

# Haverholme Care Home Limited

# Haverholme House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Haverholme House is registered to provide residential and nursing care for up to 47 older people, some of whom may be living with dementia. The home has not been providing nursing care since 2015. The registered provider is in the process of applying to remove the regulated activities that supported the provision of nursing care. Accommodation is provided over two floors with both stairs and lift access to the first floor. There are two units, Grove Court and Pine Tree Court although only Grove Court unit is currently open. The home has a range of communal rooms and is situated in attractive grounds on the outskirts Appleby village, near Scunthorpe.

At the last inspection on 18, 19 and 22 February 2016 we found the registered provider was in breach of ten of the regulations we assessed. These were in relation to person centred care, need for consent, safe care and treatment (including management of risk, medicines and infection prevention and control), safeguarding people from abuse, premises, complaints, staffing (numbers, support and training), good governance, fit and proper person's employed and non- notification of incidents. Due to these shortfalls we rated the service overall as 'inadequate' and it was placed in special measures. The registered provider agreed to put in place a voluntary suspension on admissions to give them time to correct the issues we found. We followed our enforcement policy.

This inspection was undertaken on 4, 5 and 24 October 2016, and was unannounced. We found significant improvements had been made driven by a service improvement plan. Increased management support had been provided and we found the registered provider to be no longer in breach of any regulations. This means the service is no longer in special measures.

During this follow up comprehensive inspection we found improvements had been made in all areas. We have rated the individual domain for 'Caring' as good; we have changed the rating from Inadequate to Requires Improvement in 'Safe', 'Effective', 'Responsive' and 'Well-led'. We have changed the rating of the service overall to 'Requires Improvement'. This is because we want to monitor the improvements further to be sure they are sustained over a period of time.

There was no registered manager at the service, a new acting manager had been appointed in June 2016, they confirmed they were in the process of submitting their application for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection there were 20 people residing at Haverholme House. They were all accommodated in Grove Court. Following the inspection in February 2016 the registered provider had taken the decision to close Pine Tree Court unit, in the short term, to enable corrective action to be taken. Each person had been consulted and had been supported to move where they had agreed with this decision.

We found significant improvements in the way the service was managed. The quality monitoring system had been reviewed and strengthened. There was closer scrutiny of governance systems by the registered provider. Where incidents had occurred, we saw evidence of clear preventative measures being put in place to help keep people safe. Staff and management were clear about their role in reporting and investigating incidents.

People and their relatives provided only positive feedback about the service. Each person we spoke with considered there had been a lot of improvements at the service especially with the environment, staffing levels and attitude of staff, care support and quality of the meals.

We found people were protected from the risk of abuse or harm. Staff were more aware of how to use the policies and procedures to safeguard people and when to make referrals to the local safeguarding team.

Improvements had been made to the medicine management systems. However, documentation relating to prescribed creams needed to be more robust.

Improvements had been made to the standards of cleaning and hygiene throughout Grove Court unit. We also found areas of the home had undergone redecoration, refurbishment and renewal with consideration to providing adaptations for people living with dementia.

We found risk assessments were completed and updated when people's needs changed. This enabled staff to monitor risk and provided them with accurate and up to date information in order to protect people and minimise risk.

We found staff were recruited safely and there were sufficient numbers of staff with different skills and experience on duty day and night. Staff received training, supervision and appraisal in order for them to feel supported and confident when caring for people.

We found people's health and nutritional needs were met. People were able to see their GP or other health professionals, such as dieticians when required. Menus had been updated including the provision of a larger range of fortified diets. The meal time experience for people was much more positive.

We found staff supported people to make their own decisions on a day to day basis; they held meetings to discuss options when people lacked capacity to do this by themselves. If people were deprived of their liberty to protect their safety, staff had ensured this was done in the least restrictive way and in line with current legislation. We saw staff provided information and explanations to people before carrying out tasks for them such as giving them medicines, assisting with meals or helping them transfer into wheelchairs.

People were treated with dignity and respect, and care was planned and delivered in a person-centred way. We observed staff interacted well with people, knew their likes and dislikes and demonstrated a caring and attentive approach.

We saw people were encouraged to participate in a range of activities within the service and local community. They were supported to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

The registered provider had a complaints procedure on display. Relatives told us they felt more reassured with the new management in place that concerns they raised would be looked into and dealt with

effectively.

## 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.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent improvement over time. We will check this during our next comprehensive rated inspection.

Staff were recruited safely and we saw improvements had been made to ensure there were sufficient numbers of staff on duty to meet people's needs.

Improvements had also been made to ensure the service was clean and well-maintained.

Medicines were managed more consistently and safely. People received their medicines as prescribed

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

**Requires Improvement** ●

### Is the service effective?

The service was effective.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

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

A renewal programme was in place and improvements had been made to the home's environment and the provision of

**Requires Improvement** ●

adaptations to promote the independence and orientation of people living with dementia.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. Menus provided a variety of meals with choice and alternatives. People liked the meals they were provided with.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

### Is the service caring?

Good ●

The service was caring.

There had been improvements in the way staff interacted with people. We observed staff were attentive to people's needs and were caring in their approach.

People were treated with dignity and respect and provided with information about their care and treatment.

Confidentiality was maintained and personal information stored securely.

### Is the service responsive?

Requires Improvement ●

The service was responsive.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'responsive' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

Improvements had been made in the way people's needs were assessed and care was planned. Further work was in progress to ensure the care records were more person-centred.

There had been improvements in activities for people, especially those living with dementia.

There was a complaints process which was on display and easily accessible to people. Concerns and comments were now addressed.

### Is the service well-led?

Requires Improvement ●

The service was well- led.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

We found significant improvement in the service brought about by good leadership. A more robust approach to quality monitoring was ensuring people received a safer and more effective service.

A new experienced manager had been appointed in recent months. We found the culture was more open and staff felt more supported. Staff morale had improved.

# Haverholme House

## Detailed findings

### Background to this inspection

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

This inspection took place on 4, 5 and 24 October 2016 and was unannounced. The inspection was led by an adult social care inspector who was accompanied on the first day by a second inspector, a pharmacy inspector and an expert by experience who had experience of supporting older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. We also spoke with the local authority safeguarding and commissioning teams about their views of the service and no concerns were raised. The registered provider was not requested to complete a Provider Information Return prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with six people who used the service and eight people who were visiting their relatives or friends. We were introduced to the new operations director for the organisation and we spoke with the operations manager, the acting manager, the head of care, a senior care worker, four care workers, the cook, activity coordinator, the housekeeper, the maintenance person and one visiting health care professional.

We looked closely at four care files which belonged to people who used the service and sampled three others. We also looked at other important documentation relating to people who used the service, such as 20 medication administration records and monitoring charts. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.



We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff, cleaning schedules, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the service and looked in communal rooms and bedrooms.

# Is the service safe?

## Our findings

People who used the service told us they liked the staff and there were enough staff to help them. Comments included, "Thumbs up, I feel safe and well looked after", "Staff have more time to sit and spend time with us, that's nice" and "There are more staff, it's better now they only have one unit open. Staff are always patient and polite. They come when I ring my bell." One person told us they often had to wait for support in the mornings as this coincided with the time of staff handover. We mentioned this to the acting manager who confirmed they would arrange for a member of staff to receive handover at a later time, so the person's personal care needs could be met at the time they preferred.

We asked people visiting the service about the management of safety, staffing levels and standards of hygiene. Comments from relatives included, "Yes it's 100% better since [name of manager] came", "No odours now, they do regular deep cleans of the rooms each month, they have a resident's day when they do it", "Much fresher and cleaner", "More staff now than when he was in the old building", "Yes, with all the improvements that have been made I feel that dad is very safe" and "There seems to be plenty of staff when I visit. They seem happier and less cliquey."

Staff we spoke with told us they felt the changes made since our last inspection had improved the service. A member of staff said, "Staffing levels are much better, we have had some staff leave but they have recruited new staff who are more positive about working here, the atmosphere is much better. Another said, "There is a new staff allocation system, we work in teams and are given specific residents to look after for the shift. We actually have more time to spend with people, it's really good."

At the last inspection on 18, 19 and 22 February 2016 we found there were shortfalls with the safe management and administration of medicines. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. When we checked the medicines systems on the first day of the inspection on the 4 October 2016 we found improvements had been made but these had not been sustained. All medicines were stored securely.

Although good recording systems were in place staff were not always following these and we found some gaps on medication administration records (MARs) when staff had not signed or recorded a code to support non-administration. Similarly with topical medicine records, staff had not always signed when they had administered prescribed creams. The MARs for two people showed they had not received medicines on a regular basis as they were asleep and staff had not contacted the prescriber to inform them or seek further advice. One person received their pain relief patch a day late and this issue was not recorded or reported. One person had been prescribed a course of antibiotics for a urinary infection. A transcription error had occurred resulting in the person receiving the incorrect dose of antibiotics. We also found there was a lack of written guidance to enable staff to safely administer medicines which were prescribed to be given only as and when people required them. Some people were being given medicines covertly (disguised in food or drink), however we found appropriate assessments and records of decision-making had not been carried out or recorded in accordance with the Mental Capacity Act (MCA). Staff had not recognised and taken action when the medicine fridge temperature had exceeded the recommended range. Although medicine

audits were completed we found recent ones had not been robust in identifying all the issues we found on inspection.

We took the decision to return to the service on 24 October 2016 to re-check the medicine systems. We found appropriate improvements had been made to the issues identified on the 4 October 2016 or new systems were being introduced and overall the medicines systems were much safer. The acting manager had arranged for additional training for staff from the pharmacy provider and had arranged a meeting with the quality and training manager to review the policies and procedures to put additional safeguards in place. We checked all the MARs and found no gaps in signatures or use of codes. We found one handwritten record on the MARs which had been transcribed correctly and signed by a second member of staff in line with the registered provider's procedures. The controlled medicines were checked and were correct, people had received their pain relief patches as prescribed. Detailed protocols had been put in place to direct staff on the administration of 'as needed' medicines and we found staff were recording on the reverse of the MAR the reason for administration. The GP had been contacted for three persons to discuss alternative times for medicine administration and changes had been made to the administration times to better fit with the person's activities of daily living.

The potential use of covert medicines for four people had been reviewed and now met the MCA guidelines with capacity assessments and best interest records put in place. The acting manager confirmed the pharmacist was in the process of reviewing all medicines which could be given covertly to check they were provided in the correct form and to provide detailed guidance for staff on how they should be administered. Checks of the medicines fridge temperature records showed these had remained within the recommended range and staff were aware of the safe ranges to ensure medicines were stored safely.

The acting manager confirmed they had reviewed and strengthened the audit processes for medicines. Daily audits continued and these were now completed by two members of staff. Recent records showed some minor issues were identified such as low stock for one person and some people's photographs needed replacing. A full audit had also been completed which had been reviewed by the acting manager, this identified some of the topical medicine records were still not being completed consistently. The acting manager confirmed they were changing the system to ensure the senior care staff monitored this more effectively. We found the medicines systems were safely managed.

At the last inspection on 18, 19 and 22 February 2016 we found there were insufficient staff on duty to meet people's needs safely. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found that staffing levels had been better maintained, there were 20 people residing at the service on the day of the inspection. The acting manager confirmed the dependency levels (care needs) had been reviewed and levels of four care workers and a senior care worker had been set for the morning duties, this dropped to a senior care worker and three care workers on the afternoon shift and one care worker and a senior care worker were rostered for the night duties. Checks on staff rotas showed these levels had been maintained and agency staff had been used to cover shortfalls where necessary, but had not been needed in recent weeks.

The acting manager confirmed and records showed the service had experienced continued staff turnover and recruitment programmes were on-going. They were currently recruiting new care staff and a part-time cook. The acting manager also told us that the hours for ancillary staff had been reviewed and the hours for maintenance and cleaning had been increased.

The acting manager had introduced a new staff allocation system which was reviewed each day. We saw call

bells, including movement sensor alarms were answered promptly and people received timely care and support. There was always a member of staff available in communal areas to provide support where necessary and staff were visible around the unit. On observing care and support and speaking to people and staff, we concluded these staffing levels were suitable for the needs of the people who used the service.

At the last inspection on 18, 19 and 22 February 2016 we were concerned about the way staff were recruited to the service, with a lack of sufficient scrutiny of people's backgrounds before employment was offered. This meant there was a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found improvements had been made, we looked at three staff files and found a robust recruitment procedure had been followed. Recruitment records were now well organised and provided clear evidence that staff had been required to complete an application form, attend an assessed interview and undertake reference and criminal record checks before being offered employment. This helped to ensure staff were of suitable character to work with vulnerable people.

At the last inspection on 18, 19 and 22 February 2016 we identified concerns in relation to safeguarding people from abuse. We found there had been a significant increase in the number of concerns raised and there were shortfalls in the reporting and investigation of safeguarding issues. This meant there was a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. Following that inspection, the registered provider made sure staff undertook safeguarding training. During this inspection we found the changes in management, improvements in monitoring of standards of care and increased staffing levels had meant people had been supported more effectively. This had produced a sharp decline in safeguarding issues occurring within the service.

We looked at how safeguarding incidents had been managed. We found appropriate liaison had taken place with the local authority adult safeguarding team and measures were in place to help keep people safe. In discussions, staff were able to describe the different types of abuse, the signs and symptoms that may alert them and what to do to if they witnessed abuse or it was disclosed to them. They were clear about the reporting procedures in place.

At the last inspection on 18, 19 and 22 February 2016 we found risks to people's health, safety and welfare were not appropriately assessed and managed. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found improvements had been made. A more comprehensive assessment of the risks each person was exposed to was now undertaken by the service. We found people's risk assessments were accurate and reviewed regularly. We noted specialised equipment had been provided where a risk had been identified which included pressure relieving cushions and air mattresses. Our checks of care files indicated the risk assessment processes and staff actions were successful in minimising the risks to people's health and welfare. Staff we spoke with understood the risks presented by people we asked them about. There was also information recorded to assist the emergency services if a person went missing and a personal emergency evacuation plan to help people evacuate the home in the event of an emergency such as a fire.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Equipment used in the home was serviced at intervals to make sure it was safe to use. Following the last inspection, improvements had been made to the incident management system. Incident forms were now reviewed monthly by the acting manager and the registered provider. They looked for

trends or patterns and took corrective action to help prevent further incidents from occurring. This information was shared with staff and relevant health care professionals to reduce the risk to people's safety.

At the previous inspection on 18, 19 and 22 February 2016 we found the systems to protect people who used the service from risk of infection were not effective. We found appropriate standards of hygiene and cleaning had not been maintained. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. During this inspection we found improvements had been made to the standards of cleaning and hygiene and areas of Grove Court unit had undergone renewal.

The hours for domestic staff had been increased and new cleaning schedules had been put in place, we saw areas containing memorabilia such as the bathroom had a specific cleaning schedule in place. The majority of areas had undergone a deep clean including the kitchen. People's rooms were deep cleaned on a monthly basis as part of the resident of the day initiative. Each day senior staff conducted a walk round assessment of the service to look for any infection control issues, any concerns found were discussed at the heads of department meeting and acted upon straight away. We looked round all areas of Grove Court and found there were no mal odours and all areas looked clean and fresh. We checked equipment and found wheelchairs and hoists were clean and maintained. The laundry was clean, tidy and secure.

## Is the service effective?

### Our findings

People who used the service told us they enjoyed the meals provided. Comments included, "The meals have got much better. The cook comes round and talks to me. They do my eggs just how I like them in the morning and there's more choice at tea-time now", "The food is very nice, you should see the choice for breakfast" and "Good grub."

People told us staff contacted health professionals for them when required. Comments included, "The doctors like you to go to the surgery if you can and the staff arrange all that because it's in Scunthorpe" and "They [the staff] will always contact the doctor or nurse if you don't feel well. We get the chiropodist coming in regularly."

Relatives felt their family members' health care needs were met and staff were skilled in providing the level of care required. They told us the meals were good. Comments included, "I think the fruit they get late afternoon is good", "I often stay for lunch with my relative, the meals are very nice", "The meals are excellent, Dad has a milkshake in the afternoon and also fresh fruit is provided and jelly", "[Name of relative] finds eating hard so they have given [name] a plate guard and staff are always there to help", "Staff seem to be well trained, they work well together now, more of a team", "Staff deal with his Alzheimer's really well", "There have been a lot of staff changes and this has been good. The staff are more attentive now" and "[Name of relative] needed a check-up at the dentist and this was arranged."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection on 18, 19 and 22 February 2016 we found the principles of MCA had not been applied consistently and lawfully. This meant there were breaches in regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found improvements had been made. We found people who used the service had their capacity assessed as necessary. Detailed information was present and those who lacked capacity had information recorded about relations who held power of attorney (legal authority) for finances and health and welfare to make sure people's rights were protected. We found MCA assessments and best interest decisions were in place to support DNACPR (do not attempt cardio pulmonary resuscitation) records and the use of equipment that restricted a person's movement, for example, bed rails. We saw applications for DoLS had been made for nine people and there were two DoLS authorisations in place. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

Staff had completed training and in discussions they demonstrated understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. We saw there were small information booklets on MCA available on a notice board for staff, people who used the service and visitors. One care worker told us, "We always ask people and give them explanations about their care. If they refuse we would always respect their decision and try going back later, usually a new face works."

We saw evidence in written records that staff had worked with various agencies and health professionals and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, social workers, opticians and dentists. The acting manager described the home's involvement in a new initiative set up by North Lincolnshire Clinical Commissioning Group (CCG) which was piloted in July 2016. It was called 'The perfect two weeks' and involved a range of health and social care professionals including a GP, social worker, occupational therapist, dietician, pharmacist and community matron. During the two week period each person's needs were fully reviewed by the relevant professionals in consultation with their families and representatives where possible. We saw outcomes from the reviews such as referrals for swallowing assessments and medicine prescription changes. The acting manager confirmed that following discussions with their local GP surgery the GP or nurse practitioner would in future be visiting the service every fortnight to hold a 'surgery'. This meant people would be able to have their health needs reviewed at the service.

During the inspection we spoke with a healthcare professional who visited the service on a regular basis. They told us they felt the service was more organised and they could see improvements in all areas. They felt staff always supported their visits and knew their patient's needs well. Following the inspection we spoke with another health professional who has involvement with the service. They acknowledged improvements in the service since February 2016, they considered staff provided more effective care and the incidence of pressure damage and skin tears had significantly reduced.

In discussions, senior staff were clear about when they would need to seek medical or nursing attention for people and care workers told us they would always report any health concerns to senior staff to check out.

At the last inspection on 18, 19 and 22 February 2016 staff were not receiving the induction, training and support they required to fulfil their roles. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found improvements had been made, staff from head office had provided support to ensure individual members of staff's records contained evidence of the training they had completed. The training matrix overview record had been updated. A large amount of training had been provided to staff to increase their skill and knowledge level since February 2016. This included ensuring staff were provided with training in topics such as moving and handling, use of the Malnutrition Universal Screening Tool (MUST), food safety and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed basic medication training and were enrolled on level two training in medicines management. Staff were largely up-to-date in mandatory training subjects including fire safety, safeguarding, food hygiene and infection control. Further training sessions were booked within the upcoming months to capture any remaining staff.

Staff were also supported to complete level two or three qualifications in health and social care and 71% of care staff had achieved qualification. New care workers were required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards. Staff received an induction to the home's policies and procedures and ways of working. This was documented within staff files. Records showed appraisal meetings had been held with the majority of staff in May 2016 and we saw staff had access to formal supervision meetings and on-going day to day supervision and support. We saw



staff performance was being monitored and action taken where staff failed to meet the expectations of their role. Staff spoken with told us they had completed training and received on-going support. One member of staff said, "We have had a lot more training in recent months. We have been working through the essential courses a lot; I completed nutrition recently that was good."

At the last inspection we found areas of the premises were not well maintained. This meant there was a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection we found improvements had been made to Grove Court unit. Some new carpets had been provided and furniture and furnishings replaced. Bathroom, shower and toilets had been upgraded and decorated to better support the orientation of people living with dementia, for example there were contrasting coloured doors and toilet seats and one of the bathrooms had a nautical theme. A seating area had been decorated in an authentic 1950's style and we observed one person chose to spend large amounts of their time sitting in this area and was very settled and comfortable. Photo canvases depicting people who used the service decorated the corridor wall. Rummage drawers had been provided in the corridor, these contained items of reminiscence with different textures and colours such as scarves, ties, ribbons and jewellery which people living with dementia could pick up and use to help stimulate their memory.

The entrance hall had been redecorated and work was in progress to decorate and refurbish one of the lounges to provide a café room. The acting manager confirmed the upgrade to all of the unit was planned and being completed in sections to minimise upheaval for people. One relative told us how their family member's radiator had not worked for the last four years and after they mentioned this to the acting manager and it had been sorted out straight away. We saw the renewal programme had not included Pine Tree Court; the acting manager confirmed this unit was currently closed and discussions were being held about the upgrade of this unit and future service provision.

When we inspected last time we found concerns with the dining experience for some people, there with a lack of organisation and support provided. At this inspection we found improvements had been made. In the mornings we saw people were offered breakfast as they got up, although the staff told us people could have their breakfast in bed if they wanted. We saw at least one member of staff remained in the dining room assisting those who needed help with their meal and this was done in a caring and patient manner.

We observed the lunchtime meal service on each day. The menu was displayed in the dining room with a choice of two main courses. Most people came into the dining room for lunch and were offered a choice of hot and cold drinks. Lunch arrived shortly after everyone was seated and we saw staff served the food from a heated trolley. The meals looked appetising and nutritious. Each person was asked what they would like and they were shown meals to help them make their choice. We saw some people needed to have their food blended. This was presented in a way that kept the meal attractive by blending each component part so people could tell what was meat or vegetables. We saw staff who assisted people with their meals sat with them and chatted to them and others who were sat at the table which made it a sociable occasion. People's independence was better promoted; staff told us how one person had recently been provided with adapted cutlery and was now able to feed themselves. There were enough staff around to provide assistance and encouragement to those who needed it.

There was a record of meals taken and discussions with the cook confirmed they were well informed about people's nutritional needs and these currently included sugar free, fortified, soft and pureed diets. The cook visited people who used the service to discuss their meal preferences, we saw evidence of menu changes from this consultation such as kippers and chicken kiev. We saw staff were attentive and offered regular drinks, snacks and enriched food between meals such as fruit, sandwiches, cakes, biscuits, crisps and milk



shakes.

## Is the service caring?

### Our findings

People told us staff were caring and kind, their privacy was maintained and they could make choices about aspects of their lives. Comments from people who used the service included, "The staff are nice. They shut the door when they help me. I do as I please, there are no rules about bed times or anything", "The staff are lovely" and "I spend most of the time in my room, I prefer that."

Relatives were complimentary about the staff team and their approach. Comments included, "The staff take their time with Dad which is excellent", "Staff are very kind, caring and friendly. Not just the care staff, I mean the cook, cleaner and handy-man as well", "Very, very caring and very good", "When [name of relative] needs the toilet, the staff always ask me to leave for a few minutes whilst they support with this. They close the curtains so no-one can see from outside" and "They always close the door and put the green light on to show they are providing support. Staff are really gentle and patient with [name of relative]. They also have a bit of fun with him, which he likes."

At the last inspection we found some staff did not engage with people unless they were providing care support and some people's dignity had been compromised due to delays they experienced waiting for care support. At this inspection we found improvements in all these areas.

We saw throughout our inspection staff were available to assist people in a timely way, they were attentive and kind. Staff monitored people closely ensuring their needs were met and they were safe and comfortable. We saw people's privacy and dignity was well respected. People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required. We saw some ladies had their nails painted and one person said they were very pleased as they were painted in their favourite colour which matched their top. We saw staff knocked on people's doors before entering and ensured any personal care was carried out in private. A dignity champion had been appointed and we spoke with them about their role. They told us they monitored standards of personal care and this involved liaising with relatives about new clothing for individuals and mentioning issues with staff if concerns were identified about people's appearance, such as delays in supporting people to change their clothing if required after mealtimes.

We asked staff how they ensured they promoted the values of privacy, dignity and independence during their interactions with people. Their comments included, "We always support people's personal care in private. We close their door and ensure the green light is on to let other people know. We make sure the person is covered up and the curtains are closed. It's important they feel warm, safe and comfortable" and "We always explain everything we do and encourage the person to do as much for themselves."

People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff took time to sit and chat with people. One member of staff said, "We have time to spend with people to build a rapport and gain their trust." We observed people and staff sharing jokes, engaging in general conversation and staff encouraged people to take part in meaningful activity. This came from all levels of staff including the acting manager and ancillary staff which created a positive and inclusive atmosphere. We

noted one person with high care needs chose to spend the majority of time in bed. The acting manager told us they had obtained a mural for the wall of their room so they had something more stimulating to look at.

People confirmed they were free to remain in their rooms and relax as they wished. They told us they chose when they got up, went to bed and how they wanted to spend their time.

We saw people had been involved in providing information for their care plans. There were preferences, likes and dislikes recorded. People were listened to and their choices were respected. In discussions staff demonstrated a good knowledge of people's health, care and social needs.

Staff were kind, compassionate and considerate in their interactions with people and we saw they dealt with difficult situations calmly and professionally. For example, one person became unsettled and anxious in the dining room during lunch and other people became upset by the person's behaviour. We saw staff managed this by talking with the person, providing reassurance and re-directing them back to their table to finish their meal. During the inspection staff were seen to go out of their way to make sure people were comfortable and content. For example, if staff were passing through the communal areas of the service they spoke with people who were sitting there and spent time with them to make sure they were alright.

We saw all personal information about people receiving care was only accessible to staff involved in care. Staff records were held securely in the administrator's office and the acting manager confirmed the computers were password protected to aid security. We saw staff completed telephone conversations with health professionals or relatives in the privacy of the office when required.

Information about advocacy services was available in the entrance hall. Advocacy services are independent of the home and the local authority, they can support people to make decisions and communicate their wishes. The acting manager told us that no-one was using these services at the time of our inspection.

## Is the service responsive?

### Our findings

People we spoke with told us they were consulted about their care and staff responded to their needs in a timely way. They also said the provision of activities had improved since the last inspection. Comments included, "They arrange quite a few things but I don't join in much. I like the singers though" and "Every day we do something; sometimes it's games or exercises or polishing. They do our nails and I choose the colour. I like to sit and chat with everyone."

Comments from relatives included, "[Name of relative] was consulted about his care. There was a meeting arranged last week", "I visit every day and spend time with [name of activity coordinator], we do chair exercises, they play cards with Dad and we made a pizza yesterday", "Before, he was in his room all the time, now he does activities and has been on outings", "We go through the care plan regularly and we had a care review meeting recently. All aspects of the care have improved" and "They tell me if there are any changes in how he is when I visit. If it was urgent they would ring me at home. I'm kept fully informed about everything he does."

One person we spoke with told us the manager and staff listened to them and dealt with any concerns they had. Other people and their relatives told us they now felt more confident that any concerns or complaints they made would be listened to and sorted out. Comments included, "We had an issue and this was dealt with quite fast", "I feel encouraged now that senior management will listen and take action" and "I can talk to [name of manager] about any worries and she'll sort them out."

At the last inspection on 18, 19 and 22 February 2016 we found care was not sufficiently planned or delivered to meet people's individual needs. This meant there was a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. At this inspection, we found improvements had been made. We saw people had up to date care plans and risk assessments in place for all their needs. These were reviewed with people and with their chosen representatives on a regular basis or as people's needs changed. We saw information was gained in a timely way from relevant healthcare professionals and advice was acted upon to help maintain people's wellbeing. Information about equipment required to be used was described clearly in the care records, for example the use of pressure relieving mattresses and cushions, hoists, wheelchairs and walking frames. We saw people who required pressure area care to prevent them from developing skin damage had detailed care plans in place to direct staff and they received this care in a timely way. At the time of the inspection there were no incidents of pressure damage. We found people's nutritional needs were also well planned and supported.

However, we did find inconsistencies with the level of person centred information to direct staff in meeting some people's personal hygiene needs. Equally one person's care plan to support the care of their catheter contained minimal care directions for staff. The acting manager confirmed they had identified these issues and planned to rewrite each person's care plans and assessment records using a new recording format. When we visited the service on the last day of the inspection, we found the acting manager had completed new care records for one person and we found these were comprehensive, detailed and very person centred. There were clearer links between people's assessed needs, levels of risk, mental capacity and their

planned care.

We found life biographies were in place and completed in some people's records. The administrator confirmed she was meeting with each person and their families to support the completion of the 'This is me' record. This gave staff better insight into people's past life, their likes and dislikes and what was important to them when providing their support. The information would also be used to inform the new care plans to support effective person centred planning.

Staff prioritised the delivery of care to people. For example, we saw a person was getting agitated, staff acted immediately to divert the person's attention by speaking to them and spent time with them. This stopped the person from feeling anxious and upset and showed us that staff were responsive to people's needs. We found staff had a good knowledge of the people they supported and were able to speak in detail about their individual needs. When they discussed people's care and support needs with us they did so in a respectful and caring way.

Staff we spoke with told us they read the care plans and they were taking more responsibility in reporting in daily records. The introduction of a new 24 hour monitoring record helped them to keep a record of what was happening and which people needed extra attention during the day. Senior staff on duty monitored people's care and information in the monitoring records was checked each shift to ensure all relevant care had been delivered and concerns followed up. Other communication books were also in use to support daily diary events and communication with the community nursing team. Care staff attended the handover meetings with senior staff delegating specific duties for the day.

We saw there was a range of activities for people to participate in if they chose to. The activity co-ordinator had a very personalised approach to people and encouraged them to take part in different activities. A log was maintained of activities and each person had their own profile, for example, this included favourite pastimes, their level of ability and support required. We observed group activities and one-to-one sessions took place with people to ensure there was social stimulation and involvement. During the inspection people participated in a singing and reminiscence session with an outside entertainer, a hoopla game, dominoes, ball game, hand massage, nail care and polishing brass. The activity coordinator explained how they were providing more life skills sessions such as 'Brasso' and baking, which were popular with people. Plans were underway to provide a kitchenette in the dining room to enable people to assist with washing up and drying pots. Records showed there had been trips in the summer to Normanby Hall and a local village summer fete. The activity coordinator was working with a local parish council to support increased access to local community groups and events for people.

The activity coordinator described some of the recent events they had held such as: 'At The Ritz' when staff dressed up in 50's style clothes and entertained people and a party to celebrate a couple's diamond wedding anniversary. They also described some of the personalised events such as providing a candlelit meal for one person and his wife and the arrangements in place to recognise and honour the achievements of two people who fought in the 2nd World War. Visitors we spoke with told us they were invited to any social event planned for, visiting arrangements were good and staff made them feel welcome.

At the last inspection on 18, 19 and 22 February 2016 we found complaints had not been appropriately investigated or responded to in line with the registered provider's policy. The information contained in the complaints had not been used to develop or improve the service. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. During this inspection we found improved systems were in place for recording, monitoring and responding to complaints.

A complaints procedure was displayed in the service and pictorial information was also provided depicting happy or sad faces. The procedures described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. Records showed that no complaints had been received by the service since we last visited. Recent whistleblowing concerns had been received by CQC and passed to the registered provider to investigate. We found a thorough investigation of concerns raised had been carried out and a detailed report of the findings produced. This showed none of the concerns raised had been founded. A comments book had been requested by relatives and provided. We checked this and found only positive comments had been made. A new notice board had been provided in the hall to provide feedback for people and visitors entitled, 'You said- We did.' This showed suggestions about meals and activities had been acknowledged and provided.

## Is the service well-led?

### Our findings

People considered there had been improvements to the service in recent months. One person said, "I think she [acting manager] has done a lot to bring the place on. It's 'very better' – you know what I mean" and another person said, "I'm very settled and happy here. Everything is more organised now." Relatives told us, "It's 100% improved, especially since [name of acting manager] arrived", "A lot of good changes with food and caring; [name of relative] is always out now with others, not left alone in his room. You can ring the door bell and people come straight away", "Yes, improvements with décor and it's much cleaner. Overall, much safer. Brilliant new handy-man", "Staff seem a lot happier in their work, vast improvements all around" and "Lots of good changes here over the last few months. In particular, there are no odours of urine anymore, staff are more available and the improvements to the tea-time menu have been really good."

At the last inspection on 18, 19 and 22 February 2016 we found quality monitoring systems were not effective and systems to identify and assess risks to the health and safety or welfare of the people who used the service were inadequate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement policy. During this inspection we found significant improvements had been made to the monitoring of quality and safety in the service and the positive changes were due to more robust and effective management. All breaches of regulation had been addressed and there were enough improvements to take the registered provider out of special measures.

A new manager was in place who had wide experience in managing services, and correcting failing services at a senior and operational level. They confirmed they were in the process of completing their application to register with CQC. There had also been changes at organisational level with the appointment of a new operations manager and a new quality and training manager. The operations manager visited the service along with the registered provider on a regular basis.

Throughout all our discussions with the acting manager, it was clear she had a very good understanding of her role and responsibility and demonstrated good organisational skills. As well as improving the management and administration systems she had focused on improving the outcomes and experience for people who used the service, especially around dementia, which was evident during the inspection. The acting manager was pleased with progress made so far but recognised there was still more work to be done in changing some staffs attitude to work and developing their skills to ensure good practice was embedded into the home. Staff were now being held more accountable for their practice and they were receiving more guidance, training and supervision to support them in their role.

The acting manager expressed a strong commitment to develop the service and was able to describe their achievements since their appointment. New systems of working had been introduced and staff were delegated more responsibility in their work. Infection control was being effectively managed and the environment was being improved. People's care and support was delivered to a better standard; people were safe and properly protected and every person had a working care plan. Communication had improved at all levels. Recruitment was on-going with 25% staff turnover since their appointment; the acting manager

was clear how they wanted to recruit the right staff who wanted to take the home forward. Staff sickness and absence was now being monitored effectively and appropriate action taken in line with the registered provider's procedures. Pine Tree Court Unit was closed and care staff numbers had been maintained when the numbers of people who used the service had decreased, which allowed people to be supported appropriately whilst corrective action was undertaken.

Daily heads of department meetings were held where any emerging risks, issues or improvements were discussed with clear actions put in place for the relevant member of staff to address. We saw these meetings had been an effective mechanism for driving improvement within the service. A system called 'Resident of the day' had been introduced. Each day a different person who used the service became the resident of the day. The heads of department met with them or their relatives to make sure they were satisfied with the service they received and to generally spend quality time with the person. It also meant that the person's care records were reviewed and their room was given a deep spring clean, this included carpets and curtains.

A service improvement plan was in place which was regularly updated. The service had kept CQC regularly updated over the last few months with the improvements being made to the service, engaging in a positive way. North Lincolnshire Council Performance Assurance Team had visited and found the service had addressed all outstanding actions in relation to their quality assessment visit in 2015; the action plan had been signed off in July 2016. The acting manager told us she was proactive in developing good working relationships with partner agencies in health and social care. The acting manager had participated in the pilot 'Perfect two weeks' multi-disciplinary review process in July 2016 and arranged for regular surgeries to be held at the service by the local GP/ practice nurse to facilitate easier access to health care support for people.

At this inspection we received positive feedback from staff about the leadership and management of the home. Comments included, "There have been a lot of changes. It's much more organised and we spend more time with residents and focus on their care", "It's a better place to work. The new manager is very good and deals with things properly. It is a much happier place", "Staff are organised and know exactly what they need to do", "It's much better now. [Name of manager] is ace. We are all working together to make the improvements. Staff morale is good" and "When I first came to work here the atmosphere wasn't good and staff were unhappy. Things have really changed and the whole feel of the service has improved, the atmosphere is more positive and staff are smiling when they work now."

A range of audits and checks were undertaken by the acting manager, senior staff and management team. This included checks in key areas of care delivery such as: care records, medicines systems, health and safety/ environment, pressure damage, personnel records, mattresses, weights and accidents/ incidents. Although we found the care plan audit was limited in format, the acting manager confirmed they had obtained a new one which they were intending to use. We also found some inconsistencies with recent medicines audits which the acting manager had addressed by ensuring two members of staff completed the daily checks and the acting manager checked and signed off the monthly audit. The acting manager also completed audits linked to the five questions the CQC covers at inspection. Overall the audit programme had been effective, where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve.

External quality audits were also undertaken on the medicines system by a local pharmacy, the results of the most recent audit in July had been positive. The acting manager confirmed they had requested the community infection prevention and control lead to complete an audit of infection control systems in the service. They were due to complete this in November and had provided a copy of the audit tool for the



acting manager to complete prior to the assessment. Monthly governance meetings were held at head office where the senior management team reviewed all the accidents, incidents, safeguarding concerns and complaints at the service.

We saw minutes of meetings held with staff and relatives since our last inspection. These showed the inspection report and rating had been discussed as well as improvements the registered provider was making to address the concerns raised in the report.

At the last inspection in February 2016 we found the service had not notified CQC about incidents that affected the safety and welfare of people who used the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We followed our enforcement policy. Improvements had been made with the service notifying CQC, since the last inspection we had received appropriate notifications for safeguarding, deaths, serious incidents and Deprivation of Liberty Safeguards.