Mrs D Hunter

Bempton Old Rectory Residential Home

Inspection report

Vicarage Lane,
Bempton,
Bridlington,
YO15 1HF
Tel: 01262 850072
Website: n/a

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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

Overall summary

The inspection of Bempton Old Rectory took place on 28 September 2015 and was unannounced. At the previous inspection on 15 August 2013 the regulations we assessed were all being complied with.

Bempton Old Rectory in the village of Bempton provides care and support to older people who may be living with dementia. There are places for 17 people. At the time of the inspection there were 17 people using the service.

Bedrooms are mainly single occupancy and some have en-suite facilities. There are three lounges which all have a dining area, so people can choose where they sit and eat. There is a rear garden for use in the summer months and a passenger lift to the upper floor. Car parking is on the street as only two cars can park by the side of the property

Summary of findings

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. This person had recently tendered their resignation due to retirement and so they were unavailable because they were on annual leave. 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. The inspection was hosted by the registered provider and a 'bank' senior staff member, who had also worked as a relief care worker in past years and therefore knew the service and the people that used it.

We found that people that used the service were protected from the risks of harm or abuse by effective systems in place to prevent and monitor suspected or actual abuse. People were also protected from abuse because staff employed to care for them were trained in safeguarding people and understood their responsibilities to look out for, report and record any potential or actual incidents.

People were encouraged to maintain their independence and exercise their rights. People were encouraged to take reduced risks in maintaining their independence and all risky activities were risk assessed and risk managed. We found that the premises were well maintained and certificates of safety and contracts for maintenance work were kept up-to-date and so the premises were safe for the purpose of providing care and accommodation to people that used the service.

We found that whistle blowing, accident and incident procedures were in place and followed to ensure people were protected from repeated risks of harm occurring. We found there were sufficient staff on duty to meet people's care and health care needs. People that staff cared for were protected from the risk of receiving support from staff that were unsuitable, because there were effective systems in place to recruit new staff.

We found there were systems in place to manage medicines safely, because medication was appropriately requested, received, stored, recorded, administered and returned when not used. The premises were clean, hygienic and comfortable.

We found that staff were appropriately trained to carry out their roles, some had caring qualifications, all had been inducted to their positions, were regularly supervised and had their performance appraised.

Communication within the service was good and helped to ensure people that used the service received the care and support they required. All care and support was carried out appropriately and especially for those people that did not have the capacity to make their own decisions. In these cases the registered manager followed the law that had to be implemented to ensure people's rights were protected and upheld.

We found that people's nutritional requirements and personal health care needs were met according to their individual preferences, medical diets and medical conditions they had been diagnosed with. Staff worked well with other organisations and professionals and establish effective working relationships to ensure people were well cared for.

We saw that while the premises was traditional in its environment there were some features in place to assist people living with dementia. Although the service could build and improve on this. We did not see any negative impact on people's lives as a result of the environment. The environment was homely, people knew their way around the premises without any difficulty and the levels of dementia some people were living with were low.

We found that people were treated with respect by a staff group that were caring, compassionate and understanding. Staff not only provided personal care and support but they worked at 'lifting people's mood'.

People's general wellbeing and demeanour was taken into consideration by staff that checked if people were alright emotionally and psychologically as well as physically, and people's privacy and dignity were at the forefront of all care and support that staff provided.

We found that the staff group were responsive to people's needs in respect of activities, individuality, complaints and concerns. Activities and pastimes were available but had lapsed recently due to the activities coordinator leaving. This was an area the provider was looking at with the view to restoring frequency and variety. People said they had no reason to complain as the service met their needs.

Summary of findings

The service was very well led by a conscientious registered manager, who was respected and well supported by staff. The registered manager led by example and took on responsibility for meeting people's needs by ensuring staff knew their roles and were equipped to carry them out. The service was checked for its quality through the use of satisfaction surveys and a series of audits, information form which was analysed and used to devise action plans for changes and improvement.

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 safe.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because whistle blowing was appropriately addressed and investigated, the risks to people were reduced, staffing was in sufficient numbers to meet people's needs, staff recruitment followed safe policies and practices and both medication management and infection control practices were suitably handled.

Good

Is the service effective?
The service was effective.

People were cared for by trained, qualified and supported staff. There were systems in place that followed legal requirements to ensure people's rights were upheld.

People received the nutrition and hydration they required and the environment was homely and suitable to meet people's needs.

Good

Is the service caring?
The service was caring.

People were treated with respect by a staff group that were caring, compassionate and understanding. People's general wellbeing and demeanour was taken into consideration by staff.

People's privacy and dignity were upheld and they were encouraged to maintain their independence.

Good

Is the service responsive?
The service was responsive.

The staff group were responsive to people's needs in respect of activities, individuality, complaints and concerns. All of this was achieved by ensuring people's care needs were met in line with their person-centred care plans.

Good

Is the service well-led?
The service was well led.

The culture of the service was open, honest, friendly and caring.

People were cared for in a service that was well run by a conscientious registered manager, who led by example, directed the staff group in a positive way and used an effective system for assessing and monitoring the quality of service provision.

Good

Bempton Old Rectory Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2015 and was unannounced.

There was one Adult Social Care inspector conducting the inspection. Before the date of the site visit the Care Quality Commission had looked at the information about the service that it already held from receiving statutory notifications about incidents that happened in the service and from liaising with the local authority that contracted with the service.

The CQC had not requested a 'provider information return' (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people that used the service and four relatives. We spoke with two care staff, we looked around the premises, with permission from people that used the service, and we looked at a selection of records and documentation relating to the running of the service. These included care files for two people that used the service, recruitment and training files for two staff members, quality assurance documentation, accident, incident, safeguarding adults and medication records, and maintenance safety contracts and certificates.

We observed interactions between people that used the service and between people and the staff and we observed the lunch time and tea time routines.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Bempton Old Rectory. They explained that they found the staff to be friendly and caring and the property to be well secured at night. They liked the security that the service offered. People said, "Oh, yes I certainly feel happy and safe here. The staff are very pleasant and we all get on really well with them," and "I feel entirely safe here because there is always someone around to assist me or to call upon in times of need. The place is like home to me and I know I will be safe here."

Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw from the staff training records and individual training certificates that care staff had completed safeguarding training. This meant people were protected from abuse because staff employed to care for them were trained in safeguarding people and understood their responsibilities.

We saw from the information we held on our system that there had been nine incidents where the registered manager had used the ERYC Safeguarding Adult's Team risk tool to determine if a safeguarding referral needed to be made to them. All of these incidents had been notified to us using the appropriate notification documentation, and where a referral had been made to ERYC, the registered manager had made this clear. Of the nine incidents that happened in the last year only one required referral to ERYC. We judged that the registered manager acted appropriately and quickly in respect of this referral. All other safeguarding records held confirmed to us that they were satisfactorily managed and that incidents were learned from.

People we spoke with told us they were encouraged to maintain their independence and exercise their rights. We saw that whenever possible people were encouraged to exercise their right to freedom of expression and their right to respect for private and family life, home and correspondence. For example, we saw that staff encouraged all conversations and where people's views were considered to be different staff were understanding and tolerant and encouraged other people to be tolerant as well. We saw that people could receive family and friend visitors at any time of the day and people were accommodated to see them in private if they wished. One person's family members visited and they were able to occupy space in a quieter area of one of the lounges, as they would have done in the person's own home. People's correspondence was never opened before they received it and we saw a couple of letters on the registered manager's desk, waiting to be handed to people.

People were encouraged to take risks, for example, two people carried out domestic household chores, such as setting tables, assisting with morning tea and clearing away after meals. One of them had completed a food hygiene course in order to be able to assist with serving tea and biscuits. They shared the table setting and clearing chores and their assistance was greatly valued, which helped them to feel needed. Their activities were risk assessed and risk managed. Other people, with greater care needs had risk assessments in place for managing their mobility, transfers, skin integrity, falls, nutritional intake and, for example, using bathroom equipment or bed safety rails and bumpers. We saw that these risk assessments were signed by the people they referred to, wherever possible, and that they were regularly reviewed, all of which ensured people were cared for and supported with minimal or reduced risk to their safety.

When we looked around the premises and reviewed the premises maintenance documentation, we saw that people were safe from harm because there were measures in place to ensure the property did not present any risk to people. For example, we saw that radiators were covered, windows were restricted from opening more than 6 inches, hot water outlets were fitted with thermostatic temperature controls, fire exits were accessible and easily identified and stairs were gated.

We saw that the gas maintenance certificate, electrical installations safety report, fire safety check, portable electrical appliances test and the lifting hoists service report were all up-to-date. The registered manager carried out fire safety checks on emergency lighting, alarms and fire doors and fire evacuation drills were held. We saw that those people that used the service who had mobility problems, had individual 'personal emergency evacuation plans' in place in the event of a fire in the premises, to

Good

Is the service safe?

inform staff how best to assist them in an evacuation. All of this meant people were protected from the risks of harm that could be caused by poor maintenance of the premises and the equipment used in the service.

Staff we spoke with told us they were aware of the whistle blowing policy and procedure and that they would not hesitate to use it if necessary. We saw from the records we held about the service that there had been one whistle-blowing referral made to us in the last year. This had been referred to the safeguarding team by the service, which meant it had been handled properly by the registered manager. This showed that systems were in place for staff to whistle blow and to ensure people that used the service were protected.

The service had an accident file dedicated to information about accidents. There was an accident policy and procedure in place for staff to follow, information on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and advisory information on devices and hoisting equipment. We saw that the registered manager had appropriately handled and recorded accidents and incidents. This meant people that used the service were protected from accidents where possible and efforts were made to record and analyse them to prevent re-occurrence.

People we spoke with told us they felt there were sufficient staff working in the service to meet their needs. Staff we spoke with said they were able to provide the care and support people required, but that they would have liked to be able to spend time with people socially as well. Staff said, “It’s a shame we don’t have more time to be able to give that little extra, especially to people living with dementia. For example, when I help someone with their meal I like to be able to hold their hand a while and comfort them, and helping someone with a bath is the only time we get to talk to them in a meaningful way” and “We recently had a couple of staff leave and while new ones have been recruited they are still waiting for their security checks to come back, so they can’t start yet.” We saw that people’s needs were met on the day we visited.

We looked at the staffing rosters and found they were a true representation of the staff that were actually on duty. The registered provider was aware of the minor shortfalls in staffing and said that current staff were covering these temporarily. They said new staff would be starting soon, and they used a recognised dependency tool for calculating the number of staff required to meet people’s needs.

The registered provider told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in the two staff recruitment files we looked at. Files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

The service had a policy on managing medicines that was in line with the National Institute for Health and Care Excellence guidelines. There were systems in place to manage medicines safely. Only staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used.

The service used a monitored dosage system, had photographs of people attached to their medication administration records (MARs) and ensured staff specimen signatures were available to check who had administered medicines at any particular time. A monitored dosage system is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when.

We saw that MAR charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff to confirm when medicines had been administered. No one self-administered their medication because those capable said they did not want the responsibility for it and others were assessed as not

Good

Is the service safe?

having capacity to safely do so. The bank senior staff member told us there had been a recent inspection of medication management systems from the local Primary Care Trust and the outcome of this had been very good with the only recommendation being to look at the temperature of the medicine store (which was borderline). They told us the staff were monitoring this which had been satisfactory so far. However, the bank senior staff told us the service's handling of 'homely remedies' (medicines bought and not requiring prescription) was described as excellent in the report and that this was because the service stored, recorded, administered and accounted for these medicines in a careful, secure and safe way. The report was available for viewing.

We had no concerns about the infection control systems in the service and we saw that the premises at Bempton Old Rectory were clean and hygienic and there were no unpleasant smells. Staff used personal protective equipment (gloves, aprons and masks if necessary) to handle items considered to be hazardous to health and we saw that they regularly washed their hands and applied sanitising gel.

Good

Is the service effective?

Our findings

People we spoke with felt staff were experienced, professional and skilled in caring for them. They said, "Oh the staff are lovely, they know what they have to do to help us. They are such helpful ladies" and "Some staff have been here many years, I am told, and so they know the ropes." Another person said, "I do hear staff talking about their next shift on duty and they sometimes mention training they have to do and so I know they keep up-to-date with things."

When we spoke with staff they told us about the training courses they completed, which included training on safety within the service, care and support for people and understanding the conditions people have been diagnosed with. One staff said, "There are lots of opportunities for training. In the last six months I have completed moving and handling, hoist use and safeguarding adults from abuse." They went on to add, when reminded, that in the last year they had completed "Infection control, food hygiene, first aid and medication administration." We saw from the staff training records and staff training files that these courses had been completed, along with other training courses in dementia awareness, fire safety, deprivation of liberty safeguards, falls prevention and dying and bereavement.

Within staff files we also saw evidence of inductions completed that reflected the Skills for Care standards. Skills for Care is a nationally recognised training resource in health and social care professions. We saw that supervision and appraisals had been carried out. Staff confirmed to us that they did receive supervision and took part in an appraisal scheme, which recognised their development needs and assisted them to achieve these.

We were unable to discuss 'best practice' with the registered manager, because they were not present at the inspection, but have understood from past discussions with them that they sought best practice methods in caring by keeping up-to-date with training and by reading of research on, for example, dementia care strategies, pressure relief and falls prevention techniques. We had seen evidence at our last inspection, in the form of certificates, of the registered manager's role as the infection control and moving and handling trainer for the service.

The registered manager then ensured all staff received instruction in these areas, via supervision and staff meetings and had literature available to read for reference. Staff confirmed this was the case.

We found that there was effective communication between the small group of staff that worked in the service. Staff used handovers to share concerns about people and communication books to pass on issues of communal concern. We saw that those people with mental capacity took an interest in what went on in the service and how things could be improved. They were kept informed of things by staff passing information to them verbally and were encouraged by staff to be involved in daily events. These people were also part of the effective communication that happened in the service.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

We saw that whenever possible people were encouraged to exercise their right to liberty. For example, we saw that people were assisted to come and go as they wished and staff encouraged as much movement around the house and gardens at The Old Vicarage as possible. We saw people enjoying this at different times of the day. One person had been out with family, another spent time at mid-day in the garden and others walked about the premises at will. People were only restricted if it had been established they would be at risk of harm, due to incapacity, should they leave the premises unattended. In these cases the correct legal procedures were followed.

The registered manager notified us about all twelve of the DoLS applications that had been made in the past year. These were mainly to do with ensuring people were kept safe by remaining at the service, or were fully supervised while in the service because of their poor mobility and / or confusion due to living with dementia. One had been refused because the person was not deemed to be deprived of their liberty.

We were told by the registered provider that, whenever necessary, people were assessed using the MCA criteria and that there had been 'best interest' meetings held for people whenever they were required. A 'best interest'

Good

Is the service effective?

meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. We saw documentary evidence of an MCA assessment and 'best interest' meeting in one person's file. All of this ensured people who were deprived of their liberty were treated fairly and according to the correct MCA legislative safeguards.

People we spoke with were satisfied with the food provision at Bempton Old Rectory. They took pleasure in meal times and were observed talking about and discussing their favourite foods. They said, "We always get nice food here, the cook is very good", "We get good food" and "I like what I'm given, it isn't gourmet but it is quite sufficient." A visitor we spoke with told us they often saw the lunch time meal that was served and that it was good homely cooking. We saw that people had their likes, preferences and choices recorded in their files along with any particular medical diets they were on, and that where necessary nutritional risk assessments were in place to ensure people ate well or healthily. Care plans evidenced that people had their nutritional needs assessed and reviewed each month.

The service displayed a daily menu and while there was no alternative choice displayed we saw that people were given an alternative if they did not like what was on offer. We saw one person given an alternative meal because they ate only a vegetarian diet and another given a variation of the meal on offer because they did not like particular foods.

People's health care needs were well met because these were assessed and recorded in their care files, they saw GPs and District Nurses when required and were accompanied to hospital appointments whenever necessary. Staff assisted people to monitor their health needs through discussion and observation at monthly reviews and any changes in needs were recorded.

The environment at Bempton Old Rectory was comfortable and homely but it was traditional and in keeping with the property. However, for those people that used the service who were living with early stage dementia, approximately seven or eight from 17, we found that there could have been some improvement in the colour/pattern schemes of the décor and carpets to enhance their quality of life by nurturing an environment that better suited people living with dementia.

Environment incorporates design and building layout, colour schemes, textures, experience, light, sound, smell. One feature that assisted with the safety of people living with dementia was the triple mechanism door handles on doors to stair cases, which meant some people were unable to access staircases unattended. We saw that bathrooms and toilets were easily identified with signs. One bathroom on the ground floor was well equipped with high/low bath, for example, which enabled ease of bathing for staff and people that used the service when assisting them.

Excellent information can be found in research undertaken by various universities, leaders in dementia care and reputable sources, which look at reducing the incidence of agitation and behaviour that may be challenging to a service, to encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility.

However, we saw no direct detrimental impact on people's behaviour or experiences because of the environment at Bempton Old Rectory. People displayed contentment, knew their way around the premises and enjoyed the homeliness of the environment.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated respectfully by all of the staff and that they had good relationships with them. They said, "We are treated very kindly. I certainly have not been spoken to disrespectfully and I have not seen or heard anyone else being mistreated" and "The staff are lovely, they are mature ladies who look after us very well. Everyone is so kind." They said, "I'd advise anyone to come and live here, as the staff are all very nice" and "I don't just like it here, I think it's lovely."

One person told us why they thought they had a slight personality clash with a staff member and agreed we could pass this to the registered provider, who in turn agreed to discuss this view with the person and if they wished it, with the staff. The person told us they had already passed the details to the bank senior staff member in charge. They said that nothing bad had happened to them but that they and one of the staff did not see things the same. Everyone else spoke of very good relationships between themselves and the staff and we saw that staff were polite, helpful, caring and attentive.

Visitors we spoke with also told us that the staff were kind and caring and respectful towards people that used the service. One visitor said, "The staff are very gentle with everyone and show them lot of respect" and another visitor said "[Name} is quite happy here, it is like home form home for her and the girls are really lovely. It is the best place we ever got you [Name], isn't it."

When we spoke with staff about caring for and supporting people they demonstrated a good understanding of people's differing needs and wishes. Staff said, "Some people need, for example, two hourly positional turns and a full body wash each day, others are more capable than that and just need their meals providing and bedrooms keeping clean. There are four or five people here now that need assistance with eating. Whatever support people need they are all individuals and like things done their way." Staff said, "We know people quite well but it would be really nice if we could have the time to just sit with them and talk about things that interested them in the past maybe, so that we could relate more to their individuality."

People told us they were always included in the plans and changes regarding their own personal care needs because they were a part of their care review and made their individual views known on a daily basis. They said the things that affected everyone were usually agreed upon according to the majority opinion, for example, what people watched on the television in the lounge, what stalls might be included in the summer fair or what changes would be made to the seasonal menu and colour schemes of décor. We saw that 'resident' meeting minutes recorded these decisions, while care plan reviews recorded people's personal care need decisions.

We saw from the photographs taken of events held in the service that people were involved as much as they wished to be in preparing for and holding these events. People accessed the local community whenever possible as well, if they chose to, as we were told by two people that they preferred to stay in their bedrooms all of the time. One had not left the service for a few years, but did say that was how they wanted it. Other people told us they went out with family members, or sometimes went to shops and services in Bridlington with the registered provider, though this had 'tailed off' in recent months.

The service had a 'statement of purpose' and a 'service user guide' that told people what they could expect from the service and staff and what was included in their contract of residency. People also received information from staff daily in respect of the support they were to receive. We heard and observed staff providing good information to people when assisting them with their mobility, meals, personal comfort and pastimes.

We saw that generally people's wellbeing was well maintained, because they had supportive and cheerful staff around them, shared common interests and pastimes, joined in with minor household chores if they wished, enjoyed seasonal events such as Easter bonnet trimming, summer fair and Christmas party and generally 'made the best' of their situations. People that used the service shared a common understanding of their situations and those a little more physically able than others tended to provide small offers of help to reach for things across the dining table or to bring someone a magazine to look at. Each person did whatever they could to 'share the load.' This meant that people's demeanour was generally positive.

We saw that staff regularly checked on people and asked how they were getting on or if they needed any help. For example, one staff who brought one person their breakfast shortly after we arrived, checked the porridge was to their

Good

Is the service caring?

liking, asked if they were ready for toast and what they would like to drink. They also checked that the person was positioned correctly in their wheelchair to be able to manage independently. We observed staff offering a comforting word to a person that was not feeling emotionally well and the staff kept returning to check on them, bringing a cup of tea one time. Staff offered encouraging words about the person and tried to cheer their mood.

We found, from speaking with people, that some of them were able to represent themselves with regard to daily decisions and more complex issues. However, others were unable to do this, but we were told by the staff that these people had relatives who represented them and we saw that at least three people were visited by relatives during the day. The registered provider told us they had details of advocacy services but that at the moment no one required the use of these.

People we spoke with said their privacy and dignity were always upheld whether it be in respect of personal care, confidentiality of information or just the fact that they were senior members of the service 'community'. People said, "I am [X] years old now and though I still have my faculties I do sometimes struggle with mobility and my personal care. However, the staff are very discreet and make sure I am well covered when they help me with personal hygiene" and "I find care staff respect my dignity when assisting me in the bathroom or bedroom, they have a nice manner, but encourage me to do as much as I can for myself."

We saw staff encouraging independence in people, for example with standing and transferring or eating their meals. Encouragement was given positively and if people were seen to be 'struggling' then staff noticed and assisted discreetly, helping without taking over.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew about their care plans and the care files held on them. They said, "The girls fill in the daily notes when they have helped us" and "Yes I have seen my care plan, though I leave it all to the staff." One person had a life history book in pictures in their bedroom which family had compiled and asked us to look at it. They enjoyed telling us about their time in the WRAF during the Second World War and the many holidays they had been on since.

We saw that people's care files contained assessments of their needs, risks and capacity, action plans for meeting assessed needs and details of the reviews of care that had been carried out. There were indexes, confidential details, pen pictures, lists of medicines taken, medical histories, medical diets to improve health, diary notes, advanced decisions, consent documents (for care, ordering prescriptions, taking photos), living wills, do not attempt cardiopulmonary resuscitation forms (if appropriate), risk assessments, health monitoring charts, patient passports (to instruct hospital staff on how best to support a person) and records of health care professional involvement. All of this enabled staff to understand and meet people's needs and so people were well cared for.

There was evidence in people's care files, within assessment of needs and preference forms, that they and/or relatives had been involved in compiling information and care plans. Where people were assessed as capable, they had signed the documentation held about them.

Staff told us they used people's care plans to find out about their past lives but mainly to know what support individual people required with their care, when and how. Staff understood the principles of 'person-centred' care and endeavoured to provide support how people wished it to be provided at the time that suited them best.

People we spoke with told us they took part in a variety of activities and pastimes, which included exercise to music once a month, listening to music, craftwork, board games and dominoes, feeding the birds, reading newspapers / magazines, watching television, or sitting in the garden with an ice-cream perhaps. However, they said that at the moment there wasn't an activities coordinator and staff explained this person had left the job recently. This had reduced the activities people could engage in, as staff did not have the spare time to offer any themselves. The registered provider was in the process of recruiting care staff to the vacancies that existed and was looking at a replacement activities coordinator.

We found that people's religious and cultural needs were met, but that there were few differences to meet in respect of worship or cultural backgrounds. The service organised a monthly visit from a local vicar who provided a Christian service and communion to those that wished to take it and one person told us they liked to watch 'Songs Of Praise' on the television each Sunday.

Although there were three or four people that preferred to remain in their bedrooms throughout much of the day, they were checked regularly by staff and visited by relatives. We saw that one person was supported with maintaining their relationship with their spouse because they were encouraged to visit and stay for lunch. Another person came down to the communal areas for meals and helped with meal time chores, while a third never left their bedroom, but one of the staff told us they contacted this person's family on the telephone so they could keep in touch regularly. Everyone was seen by the staff several times in a day for a chat and to deliver meals or check on how they were doing, so that no one felt isolated. Diary notes recorded when people had been seen by staff and we observed staff knocking on people's doors to offer them support or check to see if they needed anything.

People we spoke with told us they made their own choices and decisions about daily living, but that they were mindful some routine was necessary in order to be able to facilitate everyone's needs. We saw that people liked some routine because it gave structure to their day, but we also saw that anyone who chose to deviate from this was accommodated. One person chose not to eat the main meal at lunch time but had a dessert. Another person ate lunch in their bedroom with their visiting spouse and a third person chose to spend time alone in the garden and then in their bedroom resting, before utilising the garden again when their visitor arrived. People were free to make the choices that suited them and were supported in their actions by responsive staff.

We saw that the service had a complaint policy and procedure in place and these were on display for people to view. People told us they knew how to complain by going to the person in charge of the shift, the registered provider or by speaking to their relative first and deciding when and

Good

Is the service responsive?

how to approach the most accessible person. People told us they had no cause for complaint, as they were well cared for and the staff were very caring and approachable. They said they usually had small niggles sorted out by staff before they became big issues.

There were records held of all complaints / compliments / comments made about and to the service. These had been appropriately addressed using the service's procedures and were properly recorded. We had received only one complaint about the provider in the last twelve months, which had been investigated jointly by the registered manager for the service and an officer with East Riding of Yorkshire Compliance Monitoring Team. The complaint was not upheld.

Good

Is the service well-led?

Our findings

People that used the service described it as being "Friendly," "Homely" and "Well-run." People described the staff as "Reliable," "Always there to resolve any problems" and "Hard-working."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a registered manager in post. This person had recently tendered their resignation due to retirement and so they were unavailable because they were on annual leave. A new manager had already been recruited and their application to become the registered manager had been submitted to so they could take up their post shortly after the current registered manager's leaving date. The registered provider was acting as manager during the interim period.

We found that the management style was open, honest, positively challenging and extremely conscientious about doing the right thing for people that used the service. The management style was inclusive of people and other stakeholders in upholding people's rights, their privacy and dignity and maintaining their safety at all costs. Evidence of the registered manager's open and honest approach was found in their willingness over the past five years to share information about actions carried out in the running of the service, the frustrations they experienced and any shortfalls they identified in service delivery. They were not afraid to stand up for people when it mattered, for example, one person had not received the support they needed from healthcare professionals and another had required a re-assessment of their care package with their placing authority. The registered manager had a 'track record' of consulting the right organisation or professional at the right time to ensure people's rights were upheld and their welfare, health and safety were pursued.

When we asked the staff how they would describe the 'culture' of the service they said, "It is not perfect, but there is a friendly atmosphere and we care about people" and "The atmosphere is one that involves good teamwork, where people come first."

People that used the service said of the registered manager that they were, "A lovely person who ran the place very well" and "The manager is very conscientious and always there to help. We shall miss her very much." Staff that we spoke with also praised the registered manager for her steadfastness, tenacity and commitment to the job. They also stated they would miss her, as her leadership and support had been excellent.

The registered manager was on leave as part of their retirement notice period and would not be returning to manage the service once the notice period ended. A new manager had been recruited by the registered provider, but was not yet in post and would not be for another two weeks.

The service did not have any written 'visions and values', but there was a mission statement which promised and guaranteed that people's human rights would be respected and protected, people would be listened to and rules of confidentiality and privacy within the service would be followed.

The registration conditions at Bempton Old Rectory have remained the same for several years.

There have been no changes to the conditions of registration, the regulated activities or the legal entity. The service has remained constant.

People we spoke with told us they were asked in reviews about the care they received and sometimes they were given surveys to complete. However, not all of the people we spoke with could recall being asked for their opinion verbally or in surveys. Staff also told us they were sometimes surveyed by the registered provider about their roles and how well they felt they were supported. They knew that people that used the service received satisfaction surveys as well, though couldn't recall when they had last been issued. Staff and the registered provider were unable to locate the returned completed satisfaction surveys so we could not see for ourselves what people had said.

However, we were contacted by the registered manager via telephone immediately after the inspection to discuss the work they had completed on surveying people, family members and staff about service provision. The registered manager informed us that surveys had last been issued in February and March 2015 and analysis of information had shown an overall 90% satisfaction rate. Analysed information received in surveys and an action plan to deal with shortfalls was clearly recorded in a feedback document, which was posted on the notice board in the entrance hall of the service.

Good

Is the service well-led?

The registered manager stated that the main shortfalls identified by the surveys were the lack of a safe ramp access from the house to the garden at the rear of the property and a need for a replacement carpet in a communal area. The registered manager stated action had been taken to replace the carpet, but that the ramp access to the rear was still pending. As this was now six months outstanding we asked the registered provider to take the necessary action to ensure people that used the service had a safe and independent means of getting into the rear garden.

We were told by staff and the registered provider that audits were completed on various areas of the service to ensure service provision was effectively being carried out. We saw that audits had been completed in the last year on safe use of bathing and other equipment, hot water temperatures, food probes used in the kitchen, systems for the management of medicines, effectiveness of the call bell system, fire safety systems, health and safety measures in place and followed, use of personal protective equipment by staff, infection control measures in place and followed, health and safety aspects of the premises and the safety and functionality of the kitchen.

We saw that the next audit due to be completed was on maintaining people's dignity. We saw evidence in the audit completed on health and safety measures that the ramp access to the rear had been identified by the registered manager in May 2015. All of the information gathered in audits had been collated and there was an action plan to show how any identified shortfalls in service delivery would be improved to ensure 'service user' satisfaction was increased. There was information on the action plan to show which areas had been improved and when. There were documents of information and advice that the registered manager had collated for staff to consult about best practice in, for example, moving and handling, dementia care and infection control. This meant people that used the service benefitted from having quality monitoring and assuring systems in place that were used to improve the service delivery to people.

All of the records we saw at Bempton Old Rectory were well maintained, organised and achieved the purpose they were set up for. Records about people that used the service were clear in their assessment of people's needs and how best to meet them. Records held about staff employed in the service and held for the purpose of the management of the regulated activity were also accurately maintained.