

Life Style Care plc

Minster Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 13 and 14 June 2017 and was unannounced.

Minster Grange Care Home is a residential and nursing home which provides accommodation for up to 83 people. The service supports disabled adults and older people, including people who have nursing needs or may be living with dementia.

The service is located in York, north of the city centre. Accommodation is provided across three floors each containing two units. On the ground floor, Ash provides nursing care and Aspen provides nursing care for younger adults. On the first floor, Beech and Briar provide nursing care for people who may also be living with dementia. On the second floor, Copper provides residential care for people who may be living with dementia and Chestnut provides residential care for older people.

All the bedrooms are en-suite and the service also has communal lounges, dining rooms and bathrooms on each floor. There is a safe garden and outside balconies on the upper floors for people to use. A car park is available for visitors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager will be referred to as 'manager' throughout the report.

At the last inspection in November 2016 the provider was rated as required improvement. This was because they were in breach of five Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in Regulation 10 Dignity and respect, Regulation 12 Safe care and treatment, Regulation 15 Premises and equipment, Regulation 18 Staffing and Regulation 17 Good governance.

We asked the provider to submit an action plan regarding the breaches identified and during this inspection the actions were met. No further breaches were identified during this inspection.

Systems and processes were in place that helped keep people safe from harm and abuse. Staff had completed safeguarding training and knew the signs of abuse to look out for and how to raise any concerns.

The provider ensured there were sufficient skilled and qualified staff to meet people's individual needs and preferences.

People received their care and support from regular staff that ensured continuity and consistency.

The provider had a robust recruitment process. Checks were completed that helped the provider to make safer recruiting decisions and minimise the risk of unsuitable people working with vulnerable adults.

Where people had been assessed as requiring assistance with medicines support, these were administered safely in line with their prescription. Systems and processes were in place to record the administration of medicines. Audits were in place to maintain standards and to identify any errors or omissions where actions would be taken.

The provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

There were enough staff to meet people's needs. People received support from staff who showed kindness and compassion. People's dignity and privacy was protected. Staff understood people's individual needs in relation to their care. Support plans were centred on the person and reflected individual's preferences.

People received care and support from staff that had the skills and knowledge to understand their role. Staff received regular documented supervision to ensure they were supported in their role and development. The provider completed competency checks and were implementing further checks to ensure staff remained competent to carry out their roles.

People were supported to pursue interests and activities of their choosing. They were supported by a dedicated team of activities co-ordinators and staff fully supported people with the programmes on offer.

We checked and found the service was working within the principles of the Mental Capacity Act 2005. Staff confirmed people were assumed to have capacity unless assessed as otherwise and were supported to make decisions. The manager and staff had an understanding of Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected.

People were supported to eat and drink healthily. Any specific dietary needs were recorded in their care plan and staff confirmed they requested support from other health professionals where it was required.

The provider had ways of involving people and their relatives and obtaining their suggestions for how the service could be improved. People who used the service had been involved in planning and reviewing the care provided.

There was an effective complaints procedure for people to raise their concerns.

There were systems of audit in place to check, monitor and improve the quality of the service. Associated outcomes and actions were recorded with timely outcomes and these were reviewed for their effectiveness. The provider worked effectively with external agencies and health and social care professionals to provide consistent care.

The provider, manager and staff were committed and enthusiastic about providing a person centred service for people.

Everybody spoke positively about the way the service was managed. Staff understood their levels of responsibility and knew when to escalate any concerns. The manager had a clear understanding of their role and responsibilities and requirements in regards to their registration with CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse.

The home was clean and fresh. Infection control audits and checks maintained a safe and clean environment for people.

There were enough trained and skilled staff to meet peoples individual needs at all times.

People received their medicines safely as prescribed.

Risk assessments were used to support staff to provide safe care and systems and processes were in place to record and learn from accidents and incidents.

Is the service effective?

Good ●

The service was effective.

Staff received support and training to ensure they had appropriate skills to undertake their role.

People were supported to eat and drink and had access to other health professionals to maintain their health.

The manager and staff understood their responsibilities in respect of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

The feedback received and our observations confirmed that staff cared about the people they were supporting.

People's individual care and support needs were understood by staff, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care and support. People's care plans recorded information about their individual care needs and preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or complaint.

People were supported with their interests and activities of choice were available.

Systems and processes were in place to receive and respond to any complaints or concerns about the service.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems and processes with associated action plans were used to maintain and drive forward the required improvements in the home.

Everybody spoke highly of the registered manager and the organisation and staff understood their roles and responsibilities.

The registered provider sought the views of people and their relatives through a variety of ways including meetings, surveys and training.

There was a variety of methods in place to share information concerning the service with people and staff within the organisation.

Minster Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was carried out on 13 and 14 June 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

On the first day of our inspection, the inspection team consisted of four adult social care inspectors, one Specialist Adviser in dementia and nursing care and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During the second day of our inspection, the inspection team consisted of four adult social care inspectors.

Before our inspection, we reviewed the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur. As part of the inspection planning process we contacted the local council for their feedback.

We did not ask the provider to complete a provider information return (PIR). The PIR 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 our inspection, we spoke with 12 people who used the service and 7 relatives who were visiting people.

We spoke with the business director, the manager, the deputy manager, an improvement director and 20 members of staff including nurses, senior carers, care assistants, the activities coordinator and a chef.

We were shown around the building and looked at communal areas and, with people's permission, their private bedrooms.

We observed interactions between staff and people who used the service throughout the inspection and during the evening on the first day.

We observed support provided in communal areas including planned activities and meal times and observed medication rounds on all floors at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate directly with us.

We reviewed care records for 12 people who used the service, medication administration records, recruitment and training records for 11 staff and we looked at other records relating to the management of the service.

Is the service safe?

Our findings

During our previous inspection in November 2016 we found appropriately robust cleaning schedules were not in place and ineffective checks had been completed to monitor and address cleanliness issues within the service. This was a breach of Regulation 12 and Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had worked with the Community Infection Prevention and Control Nurse, who assisted us with our previous inspection and monthly action plans had been completed and during this inspection we found the actions were met.

During this inspection we found that the home was clean and fresh. Flooring and furniture had been replaced with new furniture in dining rooms and communal areas that was easy to clean. We observed staff cleaning corridors and floors. One member of staff cleaned the floor in the lounge immediately when a spillage had occurred. Hand towels were available in all dispensers and we observed staff wearing appropriate coloured aprons and gloves whilst caring for people. Staff used hand sanitisers as appropriate, when serving meals and medicines. There were stocks of personal protective equipment throughout the service. Staff used wipes to wash the hands of people who used the service after eating. Nursing Staff confirmed that daily walk rounds were in place to check the cleanliness and availability of hand towels and toilet paper. One staff member told us, "We complete a cleaning rota but we try and keep on top of everything as we go along."

During our previous inspection in November 2016 we found where accidents or incidents had occurred the associated records did not contain sufficient information to document that staff had taken appropriate action to mitigate the risks and keep people who used the service safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection the actions were met.

During this inspection we checked how the provider managed accidents and incidents. Forms robustly recorded details of the accident and included any relevant history. Nurses in charge had received additional training to ensure records were fully completed. Forms were audited monthly. Information was collated and analysed by each area of the home and included the time of day. This helped to identify trends and we saw action plans had been implemented which helped to mitigate re-occurrence.

During our previous inspection in November 2016 we made recommendations for the provider to review how they deployed staff around the home to ensure people were supported with all of their needs at all times. The provider had implemented an action plan and we found during this inspection, the actions were met.

During this inspection we checked the actions implemented to improve staffing across the home. The provider had recruited a night supervisor to ensure the 12 night staff were deployed effectively in each area of the home where there was greatest need. Additionally the provider had 147 contracted staff to support the 70 people living at the home at the time of our inspection. The manager told us, "We have put a real value on our staff and offer incentives and rewards for working with us or referring other staff who we then

employ." The team was complimented with staff from all levels in the organisation. This included monthly director visits, administration staff, activity co-ordinators, domestic staff, cooks and maintenance staff. This meant nurses and staff could focus on providing care and support for people.

Feedback about staffing levels was mixed. Staffing levels were sufficient to meet people's needs on the days we inspected. Agency staff were used to cover any staff absences. However, the manager confirmed, "We do use agency but we make sure they are regular agency staff and they will be supported by permanent employees." One person who used the service said, "There is enough staff. I don't have to wait long for them to come." Relatives said, "Whenever I ask staff to do something they have responded" and "Yes and no. They sometimes look harangued when they are too busy." During the inspection the units we visited appeared calm, staff were not rushing and people's needs were responded to immediately. There was a staff call bell in the home. However, we did not hear any whilst we were inspecting as we observed there were sufficient staff who were attentive, and always available to assist people at either ends of the corridors.

During our previous inspection in November 2016 we made recommendations for the provider to review advice and guidance on best practice regarding the safe administration of medicines. The provider had implemented an action plan and during this inspection we found the actions were met.

During this inspection we checked the improvements implemented and observed medicines administered to people on all three floors in the home. We found medicines were managed safely. The medicine administration records (MARs) were legible and completed correctly. There were no gaps when staff signed to say medicines had been given. Medicines were checked and signed by two people when they were delivered to the floors. They were stored safely and disposed of according to their own policy. There was a policy for homely remedies which had been followed. One person had been prescribed a medicine to stop their blood clotting. This required regular blood tests and some changes to doses. There was a safe system in place to make sure staff had the required information and followed instructions from the GP. There were clear protocols in place for 'when required' medicines. These gave clear guidance to staff about why the medicine should be given, the dose and how often they should make sure that people received their medicine when they needed it, and within safe guidelines.

We checked stocks of controlled drugs and found them to be correct. Controlled drugs (CDs) are medicines which require stricter legal controls to be applied to prevent them being misused, being obtained illegally or causing harm. The CD register had been completed correctly and when we saw staff administer a controlled drug they did so safely and in line with the service policy and procedure.

There were some people who lacked capacity and did not always want to take their medicine. A best interest decision making process in consultation with their family, GP and a pharmacist had been undertaken. If it had been decided in the person's best interest that the medicine could be given in an alternative way, such as with food to ensure the person's health and well-being, then there was clear documentation showing this had been agreed. People told us they felt safe at the service and relatives confirmed this. One person told us, "Yes I'm safe. It's better than other places I've been." One relative said, "Yes, definitely safe" and a second said "Yes they're safe. They [staff] do a brilliant job with [Name]."

Security at the home was evident. On arrival people were asked to sign in before being shown where to go in the building.

Staff were aware of how to safeguard people and were aware of reporting procedures. One care worker told us, "I wouldn't care if someone was reported if they deserved it. We are here to protect people." They told us they knew that there was a whistleblowing policy and that they had read it. They said they felt their

confidentiality would be maintained by the manager. The manager discussed safeguarding concerns with us. They showed us how concerns were recorded on a 'consideration log' and we saw this recorded detail of further communications with the local safeguarding team. Outcomes and actions were recorded that helped to ensure people remained safe from avoidable harm and abuse.

Recruitment was managed safely. We looked at the recruitment checks in place and saw all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to work with vulnerable people before they started work.

Risks to people's health and well-being had been identified. There were risk assessments in care plans relating to areas such as moving people, maintaining skin integrity, behaviours and continence. One person's care plan identified that they were at risk of falling, skin damage and needed bed safety rails fitted. The care plan described how the person would be hoisted with the support of two staff. When they were in bed they had a pressure relieving mattress and cushions for their chair and there was a maintaining safety plan describing how they were checked hourly when in bed. When we checked we saw that all the equipment was in place for this person. This was repeated for other people that we checked demonstrating that staff were aware of and responding to risks associated with people's health.

We looked at service certificates to check that the premises were being maintained in a safe condition. There were current maintenance certificates in place for the fire alarm system, fire extinguishers, portable electrical appliances, gas safety, the electrical installation and hoists and slings. There was a fire risk assessment in place and certification that checks had been completed to prevent Legionella. Legionella is water borne virus that can cause lung diseases similar to pneumonia.

The home had a contingency plan in place in the event of an emergency situation. This meant people receiving care and support would continue to do so in the event of an emergency situation for example, an unforeseen event such as fire or flooding.

Is the service effective?

Our findings

During our previous inspection in November 2016 we identified gaps in staff training and found the provider did not have a robust system to monitor staff competency and support continuing professional development. This was a breach of regulation of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection, that although some training remained outstanding, the provider had a schedule of training planned and all other actions were met.

During this inspection we looked at staff training records for all employees. Records showed staff completed training in areas considered essential, for example safeguarding, moving and handling, prevention and infection control, fire, food, health and safety and dementia. Other training was provided and dependant on people's individual needs. The deputy manager told us, "We have ensured that where people need specific training for example, staff in one part of the home required managing challenging behaviour training, we have delivered that training first." They told us, "The quality lead has completed some further training in this area along with infection control as 'train the trainer' so we have now scheduled further sessions for staff with the quality lead." Training was managed electronically and flagged up when refresher training was due so this could be scheduled.

A supervised support program for registered nurses ensured they received appropriate training and support to maintain their registration. Nurse competencies in a number of areas were completed. These included medicines. The nurse in charge of one unit told the inspector that a care worker felt they hadn't been able to answer inspector questions thoroughly enough and so had requested further training in that particular subject. The manager showed us a template they were implementing to record further staff competencies in other areas, which would include moving and handling. This meant systems and processes were in place to support staff to have the required skills and competence to complete their role.

People's comments were positive about staff skill and knowledge. One person told us when asked if staff were well trained, "Yes they are" and a relative told us, "[Name of person] is very challenging and they seem to know what they are doing." Staff knew people well and had a detailed knowledge of each person. When we asked staff about people's needs they were able to describe these to us.

We looked at 11 staff files. We saw staff completed an induction and period of shadowing before working independently with people. New staff completed the skills for care induction programme. This ensured that new staff received a standardised induction in line with national standards. Staff told us they had completed an induction when they started working at the service and training since then. A care worker told us, "My induction helped me know what to do when I first started here and I have done a lot of training since then."

Supervisions were recorded in staff files and these were at a minimum of 2 monthly intervals. One staff member said, "I have supervision regularly, I completed a pre-assessment form with agenda items for discussion." We saw that supervisions were used to discuss areas of practice and sometimes areas of concern. For example, 'to encourage improved record keeping' had been discussed with one person and

examples used. This meant that staff were supported in their role and were able to discuss their aspirations, concerns and other areas regarding their role.

Communication at the service was good. Each unit had a meeting every morning where the resident of the day was chosen and areas of importance were discussed. At the meeting on the second day of the inspection the importance of fluids in hot weather had been highlighted. The meeting was also used to go over procedures. There were written handover reports. We saw these recorded where the night staff had completed a mental health assessment during their shift and taken part in activities with people.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the individual ways in which people indicated their consent. This included non-verbal communication. We saw that mental capacity assessments had been completed and decisions made in people's best interests. In some cases a person had been given a Lasting Power of Attorney (LPA) and had been involved in decisions about their relatives care. LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Some people's support plans contained information relating to DoLS. We saw records were up to date and staff we spoke with told us they were informed about any restrictions or requirements associated with DoLS in place. Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged people to make choices and decisions. One staff member said, "It is about giving people choice and asking them what they want; then I will know what they want and what to do for them." They said, "I always offer people choice on what they want to wear and what food and drink they would like." A relative told us, "Staff work hard to promote and sustain independence and my relative can actually do more now than when they first came here; that's really encouraging. It is things like washing, tidying their room and even to some extent feeding themselves a little more, rather having someone do it for them. These things used to be done for them to save time but now it's about enabling and promoting more independence."

People were supported with their food and nutrition. Comments from people included, "The food is really good; I usually eat what I am given but to be fair if I hate it I can have something else." "I am a chef and can tell you it is good cooking; homemade Yorkshire puddings not shop bought stuff here." "Sometimes during the night I might want a hot drink and there is always someone to get me one to settle me down again." And, "My friend is really awkward regarding food - the staff here bend over backwards to find them something they will eat."

We observed the lunchtime meal which was the main meal of the day and a tea time meal. Staff offered people a choice of what they wanted to eat and drink. Staff were present in the lounge and the dining room during the mealtime and spent time assisting people with their meal and prompting and encouraging others. People who had chosen to eat in their rooms or whom were in bed were all assisted by staff in a timely manner.

Menus were displayed on all tables with table cloths. Staff used verbal and visual aids to enable people to make informed choice. Meals were served with heated covers in place to keep food warm. There was an alternative menu displayed which gave people a large number of options of other meals if they preferred. Bottles of water were available in the dining rooms and lounges along with crisps and fruit. Hot drinks were also served.

We spoke with the chef who showed us the information they received from the staff relating to special diets or textured food requirements. They had a notice board set up to show where people had particular needs where they had used this information. They had also identified where people living with dementia may require finger foods. Allergens were identified and where people were vegetarian or had allergies, a specific area of the kitchen was used for preparation.

The home had requested a follow up food hygiene inspection after completing improvements to the kitchen area. We found out after the inspection they had been awarded a rating of five which is the highest rating achievable.

The environment was dementia friendly. Colour and contrast had been used to highlight certain areas. The handrails were painted in a contrasting colour so that people were able to see and use them to walk around. Pictures were set at eye level to enable people to be able to see them clearly. Some areas were themed for reminiscence. In lounges seating was in small groups to encourage conversation. There were also areas around the building for people to sit quietly. There was signage throughout with particular emphasis on areas of importance, such as toilets and bathrooms. In the dining room food pictures were displayed and the environment made it clear this was a dining room in order that people recognised where to go.

Colour contrast had been used in toilets by having a red toilet seat as. This assisted people to maintain continence by clearly showing where the toilet was. Bedroom doors were painted in different colours identifying them clearly. There were pictures on each bedroom door along with the person's name indicating it was their bedroom and there was a display case outside each person's room containing photographs of the person and their families. One person said, "My room has been decorated to suit me, nothing toned down and it's like being in my own bedroom again."

There was a secure garden area with raised flower beds and grassed areas on the ground floor. There were areas where seating had been placed so that people could wander through the garden at their leisure.

People were supported holistically with their health needs. Daily records included food and fluid intake for each person and this was updated electronically in real time by staff. All records had weight and Malnutrition Universal Screening Tool (MUST) scores to identify where people were at risk and these were reviewed every 28 days. Professional visits to people were recorded and there was evidence of staff making timely referrals to other health professional as appropriate, for example; GPs and Speech and language Therapists (SALT). A relative said, "[Name] has a pressure sore; it is immaculately maintained and staff are all very conscientious, they involve the GP or the district nurse and they act on any recommendations made."

Is the service caring?

Our findings

During our previous inspection in November 2016 our observations found people who lived at the home were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection that the actions were met.

During this inspection most of the feedback we received from people who used the service and relatives was positive and highlighted how caring the staff were. One person referring to a senior care worker said, "I really love him very much. He's a very kind man." Another person said, "I have no complaints, only admiration for all the hard work from the carers and how well I am cared for in here."

Our observations confirmed staff were caring and treated people with kindness. On several occasions, we saw as staff walked past people they interacted and acknowledged them. One resident who was walking around was tearful at times and we found staff spent time talking to and reassuring them. One person spent time sitting in the corridor and we observed they were spoken to on numerous occasions by the staff who had a laugh and a joke with them.

People were spoken to in a kind and appropriate manner. Use of touch was used with people who were not always able to communicate verbally. Staff used simple language and questions when interacting with people and gave them time to reply. Staff were observed bending down and speaking to people at their eye level if they were sitting in a chair.

We observed many positive caring interactions between staff and people who used the service. Staff knew people well and had time to chat with them. Another person told us, "Yes the staff are fine." We saw in the rooms that someone had written messages on each person's notice board such as, 'Have a nice day' showing thoughtfulness. A relative told us, "Staff are not domineering over people; they are caring and take time to guide people whenever we are here."

Relatives told us, "We have lots of communication with the staff in the home, they tell us what has been happening." and "The staff do a brilliant job with [Name of relative]. They always telephone me if anything is wrong."

The manager told us people were encouraged to be involved in their care plans as much or as little as they wanted to be. Most people at the home told us they did not want to be involved with their care plans as it was just another worry. However, relatives said that they were happy with the care plans and welcomed their involvement. They were always involved and this helped them to feel that they had not 'lost' their relative or loved one. A relative said, "I am always consulted more or less but [name] can respond on their own at present" another relative said, "Yes they [staff] keep me up to date."

We saw information around the home on advocacy services. An advocate is an independent individual who can provide people with information and guidance to ensure they have their voice heard on issues that are

important to them within health and social care services. They can assist with making decisions on a person's behalf where people may not have the full capacity or understanding to do so for themselves.

People's records and private information was maintained securely. Computerised 'person centred care' software was in use at the home. The staff carried 'i-pod's' which had the system installed and senior staff used laptops. Staff had to sign themselves in and out of the 'i-pod' at each shift so information about people was not removed from the building. All software was password protected and paper records were locked in offices. These measures ensured people's confidentiality.

End of life care was explored within the care plans and we saw discussions had taken place about the use of anticipatory medicines for one person. Anticipatory medicines are often issued by GPs for patients nearing the end of their life, to manage any symptoms they may experience to ensure their comfort. We saw discussions had taken place with a family about what their relative would want to happen at the end of their life. Nurses had been checked to ensure they were competent to provide palliative and end of life care. They had been trained in the use of syringe drivers. A syringe driver helps reduce symptoms by delivering a steady flow of injected medicine continuously under the skin.

Is the service responsive?

Our findings

During our previous inspection in November 2016, we found staff were not always responsive to people's individual needs and improvements to records and people's care and support were required. The provider had implemented an action plan and we found during this inspection that the actions were met.

During this inspection we looked at care records for 12 people at the home. The provider had purchased, and was implementing electronic 'person centred software' to record, monitor and update people's care and support information. The manager told us, "We have moved the key information across to the electronic system but we still have other paper records to add on." They confirmed this was a priority to remove the reliance on two systems. One staff member said, "The electronic record system is the best thing the company has spent money on."

People's care plans centred on the individual. They covered areas such as communication, continence, daily life, emotional support, maintaining safety, nutrition, hydration, mobility and people's cognitive abilities. Overall, the information recorded, gave a good overview of each person and the support they needed. We did see some support plans would benefit from more detail to guide staff on people's needs. For example people did not have a specific care plan for dementia. We spoke with the manager who told us they would contact the supplier with a view to adding this to the system to improve the information available.

A staff member we spoke with said they found the new electronic support plans to be very detailed and informative. They said, "They are perfect, more than perfect; they tell you everything you need to know and they are up to date with current information at the click of a button." We saw the system prompted staff to review people's records twice a day. A nurse in charge confirmed, "We review the on line system for any omissions and changes and we complete a full review that includes paper records every 28 days."

The service had an initiative called 'resident of the day.' This meant that each day one person living at the home had every aspect of their care examined. For example, nurses would review care plans, domestic staff would give their room a deep clean and the chef would check their likes, dislikes and specialist requirements for food and drinks was up to date. A staff member told us, "It's the icing on the cake that makes sure everything is as it should be based on a single person."

Staff did not appear rushed and all residents were up in lounges by 11:00 am on the day of our inspection. A staff member commented about the benefits of the electronic record system, "It is brilliant; I now spend 95% of my shift directly with the people. I had a spare 10 minutes this morning and was able to help [name] to do a jigsaw."

The person centred software was used to record where people had been offered and had engaged with activities at the home. This meant staff could see at a glance where people may require interaction over any 24 hour period. One of the two activities co-ordinators told us, "People have choices to be involved in group activities and we try and support people where ever possible with their interests and with activities of their choice. The electronic records help us to ensure people don't remain isolated." The manager told us, "We

have an activities co-ordinator who provides the main activities and they are supported by another co-ordinator who provides one to one activities with people." They said, "We also use an agency that provides support, in addition to the standard rota, to people on an individual basis who may pose some challenging behaviour. This provides staff with additional support, in particular at busy times."

The provider was not risk averse when it came to meeting people's needs. We saw risk assessments were in place for any event or activity that was brought into the home and all staff were clearly engaged in the programme of events. The manager told us and we saw from records that night staff had introduced activities, that included bowling to those people still awake and willing to engage. We saw activities on offer included prayer mornings, a summer fair, and a trip to Scarborough which included the maintenance person in case wheelchair repairs were needed, swimming, Morris dancing, gardening and memory photos at coffee mornings.

One person told us, "Overall I'd give this place 8 out of 10. They look after you and any needs, they get on with it and I think we are very lucky to be here. I have my own doors that open out onto gardens and one end of my room is all glass windows. I can see squirrels and birds feeding from my bird table." Another person said, "They are trying to get us both to a couple of games this season to York City, we went last season. We like to have a pint before we watch the match. Last time two of the maintenance staff took us on their weekend off, we all really enjoyed it."

Concerns and complaints were encouraged and responded to. The provider had a complaints policy and procedure and information was available throughout the home and this was available in an accessible format for people. One person told us, "I would complain if I needed to but don't have any reason to." A relative said, "I have had no cause to complain but staff encourage you to do so if they think it is valid." A relative gave an example some months ago when the home wanted to move a person to the residential floor which they were not happy with. They told us this was resolved when they complained about the decision and they confirmed they would go to the manager if they needed to raise a complaint. The provider had a complaints log. This confirmed information about the complaint was recorded with actions signed and dated on completion.

Is the service well-led?

Our findings

During our previous inspection in November 2016 we found the provider had not established and operated effective systems to ensure compliance with the fundamental standards of quality and safety. The provider's governance systems were not robust enough to identify and fully address areas of practice where the quality and safety of the service had been compromised. The provider had implemented an action plan and we found that during this inspection that the actions were met.

During this inspection we looked at how the provider maintained and improved standards of care. We saw they had a live working action plan in place that included actions to address the concerns we found during our previous inspection. The action plan was reviewed monthly with input and oversight at director level. The provider had included input from audits completed by the local council quality assurance team, the Infection control team, the food hygiene standards authority and internal audits for the management of medicines, reviews of people's care records and staff files that included training. Feedback included additional action plans and support to help the service improve. We saw where areas of improvement were required actions were implemented in a timely manner and reviewed for their effectiveness.

On day two of the inspection one of the directors was attending the home to do a walk around and oversight visit to the service. These happened regularly and written reports were completed with actions for implementation. The walk around focussed on comments from the previous visit to ensure improvements had been made. At a visit by a director on 7 June 2017 it had been recorded that, 'There was no evidence of tables been dressed'. At a visit on 14 June 2017 it was recorded that "Tables in both units set attractively." This demonstrated an improvement had been made as a result of the report.

The provider is required to have a manager as a condition of their registration for this location. At the time of our inspection, there was a manager in post and they had been the location's manager since May 2015. The manager was supported by directors in the organisation, a deputy manager, and nurses with responsibilities for each floor and associated areas within the home.

We found the manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. The submission of notifications allows us to check that the correct action has been taken by the registered persons following certain events, accidents or incidents.

Everybody spoke highly of management at the home. One person said, "One of the two managers seems to be on every floor a lot of the time during the day." A resident said, "We can drop in the office and say hello; the manager knows who we are and it is nice to have a quick update." Staff told us they like the new 'can do' approach to things which they told us they found motivating and satisfying. Other feedback included, "There is now stability and direction from the top down and everyone responds to that positivity; it's a pleasure to come to work." And "One good thing about the service is that the management staff and all the other people who work here are a team and it makes such a difference."

We saw the manager had good knowledge on the needs of people who used the service and it was clear

they were well known to people. We found the manager and the deputy manager to be enthusiastic, caring and committed to providing a good quality person centred service. Where we found any concerns during the inspection these were pro-actively investigated and acted up on.

Staff meetings and meetings with relatives and residents were held on a monthly basis which gave opportunities for feedback to contribute to the running of the service. Staff were keen to emphasise their involvement with improving the service. One of the care staff told us how they had made a suggestion to the manager on how to improve the system for enabling people to make a choice at meal times. They told us, "I have seen plastic plates with plastic meals on in a shop window in town. I thought it might be useful to demonstrate what different choices were available as it would make it much easier to show people and avoid staff holding up hot meals." They were hoping this idea would be adopted by the home.

We looked at minutes of some of these meetings and saw discussions took place and included; training, fire strategy, satisfaction survey and a copy of the draft summer menu for discussion. Staff confirmed they received feedback on the outcome of any incidents to try and prevent any re-occurrence.

The service was trialling new ways to engage relatives with the service and to keep them involved. The deputy manager told us how they invited relatives to attend training sessions. They told us they had invited relatives to attend a recent dementia awareness course. They said, "In general people don't have a big awareness about dementia until it happens to a loved one; they are then often confused about the persons change in behaviour; relatives really can benefit from the training as it can provide them with answers to their questions about dementia, giving them a better understanding." The manager told us some residents had started a group to provide discussion and provide information to other relatives of people at the home. They told us the group was an informal place where relatives could connect and receive information about the home.

When we asked about the culture at the service a care worker described it as, "Very supportive and friendly but can be stressful." Relatives demonstrated through their examples that the service was open but caring. One person's relative had to move from the service but the manager had made it clear that they would not be moved until a suitable placement was found. The relative told us this was taking a long time but no pressure had been put upon the family. They told us staff had been very supportive.

The provider sought the views of people and their relatives to maintain and improve the service. The provider had completed a satisfaction survey with residents and relatives. The feedback showed an increase from an average score of 80% across 13 domains in 2014/15 to 84% in November 2016. High scoring areas included 'How do you rate privacy, dignity and choice of care, overall view of the home and how approachable do you find your manager. Lower scoring areas were laundry, catering and cleaning. Where outcomes required improvement actions had been implemented. For example, laundry and domestic team were now managed by a quality lead and a recent infection control audit had shown improvements in this area. Information from the survey was displayed around the home on printed posters that included 'What you said you wanted' and 'what we did'.

Information was also shared in a monthly 'Minster Times' publication. This included details of activities, celebrated successes, included key dates to remember and promoted the national care home day which the home participated in on the 16 June 2017.

The registered provider worked effectively with external agencies and health and social care professionals to provide consistent care. This included the council, safeguarding teams, therapists and GP's.

