the service.

There were systems in place to support staff to identify and respond to safeguarding concerns to keep people using the service safe.

Support was provided to ensure that people received their prescribed medication.

Safe staffing levels were maintained.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The systems in place to ensure staff's training was up-to-date and evidence staff's competency were not always effective.

We received positive feedback about the food provided and people were supported to ensure they ate and drank enough.

People were supported to access healthcare services where needed.

Is the service caring?

Good ●

The service was caring.

People using the service told us staff were kind and caring.

We observed that staff supported and encouraged people using the service to make decisions and express their wishes and views.

We observed that support was provided in a way that maintained people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and person centred care plans developed to support staff to provide responsive care. However, staffing levels were impacting on the level of person centred care provided.

There were systems in place for the registered provider to gather feedback, respond to complaints and learn from people's experiences of living at Haxby Hall.

Requires Improvement 

Is the service well-led?

The service was well-led.

We received positive feedback about the home and the management of the service.

Quality assurance systems were in place and the registered manager and registered provider were proactive in developing and improving the service for the benefit of people living at Haxby Hall.

Good 

Haxby Hall

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 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.

We inspected this service on 20 and 25 May 2016. This inspection was unannounced. On the first day of our inspection, the inspection team was made up of two Adult Social Care (ASC) Inspectors.

Before our inspection we looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also 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 what improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with nine people using the service and five visitors who were their relatives or friends. We spoke with the head of service, the registered manager and five care staff. We also spoke with three visiting health or social care professionals to get their views about the home.

We looked at three care files, three staff recruitment and training files and a selection of records related to the running of the home. We observed interactions between staff and people using the service and observed lunch being served in the main dining room. We carried out a tour of the home, which included communal areas and, with permission, people's bedrooms.

Is the service safe?

Our findings

People using the service told us they felt safe living at Haxby Hall and with the care and support provided by staff. We observed that people acted in a way that demonstrated they felt safe, appearing relaxed and at ease around staff and responding positively towards them. This showed us people using the service felt safe living at Haxby Hall and with the care and support provided.

The registered provider had an up-to-date safeguarding vulnerable adult's policy and procedure in place and staff had completed, or were due to complete training, to support them to identify and respond to safeguarding concerns. Staff we spoke with understood their responsibility to safeguard vulnerable adults from abuse. Staff described some of the types of abuse they might see including details of what signs and symptoms they would look out for. Staff consistently told us they would speak with the registered manager if they had any safeguarding concerns. This showed us that there were systems in place to ensure that, if safeguarding concerns did arise, appropriate action would be taken to keep people using the service safe.

Records we looked at showed, where safeguarding concerns had been identified, appropriate action had been taken, in consultation with the local authority safeguarding team, to ensure people using the service were safe.

We reviewed three people's care files and saw that potential risks were identified and risk assessments put in place to guide staff on how best to support the person to reduce those risks and prevent avoidable harm. We saw that risk assessments contained details about people's needs and the support required to safely meet those needs. We saw that risk assessments were kept up-to-date as people's needs changed.

Where people using the service were involved in an accident or incident, records were kept about what had happened and any action taken. Records of accidents and incidents were signed off by the registered manager to show that they were satisfied with how the incident had been dealt with and to record whether any follow-up action was needed to reduce future risks. The registered manager also completed monthly accident analysis to identify whether any patterns or trends were emerging in the accidents and incidents that had occurred. This showed us that systems were in place to learn from accidents and incidents so that steps could be taken to reduce identified risks and prevent similar reoccurrences.

We confirmed appropriate checks of the home environment and any equipment used were carried out to ensure that they were in safe working order and to minimise health and safety risks. During our inspection we identified a number of fire doors did not close automatically and that some flooring needed to be repaired as this was a trip hazard. However, the registered provider immediately fixed these issues showing us they were committed to addressing safety concerns.

Records showed the fire alarm, fire extinguishers and emergency lighting were checked at regular intervals. We saw that the registered provider had an up-to-date fire risk assessment and fire tests and drills were carried out. Personal Emergency Evacuation Plans (PEEPs) were in place providing details of the level of support each person using the service would need to evacuate the home in the event of an emergency.

These steps showed us the registered provider had taken appropriate steps to protect people who used the service against risks associated with fire within the home.

The registered provider had a business continuity plan. This provided information about how they planned to continue meeting people's needs in the event of an emergency. This showed us contingencies were in place to keep people safe in the event of an emergency.

We reviewed three staff files. These showed new staff were interviewed, references were obtained and Disclosure and Barring Service (DBS) checks completed before they started work. DBS checks provide information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. These checks showed us there were systems in place to ensure that only people considered suitable to work with vulnerable adults had been employed.

During the inspection we reviewed staffing levels within the home. We received mixed feedback from people using the service, staff and visitors about staffing levels.

People using the service said "Enough staff? Yes I think so. I mean they get a bit rushed some days, but we're always well cared for" and "Anytime I ring the bell they come...someone comes straight away or within five minutes if they are busy because they are with someone." However, other people told us they did not feel there were enough staff and this meant they sometimes had to wait for care and support to be provided. One person using the service told us "My peace of mind is missing due to staff shortages."

Relatives told us "Staffing has got better" and "There is always enough staff." Whilst visiting health and social care professionals said "They [staff] do a good job, sometimes staffing levels are not as good as they could be...there seems to be enough staff at the moment" and "The carers are absolutely brilliant, but they always seem very busy. Out of all the homes I visit it seems like they could use another pair of hands."

The head of service told us that staffing levels were determined by a ratio of one member of staff for every five people using the service during the morning, one member of staff for every six people using the service during the afternoon and one member of staff for every seven people using the service at night.

The head of service told us that an agreement had been reached for cleaning to be contracted out to an external cleaning company. They explained this would mean that general assistants, who were previously responsible for cleaning, would have an additional 70 hours per week to support people using the service and focus on activities within the home.

During our inspection we did not observe staffing levels to be unsafe and saw that call bells were answered promptly. However, we noted that there was not always a visible staff presence in certain areas of the home and it could sometimes be difficult to find a member of staff. We have addressed our concerns regarding staffing levels in the responsive domain.

We reviewed the systems in place to ensure people using the service received their prescribed medicines. The registered provider had a medication policy and procedure in place and staff completed training on how to safely administer medicine. Medication competency checks were completed to ensure that staff followed guidance on best practice when administering medicines.

We received positive feedback about the support provided to take prescribed medicines. However, we also received concerns that staff did not always make sure that people had swallowed their tablets before

leaving to support the next person. We spoke with the registered manager who told us they had not been made aware of any incidents of this occurring and that care plans contained guidance to staff on the level of support people required to take their prescribed medication. During our inspection, we observed that staff did make sure people had taken their medicines before they left.

We saw that medicines were stored securely and checks were completed to make sure that medicines were stored at the correct temperature.

Medicines were supplied by the pharmacy in a monitored dosage system. This contained a 28 day supply of the person's medicine colour coded for the time of administration. We saw printed Medication Administration Records (MARs) were used by staff to record medicine given to people using the service. We checked MARs and found these were completed correctly to record medicines administered. Stock checks were completed to monitor the quantity of medicine held within the home.

We found that appropriate protocols were in place to guide staff on when to administer 'as required' medicines. Some prescription medicines are called controlled drugs, because there are strict legal controls to govern how they are prescribed, stored and administered. We found controlled drugs were securely stored and records showed these were checked and recorded when given. This showed us that medicines were safely managed within the home.

Is the service effective?

Our findings

People using the service provided positive feedback about the skills and experience of the staff that supported them. One person said "Staff are good, they know what they are doing and apply it."

We asked staff what they thought of the training provided, one member of staff told us "We have good training, all classroom based...I think the training is really good."

The registered manager told us they were focussing on improving staff's knowledge and understanding of dementia and best practice with regards to dementia care. We saw the majority of the staff team had completed a 'virtual dementia tour', a training experience designed to provide insight into what it might be like to live with dementia. The head of service also showed us how they had introduced a number of projects and changes within the home, including encouraging reminiscence, improved lighting and using other assessment and screening tools to support staff to assess and work with people living with dementia. This showed us that the registered provider was committed to developing staff's practice around effective dementia care.

We saw the registered provider required staff to complete training on first aid, medication, infection control, safeguarding adults, moving and positioning people, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and fire awareness. We saw that additional training was also provided on topics including person centred dementia awareness, food hygiene and nutrition.

We reviewed a training matrix the registered manager used to record training completed, gaps in staff's training and when training needed to be updated. This showed 14 out of 17 care assistants needed to complete or update their safeguarding adult's training, four care assistants needed to update their basic first aid training, six care assistants needed to update their moving and positioning training and eight care assistants needed to update their infection control training.

The registered manager told us training was provided by City of York Council's 'workforce development unit' and when new staff started, or training needed to be updated, staff were nominated for the next available course. We saw that where there were gaps in training, staff had been nominated or dates had been booked on the next available course. The registered manager explained that for some courses, they were waiting on dates to be made available by the workforce development unit and this explained some gaps where staff's training needed to be updated. However, we were concerned that a number of staff had been nominated for training between the first and second day of our inspection. This showed us that staff's training needs were not always closely monitored and a more robust system was needed to ensure staff's training was kept up to date.

We also spoke with the registered manager about ensuring and evidencing staff's competency where training was not immediately available. Competency checks typically involve a test or direct observation of practice and are an important tool to make sure staff are working safely and in line with guidance on best practice. We identified one member of staff was waiting on a number of training courses that the registered

provider considered to be mandatory and had completed other courses sometime after starting in their role. The registered manager told us this person was an experienced worker, shadowed other workers and was observed as part of their induction. However, the registered manager told us they did not document competency checks. We spoke with the registered manager about the importance of checking and evidencing that staff were safe and competent in their roles.

We recommend the registered provider reviews their training and induction programme to ensure staff training is kept up-to-date and competency is evidenced.

Staff we spoke with told us they had regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important that staff have regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development needs and address any concerns or issues regarding practice. The registered manager and senior carers showed us documents they used to record supervisions completed and identify when supervisions were due.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 DoLS. We found the home was meeting the requirements of the DoLS and, therefore, people's human rights were properly recognised, respected and promoted. We saw that where the care and support provided to a person may have amounted to a deprivation of their liberty, appropriate authorisations were submitted. This showed us the registered manager understood their responsibilities with regards to identifying and seeking authorisations under the DoLS.

Care files we looked at contained evidence that people using the service had been asked to sign to give consent to the care and support provided. Records showed staff completed training on the MCA and had taken part in an MCA quiz to test their knowledge and understanding at a recent staff meeting. This showed us the registered provider was proactive in developing staff's knowledge and understanding of the MCA.

We asked people using the service about the food provided at Haxby Hall, comments included "The food is marvellous", "The food is really very good" and "The food is very good, can't fault it."

A relative of someone using the service told us "The food is excellent, the choice and variety, the cook, [Name], experiments and is really accommodating." A visiting health and social care professional said "The evening meals look good and they always have a choice. What is on is always on the [menu] boards."

We observed lunch being served in the main dining room on the first day of our inspection. We saw people were offered a choice of what to eat and staff encouraged and prompted people to drink. We saw there was good positive interaction between staff and people using the service throughout lunchtime.

We observed that people were offered drinks and snacks throughout our visit and people using the service said "If I want a drink I could get one anytime" and "If I want a cup of tea can get it anytime...nothings a problem."

Where there were concerns that people may be at risk of malnutrition or dehydration, food and fluid charts were used to record how much people ate and drank each day. We saw people using the service were also weighed regularly and referred to their G.P or the dietician for further advice and guidance.

People using the service told us they were visited by their G.P, chiropodist and other health and social care professionals where needed. One person said "We're looked after. The GP comes if needed." A relative told us "[Name] got an infection and was quite ill, but they [Staff] were really on the ball. Medically things are addressed really well. If we can't get her to appointments they sort it. The doctor visits every Thursday, if anyone has any concerns they can see them."

Visiting healthcare professionals told us "They [staff] always ask for help appropriately, they are on the ball and understand when they need to ring us." Care files we reviewed contained details about people's health needs and medical history and evidenced that appropriate medical attention was sought, where necessary, to promote and maintain people's health and wellbeing.

Is the service caring?

Our findings

We asked people using the service if staff were caring. Feedback included "They are very kind to you", "Staff are kind, like friends really" and "It's lovely, everyone's nice, residents and carers can't do enough for you." This showed us staff were kind and caring towards people using the service.

A visiting health and social care professional told us "The care is really good; their [staff's] approach is kind and caring. They ask residents first before doing things...The language they use is nice and appropriate. They use people's names and are always helpful. When you speak to staff they know the residents."

We asked staff if they thought their colleagues cared for people using the service; one member of staff said "Yes we have caring staff; they all show compassion and give time as much as they can. They do a very good caring job."

Care files contained information to support staff to get to know people using the service and develop meaningful caring relationships. People using the service told us "They [staff] pop in and give me five minutes for a natter; we talk about things in general." A member of staff said "It's a lot calmer at the moment. We can spend a lot more time with residents." Where there were gaps in the rotas, staff were asked first to cover shifts to try and maintain consistency of care so people using the service would be supported by staff they knew. When agency staff were used, staff told us "We do get regulars [agency workers] who are here every week so they know who's who."

A visiting health and social care professional told us about how staff spoke with kindness to people using the service and said "Information is always available and staff know the residents very well." During our inspection we saw examples of positive interactions between staff and people using the service. This showed us people using the service had developed positive caring relationships with the staff at Haxby Hall and those systems in place supported this.

People using the service told us they made their own decisions and were supported and encouraged to have choice and control over their daily routines. People told us they chose when to get up, when to go to bed and what and where to eat. We observed that people using the service were encouraged and supported to make decisions, for example, at lunchtime when they were offered a choice of what to eat.

The registered manager told us that one person using the service had the support of an advocate. Advocacy services seek to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

People using the service told us staff treated them with dignity and respect. One person we spoke with said "I'm definitely treated respectfully." We observed that support provided in communal areas was appropriate and respectful of people's needs. We saw staff knocked before they entered people's rooms showing us that they respected people's personal space.

We asked staff how they maintained people's privacy and dignity when providing care and support. Comments included "I always tell them [people using the service] what I am doing...I let them do as much as they can for themselves" and "We are discreet, knock on doors, greet the person, wash with a towel in place, keep the door closed and inform the person what we are doing."

Staff we spoke with understood the importance of maintaining people's confidentiality and were mindful of the importance of ensuring records were stored securely. People using the service told us that staff did not speak with them about other people living at Haxby Hall, showing us that people's confidentiality was maintained.

During our inspection we found no evidence to suggest that people using the service were discriminated against in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation.

Is the service responsive?

Our findings

We reviewed care files kept in relation to three people using the service. These showed that assessments were completed to gather information about people's individual needs. Assessments recorded the level of support required with tasks, such as getting washed or dressed and with eating. Care files also included details regarding people's personal preferences about how this support should be provided.

We saw care files contained a section titled 'this is me' with person centred information about that person, their social circumstances, hobbies and interests. Information such as this is important as it supports staff to get to know people using the service and enables them to provide person centred care to meet people's individual needs. We saw where people might be unable to complete this, their families or friends had been asked to fill in this section and share important information to support staff in getting to know the person. This showed us that people using the service, their families and friends were involved in care planning.

Care files were reviewed and updated regularly and there were systems in place to share information between staff through daily records of the care and support provided and during handover meetings. We saw records of 'handover meetings' completed and found these effectively communicated important information about people's needs between shifts. These systems supported staff to provide responsive person centred care as people's needs changed.

People using the service said "I have no issue with the home, but I do have an issue with insufficient staff, they do their best, but it has a profound effect on me – if you pull the cord they can't drop everything. [Staff say] 'I'm busy at the moment can I come back?'" and "I just ring the [call] bell for help and they come unless someone else needs help, but they will check what's wrong then come back."

One member of staff told us "I think staffing could do with being higher during the day...it can have an impact on residents as staff are prioritising service user's needs and they will have to wait until staff have finished what they are doing."

Some people using the service told us they did not have baths as often as they would like and a member of staff said "There's no time to spend speaking to people...it's hard to fit in baths." Although we did not observe concerns about the support provided to maintain people's personal hygiene and a visiting health and social care professional told us "The residents always look clean and well dressed", feedback raised concerns that staffing levels were impacting on people's choices and level of person centred care provided to people using the service.

Another member of staff told us that they felt people's physical care needs were being met, but raised concerns that people's social and emotional needs were not always met due to time constraints and staffing levels. Other comments from staff included "As long as we are fully manned more activities are done" and "I feel we don't always have enough staff...it would be nice to be spending more time with them [people using the service] on activities."

At the time of our inspection Haxby Hall did not have an activities coordinator and did not have a weekly activities schedule. One person using the service told us "It can be boring here." Records of activities completed did not evidence that people were engaged in regular meaningful activity. The registered manager told us they felt this was a recording issue and, although we did observe a number of positive interactions between staff and people using the service, staff were often engaged in practical tasks.

The head of service and registered manager shared information about a number of projects they had introduced to improve the experiences of people using the service. This included the 'breath of fresh air challenge' to encourage people using the service to go outside more and the 'home action team' challenging staff to identify and take the lead on making improvements or changes within the home. The head of service and registered manager also spoke with us about 'reminiscence pods', which had been introduced across the registered provider's homes in York. These consisted of retro 'sets' with objects to support reminiscence and included a 1940s shop, a pub scene and a garden shed. At the time of our inspection the pub reminiscence pod was being used at Haxby Hall and staff we spoke with explained how this had been used to support people for a pub themed evening with cards, drinks and pub snacks. We were also told about how the 'home action team' had taken people using the service to a dementia friendly screening at the local cinema. Although this showed a commitment to provide meaningful stimulation and improve people's experience of living at Haxby Hall, feedback from people using the service and our observations showed that this work was, at times, undermined by staffing levels, which impacted on people's choices and affected their experience of living at Haxby Hall.

We recommend that the registered provider continues to monitor and review the impact of staffing levels on the care and support provided and on people's experiences of living at Haxby Hall.

We observed that people's family and friends visited the home throughout our inspection. One person's relatives told us "There's no restriction on visits and we are made to feel welcome."

The registered provider had a complaints policy and procedure in place and this was displayed in the entrance to the home for people using the service and visitors to reference if needed. We saw the registered manager maintained a record of all the complaints received and how these were dealt with. Records showed that complaints were investigated in a timely manner to address the issues or concerns. Staff also kept a 'gripes and niggles book' where they recorded minor issues or concerns and how these were resolved. Information about how some of these issues were addressed were displayed on a 'You said/we did' board in a communal area of the home. This encouraged other people using the service to raise minor issues or concerns by showing that feedback was taken seriously and steps taken to resolve any issues.

People using the service told us they felt confident raising any issues or concerns and that these would be dealt with. Feedback included "I have no complaints, but would just tell staff if I did" and "If I had a complaint I would go to the manager. I've only had the odd thing rattle me and got it sorted." A relative of someone using the service told us "I feel as if I can go in the office if I have seen anything and it is addressed."

Records showed there had been a number of compliments received by staff at Haxby Hall, feedback in these cards included "Thank you so much for looking after me and for your friendship over the last three years."

We saw the registered manager held resident's meetings to gather feedback about the service provided. We saw minutes for meetings held in September 2015, January 2016 and March 2016. Topics discussed included issues with the laundry, meal suggestions, improvements within the home and suggestions for activities. This showed us that the registered manager actively sought suggestions and feedback and was keen to

listen and learn from people's experience of the care and support provided.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and, as such, the registered provider was meeting this condition of their registration.

We asked people using the service what they thought of Haxby Hall. Comments included "I like it here, I have always been happy" and "The home itself is good, staff more or less split themselves in two to help us."

Services that provide health and social care support are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked staff if they thought the home was well-led, comments included "Management are supportive" and "[The registered manager] has been really good and supportive. I have had regular supervision." Other staff told us that the registered manager had an open door policy and they felt able to speak with them and raise any issues or concerns.

Other staff told us "We have got a really good team, lots of positive people." A relative of someone using the service provided positive feedback about the communication within the home saying "They do ring and let me know if something has happened to [Name]."

We observed that there was a calm atmosphere within the service. Staff were observed to work in an organised and coordinated manner and showed a good understanding of the systems in place within the home and their roles and responsibilities.

During our inspection we asked to look at a variety of records in relation to the running of the home and with regards to the care and support provided. We found records were securely stored, generally well maintained and available on request. However, we spoke with the registered manager as we identified gaps in recording on food and fluid charts, records of personal care completed and found that activities records were not always updated regularly. They told us these issues were human error and would be addressed with staff.

There were systems in place to monitor the quality of the service provided at Haxby Hall. We saw audits were completed of medication management, health and safety within the home, the kitchen and of care plans. The registered manager maintained records of 'walk around' audits used to identify issues or concerns regarding the home environment.

The registered manager and head of service spoke passionately about schemes introduced, such as the 'breath of fresh air challenge' and 'home action team' designed to improve people's quality of life and improve the service provided at Haxby Hall. We saw evidence of these and other projects in action, which demonstrated a commitment to delivering high quality dementia care.

We reviewed minutes of meetings held within the home. We saw care leaders, care assistants and the home's general assistants and cooks had their own team meeting. The registered manager also held general staff meetings. Meeting minutes showed that these were used to share information and discussed changes and proposed improvements. Topics discussed included training, health and safety, behavioural standards and specific topics such as infection control issues or the Mental Capacity Act 2005. Staff told us "They [the registered manager] produce minutes which normally go into the staff room to read" and they went on to explain how this enabled staff to keep up-to-date if they were unable to attend meetings. This showed us there were systems in place to share information with staff, discuss changes and communicate plans to improve the service provided.

We asked the registered manager how they kept up to date with changes in legislation and guidance on best practice. The registered manager told us they also had regular supervision and attended monthly manager's meetings with the registered provider to share information, discuss important changes and principles of best practice. The registered manager explained how they and the registered provider were currently focusing on dementia awareness and explained how information about changes, new training and on-going projects were discussed at manager's meetings and then cascaded to the staff team at Haxby Hall through team meetings and staff supervisions. Staff we spoke with could tell us about new projects or changes, such as the 'home action team' showing us that this system was used to share information.