

The Conifers R.H. Limited

The Conifers

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 The Conifers took place on 16 June 2015 and was unannounced. At the previous inspection in September 2013 we found the regulations we assessed were being complied with.

The Conifers provides services to 30 people with a learning disability in single and shared accommodation and also in a small number of self-contained flats on the site. People are encouraged to take part in community based activities and pastimes, including education, work and leisure. The service operates in a large Victorian

property in a residential area of the town, close to the beach and local facilities. There is limited parking for two cars at the side of the premises or there is on-street parking using permits obtained from the service.

There was a registered manager in post who had been managing the service for the past ten years. This person was also one of the directors of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 premises were safe and well maintained with the exception of there not being window opening restrictors on all windows. While the service had risk assessments in place for most of the issues that could be a risk to people, for example, fire safety and hot water, the service had not recorded when risk assessments on window restrictors had been carried out and so not all windows were fitted with restrictors. This was particularly in respect of decisions that had been made to omit using window restrictors in bedrooms where people had capacity to understand about their personal safety and were not identified as being at risk of having falls from their window. However, this did not mitigate the risk to people that did not have capacity to fully understand the danger that wide opening windows presented to them.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this inspection report.

We found that people were protected from harm or abuse by systems in place for managing safeguarding issues and a staff team trained in safeguarding people from abuse. Staff were prepared to use the whistle blowing policy when necessary. Important safety information was given to people and risk assessments were in place to protect people from being harmed unnecessarily.

People were kept safe from injury because staff understood their responsibilities around preventing accidents and incidents and reporting them if they occurred so that suitable changes could be made to ensure they could not happen again.

Staffing levels were appropriate to meet people's needs and staff were safely recruited to ensure people were not exposed to unsuitable staff caring for and supporting

them. The management of medicines was safely executed and people were protected from the risk of receiving the wrong medicines. There were safe infection control measures in place.

We found that the service was effective because staff were appropriately trained and skilled to carry out their roles; they followed recognised guidance from organisations connected to learning disability care and training, followed legislation to ensure people's rights were upheld and encouraged people to lead healthy lifestyles. People's health care needs were appropriately assessed and planned for.

We found that staff were caring, offered sound guidance for people's safety and that staff had established supportive relationships with people. Staff were respectful, inclusive and encouraging to enable people to learn and look forward to new experiences. When necessary staff pointed people towards advocacy services and staff worked well with other bodies and organisations to ensure people received the best support available to them.

We found that people's privacy, dignity and independence were upheld in all respects. Wellbeing of people was paramount.

We found that support plan documents aided staff to provide good care and support. People engaged in activities, occupation and interests of their choosing. We found that complaints were appropriately handled and everyone knew how to represent themselves and complain when necessary.

We found the good culture within the service was based on friendliness, openness and teamwork. The management style was open and inclusive. There was a quality assurance system in place to seek people's views and assess the effectiveness of support systems in operation. The quality assurance system used meetings, surveys, audits and general day-to-day conversation to find out if the service was meeting people's needs effectively. We found that recording systems were satisfactory and that they assisted the service in ensuring the quality of the service was maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People that used the service were not always protected from the risk of falling from windows because written risk assessments had not been completed to identify that windows in all areas of the service needed safety restrictors fitting.

People were protected from the risks of harm or abuse from staff and other people 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, risks were reduced, staffing was in sufficient numbers to meet people's needs and staff recruitment followed safe policies and practices. Both medication management and infection control practices were suitably handled.

This meant people that used the service were protected from harm caused by other people or staff, but the risks to their safety were not always reduced in respect of the premises.

Requires improvement



Is the service effective?

The service was effective.

People were effectively supported because staff were appropriately trained and skilled to carry out their roles and they followed recognised guidance from organisations connected to learning disability care and training. Staff followed legislation to ensure people's rights were upheld and encouraged people to lead healthy lifestyles. People's health care needs were appropriately assessed and planned for.

Good



Is the service caring?

The service was caring.

People were well cared for because staff were caring and offered sound guidance to ensure people's safety. Staff had established supportive relationships with people and were respectful, inclusive and encouraging. This enabled people to learn and look forward to new experiences. Staff pointed people towards advocacy services and staff worked well with other bodies and organisations to ensure people received the best support available to them.

People's privacy, dignity and independence were upheld in all respects and their wellbeing was paramount.

Good



Is the service responsive?

The service was responsive to people's needs.

Good



Summary of findings

People's needs were met because support plan documents aided staff to provide good care and support. People engaged in activities, occupation and interests of their choosing. People were encouraged to complain if they needed to and complaints were appropriately handled. People knew how to represent themselves and complain when appropriate.

Is the service well-led?

The service was well led.

The culture within the service was based on friendliness, openness and teamwork. The management style was open and inclusive. There was a quality assurance system in place to seek people's views and assess the effectiveness of support systems in operation. Records were adequately maintained and they assisted the service in ensuring the quality of the service was maintained.

Good



The Conifers

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 16 June 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors. Before the inspection visit took place we gathered information about the service from notifications we had received and from the local authority that contracted with the service to provide care and support to people.

As part of our inspection we spoke with ten people that used the service, three staff, the deputy manager and the registered manager. We also spoke with two officers of East Riding of Yorkshire Council who were visiting the service on the day we inspected.

We looked at four care files for people that used the service, three staff recruitment files and staff training records and we looked at other records and documents relating to the running of the service. These included staff rosters, maintenance certificates and reports and quality assurance records.

We had requested a provider information return (PIR) before the inspection but we did not receive any information from the provider that we had asked for. 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. We later found that the PIR request had not been received by the provider.

Is the service safe?

Our findings

People we spoke with told us they were able to discuss any concerns they had regarding their safety with staff and that the registered manager addressed these quickly. They said, “Staff are pretty good, they can be told about anything” and “Oh yes, if we want to report anything we can and it is always looked at by the manager.”

We looked round the premises and saw they were safe, with the exception of where some window opening restrictors had not been fitted. Some windows in bedrooms and flats had no opening restrictors to ensure people were safe from the risk of falling from them. We were told by staff that a large percentage of people that used the service had capacity to understand about their personal safety and so where there were no window opening restrictors risk assessments had been carried out to determine whether the risk was sufficient to warrant them being put in place or not. However, these risk assessments were not recorded and because all windows did not have restrictors the provider could not ensure that those people without capacity to understand about personal safety were safe.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this inspection report.

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. They said, “I’ve completed training in safeguarding but can’t remember when it was” and “I did my training with East Riding at Sewerby Hall.”

Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. They said they had a procedure to follow regarding any suspected or actual safeguarding allegations. We saw evidence of their training in the staff training records held and in individual training files. We saw from the information we held that there had been no recent safeguarding referrals in the last year and this was confirmed by the information we saw on the day of the inspection. We found that the service had

information about the new ERYC safeguarding risk management tool for referrals and so there were systems in place to ensure people were safe and protected from the risk of abuse or harm.

Staff produced and followed risk assessment documents for people who wanted to lead lives that involved taking risks, for example, with going out into the community, managing money, maintaining safety in their own environment, drinking alcohol or just undertaking an activity. Other areas regarding personal care and support were also included where appropriate. Each person had a one page document that summarised the risk assessments they had in place. There was evidence that these had been regularly reviewed.

People were given information about keeping themselves safe in their occupations and activities, both out in the community and when ‘at home’, and when maintaining their independence. There were generic risk assessments in place for anyone present in the property in the event of untoward incidents. Staff had information on how to report these. All of this meant people that used the service were protected from the risks of harm when in the community or on the premises because they were well informed about how to keep themselves safe.

The premises were well maintained and there was evidence of this in maintenance certificates and contracts for electricity, gas, fire safety, water, ceiling tracking hoists and the passenger lift. Emergency contingency plans were in place in the event of issues arising with utilities or the building. Staff knew where to find this information.

We saw that the passenger lift had no inner doors but a sensor was in place to stop the lift working if a person touched the passing shaft front wall (which was panel lined). This was unusual but the deputy manager told us this was safe and in accordance with the manufacturer’s installation instructions. The deputy manager explained that the lift restarted again when the sensor detected that the interruption was over.

When we spoke with staff they understood their responsibility to whistle blow to ourselves or to the contracting local authority and said they had used the whistle blowing system in the past in other settings. Staff told us they were confident they could go to the provider with issues and these would be addressed sensitively and effectively.

Is the service safe?

We saw there were clear accident and incident procedures for staff to follow in the event of an issue arising and staff were clear about their responsibilities to report accidents to the provider and to RIDDOR (in full). We saw that incident records were held whenever necessary and that strategies were agreed upon to prevent issues arising again or to protect people from making further mistakes. Accident records were also maintained and these showed that changes were made to ensure similar accidents did not reoccur.

We saw that there were four 'support workers' and a deputy manager on duty on the day we inspected. The registered manager was not at The Conifers when we arrived but joined us shortly afterwards. This was discussed with the registered manager who explained that the deputy manager was on duty five days a week and the registered manager worked flexibly and as necessary to make decisions about the running of the service. Staff told us they had set rosters for working and that there was always sufficient numbers of staff on duty to ensure people's needs were met. Rosters kept by the service recorded the actual staff we saw to be on duty.

The registered manager 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 looked at three staff recruitment files and these confirmed that what the registered manager had told us was correct. Files contained evidence of application forms, DBS checks, references, people's identities, interview documents, contracts of employment and induction details. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed (with the exception of one staff reference being received after their start date) which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable. Interviews with staff confirmed the service had followed recruitment procedures.

There were systems in place to manage medicines safely. Only senior 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, handed over from shift to shift and returned to the pharmacist when not used. We saw there was a policy on the management of medicines, which was based on the National Institute for Health and Care Excellence (NICE) guidelines.

The service used a monitored dosage system. This 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 all medicines were accounted for in line with the service's stock taking and checking system: each evening at shift handover medicines were counted and recorded. We saw there was also a monthly medicines audit carried out, which enabled the staff to identify any errors or problems with stocks and administering medication to people.

Medicine administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff. We saw that people had 'as and when' medicine protocols in their files when needed to ensure staff were informed about the administration of this type of medicine. We were told by the deputy manager that two people held medicines and MAR charts in the bedrooms of their flats, as they were self-medicating. These people signed the MAR charts but staff regularly checked that medication was being taken and was being signed for. Staff also signed the MAR charts for these people daily. All of this meant people that used the service were protected from the risk of harm from taking incorrect medicines at the wrong time.

There were infection control policies and procedures in place and staff had instructions on good hand washing, food safety practices and managing potentially infectious materials. The service had scored five on a scale of nought to five, where five was the optimum score, for food safety management following its environmental health assessment. Staff understood their responsibilities with regard to management of infectious diseases and they told us they had completed infection control training.

Is the service effective?

Our findings

People we spoke with thought the staff were competent in their roles. People said, “The staff know what they are doing, they go on courses for different things” and “Staff understand about my condition because they had learned about it.” Staff told us they had completed training in infection control, fire safety, moving and handling, safeguarding adults from abuse, management of medicines, health and safety, food hygiene, complaints and various medical conditions that people had been diagnosed with. There was evidence of their training in staff training files and on the staff training record held centrally by the service. This meant the staff were competent and skilled in providing the support and care people that used the service required and so people were appropriately supported.

We saw in staff files that staff had completed inductions and they were regularly supervised by senior staff, the deputy manager or the registered manager, using a cascade system. Staff said they found the supervision sessions appropriate and this ensured they were able to discuss any issues they had with either providing support or with their own responsibilities of the job.

We saw from information held and from staff practice that staff strived to achieve best practice as recommended by professional organisations and bodies involved in learning disability services, for example, the British Institute of Learning Disabilities (BILD) and the National Autistic Society. Staff were enthusiastic to learn about new ideas and trends and already held a wealth of information in the care and support of people with a learning disability.

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.

The registered manager told us there had been best interest meetings held for people whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are

unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached. We saw from information held in files that best interest meetings had been held and that DoLS had been applied for where necessary to ensure people's rights were upheld within the framework of the law. Staff understood their responsibilities to ensure people's rights were upheld, although not all of them had received training in this area.

People we spoke with told us they either shopped and cooked all their own meals, prepared their own breakfasts only or ate all their meals in the main house at The Conifers. The system of bedrooms and flats enabled people with different skills to be independent to their level of ability. People told us that they mostly liked the meals prepared for them and that they always received alternatives if they did not. We saw that there was a light lunch of sandwiches, salad, fruit and yoghurts and a hot cooked meal for dinner later in the evening. There were nutritional risk assessments in people's files and information on people's medical or health dietary needs. Those people that shopped and cooked all their own meals had a budget and planned their own menus based on healthy option information supplied to them by the service or via a dietician if necessary. In the main house menus were compiled by the registered manager and deputy manager on a weekly basis after seeking people's likes, choices and preferences. Information was held in written and pictorial format. There were no adverse comments about food provision and everyone we spoke with was satisfied with the meal arrangements.

People's support plans informed staff about their health care needs and how best to help them meet these. They described people's diagnoses, their weight, height, skin integrity, oral and dental conditions, any allergies they had, medicines needed and eye conditions they might have. People's health care support plans also contained pictorial information if appropriate to the person they referred to and ensured people were able to understand them. Health care plans were reviewed monthly and specific protocols were in place where necessary for such as taking 'as and when' medicines. We saw that people's health care plans had contained evidence that health appointments and referrals had been made for them or people had been supported to do this themselves. This was so that people's health care needs were met.

Is the service effective?

The main house was appropriately designed for the people that lived there. The flats had sealed unit double glazed windows to help with noise reduction and saving of heat but in one flat this had been damaged so that there was moisture between the pane. This was not unsafe but was unsightly and needed to be replaced. The premises were

really only suitable for people that were mobile as not all areas were accessible to people with a severe mobility problem. Where wheelchair access was available this was because some parts of the premises had been adapted to include internal ramps and a passenger lift. This enabled everyone access to some parts of the building, but not all.

Is the service caring?

Our findings

People we spoke with were happy with the way they were approached by staff and with the relationships they had built up with them over the years. They said, “We all get on very well here, we’ve known each other a while now” and “I like living here, it is really good. Everyone generally gets on okay.”

We joined people that used the service and staff at the rear of the property where people could smoke, take part in gardening from raised flower beds, engage in social interaction or just sit in the sunshine. People had a sheltered place to sit or they could sunbathe out in the open. We observed some friendly banter and camaraderie going on. This meant people were encouraged to socialise in a relaxed atmosphere and keep company with each other, while enjoying the benefits of fresh air and blue skies. This all added to their general wellbeing.

We saw from observations that staff approach was inclusive, respectful and encouraging. People were given the information they required to make informed decisions about their own lives and their care and support. Relationships we observed between people and between people and staff were respectful, friendly and knowledgeable. Some people and staff had spent many years together at The Conifers and knew each other very well.

There was information available to people on the notice board about the service, about advocacy services, local authority services and health care support. We were told by the registered manager that one person had been supported by an Independent Mental Capacity Advocate (IMCA) to enable them to make a decision about their health care. This had been successfully accessed. We saw that people asked for support and discussed their options with staff before making a choice or decision, when they felt they needed to.

We had the opportunity to speak with two officers of East Riding of Yorkshire Council (ERYC) who were visiting for a person’s care review on the same day we inspected. They told us they found the staff provided care “Over and above what was expected.” They said staff cooperated well with ERYC and that they had been impressed by the personalised information they had received from the service in advance of the person’s review, which had been

held at short notice. It showed that staff were knowledgeable about the person and their needs. The officers told us the service was proactive about seeking solutions to people’s problems. They also said the service had supported another person with regard to their emotional care needs and had kept the officers’ informed at every step.

The service considered people’s general wellbeing by ensuring they had health checks, engaged in occupation and activity of their choosing, shared time with people that mattered to them, experienced new opportunities and kept on learning.

When we spoke with people about their privacy they told us they felt it was upheld. They said, “I can use my bedroom whenever I like and staff always announce when they are coming to see me by knocking on the door”, “We have privacy when using the bathroom, or dealing with personal business and our dignity is always maintained” and “My bedroom is entirely my own and I can chose how to furnish or decorate it, no one tells me what I should be doing or when and I am encouraged to make up my own mind.” We observed people being independent, going out, completing household tasks and choosing their own course of action for the day.

When staff spoke about people’s needs to show how they helped meet these, they did so with affection and consideration for the person’s overall wellbeing. Staff were proud of the work they did to support people and expressed satisfaction at being able to help people develop their skills, learning and experience to equip them to lead independent lives. One person told us they had been independently carrying out household chores in their flat: washing, ironing and cleaning for example. Other people carried out independent living skills according to their ability and wishes.

We found that there was a caring approach nurtured within the service, which came from the staff initially and extended through to the people that used the service, so that everyone was reminded of their responsibility to behave respectfully towards each other and to allow people to express their opinions without experiencing prejudice against them. Staff recognised when people’s rights were infringed upon, challenged behaviour and advocated for equality and diversity within the service as an expectation. We saw that people were happy.

Is the service responsive?

Our findings

We saw that people had three care plan files each: one was a shortened support plan that acted as a patient passport for taking with them on admission to hospital. It told healthcare professionals how best to support them. The other two files were for use in the service and contained detailed information about people's needs and preferences, written in the first person and evidencing that people had been fully involved in compiling them.

People we spoke with felt their needs were met on an individual basis and that their care support was 'tailor-made' for them. We saw that people's support plans contained individual and personal information about how best to support them to meet their needs. One support plan said, 'I need gentle prompting about my personal hygiene and I need someone to check the temperature of my bath water. I am independent with washing but please check I have the things I need.'

Another person's support plan said, 'Routine is very important to me. I go for my newspaper, read it, eat my midday meal and then attend work placement. I make drinks for my friends, receive visitors and keep my bedroom tidy. I will be impatient if I am waiting for staff to give me my medication on time.' There was information in people's support plans on the characteristics people liked to see or find in others, for example, promptness, respectfulness and to share things. There was information in another person's support plan that explained they had equipment in their bedroom to enable them to fulfil a desire to scrape away at objects and write on walls.

Although we did not see any activities advertised in the service, nor an activity planner in anyone's file or in their bedrooms, we were told by people that used the service and staff that people engaged in individual activities of their choice. For example, two people who shared their time together told us they often went out for walks into Bridlington Town, frequented cafes, pubs, the cinema and sometimes the local charity shops. They told us they liked taking trips out and while they occasionally went places together they would have liked more organised group trips with other people and staff. Organised trips had recently taken place to Flamingo Land, York Railway Museum, Eden Camp and to Sewerby Park for a vintage car rally. Staff confirmed these two people would go out somewhere

every day on an organised trip, if they were given the opportunity. We were told that people liked to take holidays to Blackpool, Skegness, Mablethorpe, Primrose Valley and The Lake District and that almost everyone went somewhere once a year.

Some people told us they had access to the internet on their mobile phones and laptops, liked gardening, craftwork and holding barbeques. We saw that one person liked growing salad produce from seed and had an array of lettuce, radish and tomato plants in their flat ready for pricking out into larger beds at the rear of the property. One person was out most of the morning with staff travelling around Bridlington and villages close by in the service's Motability car.

Some people told us they engaged in work and occupation at Sewerby Hall Outreach Centre. Where people expressed a wish to be occupied in part-time work the service assisted them to set up something they thought they would like doing.

People's bedrooms and flats were personalised and well decorated. People told us they had chosen colour schemes and styles for their bedrooms and flats.

People we spoke with told us they had been given a copy of the service's complaint procedure, had spoken with staff about how to make a complaint and understood they could speak to a member of staff and particularly the deputy manager anytime they felt unsure about anything or wanted to complain. They said they had complained in the past and things had been resolved. We heard people discussing issues with staff and found their understanding of each other was based on 'tried and tested' ways of sorting out problems. People trusted staff to help find a solution to their dilemma.

We had received no complaints at the Commission about the service during the previous twelve months and the registered manager informed us there had been no formal complaints made directly to the service in that time.. They told us that one person had verbally complained about a staff member's attitude, which had been addressed and resolved satisfactorily. We were told by the registered manager that everyone had a copy of a complaint form and an envelope which they could hand into the office or push under the office door if they wished.

Is the service well-led?

Our findings

Staff we spoke with described the culture of the service as 'friendly, happy, fair, honest and inclusive.' They said, "The Conifers is a bubbly place to be", "We work well together and staff morale is high" and "The place runs efficiently and our shifts run seamlessly into one another, because we work as a team." People we spoke with said The Conifers was a fun place to be and that they were happy living there.

There has been consistency at The Conifers in that the registered manager has been in post for nearly 20 years. They are also one of the owners of The Conifers R. H. Limited. Staff at the service said the service was well run and that they had good support from the registered manager. There was a clear structure of management which the management team followed as it involved the registered manager playing a 'semi-distant' managerial role, with the deputy manager playing a more active managerial role on a day-to-day basis. Senior staff supported the deputy manager and all levels of staff had direct access to the registered manager via telephone when they were not present in the service.

The registered manager had an open management style in respect of sharing general information, but in respect of personal details about people that used the service their style was one which involved sharing information with the staff on a need to know basis only. This meant that while everyone with an interest in the service was provided with the information they required, anything confidential about individuals remained confidential and was protected.

A change was made to the registration status of the service; the registered company name changed in June 2015 to reflect the company name listed on 'Companies House'. The provider had completed all documentation to update their registration with the Commission, as we requested them to. The provider was meeting all other requirements of their registration.

We saw from documentation held that the service had a quality assurance system to assess and monitor the quality of the service provided. This included the issuing of satisfaction surveys to people that used the service, relatives and healthcare professionals and the completion of audit checks on many areas of service provision, as well as 'service user' meetings, staff meetings and relatives meetings.

The service held regular meetings for people that used the service: we saw minutes of meetings for August and December 2013, May and September 2014 and March 2015. The main topic discussed was that of going out for more excursions and activities. We saw that there was no date agreed for the next meeting in the minutes. We also noted that although meetings were taking place there was no evidence available stating what the service had done in response to any of the issues raised by people attending or whether these issues had been resolved. Staff did provide reassurance that all issues raised were taken into consideration. However this was not recorded in the minutes and was something of a missed opportunity.

Audits carried out in the service included those on support plans, health and safety, infection control, management of medicines and staff supervision. Information was collated and used to show where areas of service delivery needed to improve. However, there were no action plans to show how the improvements would be made.

Satisfaction surveys had been issued to people that used the service, relatives and healthcare professionals in April and May 2015. Of the 17 'service user' surveys returned, the 16 professional ones returned and the 19 staff ones returned, we saw that everyone had positive comments to make. Some comments included, 'The deputy manager is a very caring person and manages a very busy residential home. They are professional in their approach when liaising with us at Bridlington day services', 'You always get a warm friendly response from all staff. The place feels like home and residents appear to be happy and well cared for' and 'The care for (the person) is second to none. (The person) could not be in a better place.' We saw that while views of the service had been obtained from all stakeholders, they had not been collated and analysed and there were no action plans to show how improvements or changes were to be made. This was an area the service still needed to improve upon and was discussed with the deputy manager on the day of the inspection.

We saw that records were carefully maintained in respect of people's care and support needs, medicine accountability, money held for people in safe keeping, maintenance and safety of the premises, staffing levels and recruitment and quality monitoring the service, but we saw that on two occasions records had not been dated, for example, a staff reference was not dated. Again, this was discussed with the deputy manager on the day of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People that used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate assessment of the risks of falling out of windows, which had not been fitted with opening restrictors. Regulation 12(2)(b)(d).