

Molescroft Nursing Home (Holdings) Limited

Beverley Grange Nursing 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 4th, 13th and 15th June 2018 and was unannounced.

When we completed our previous inspection on 5th June 2017 we found concerns relating to record keeping processes which were ineffective in monitoring and improving the quality and safety of the service, assessing and mitigating risks and maintaining contemporaneous records of each person using the service. At this time these topic areas were included under the key questions of Responsive and Well-Led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key question of Effective and Well-Led. Therefore, for this inspection, we have inspected these key questions and also the previous key question of Responsive to make sure all areas are inspected to validate the ratings.

Beverley Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beverley Grange provides accommodation and support to a maximum of 75 people some of whom may be younger or older adults that may have physical disabilities and/or living with dementia. At the time of our inspection there were 59 people using the service. The home is purpose built and split into two areas, the first floor is for those people requiring nursing care and the ground floor for people that are more mobile and independent. There are seven bungalows within the grounds of the home three of which were occupied at the time of this inspection. People could live as independently as they could with support available if needed. A large garden with a greenhouse and raised beds of flowers surrounded the home and parking is available on site. The home is located on the outskirts of Beverley in East Yorkshire.

There was a registered manager in post at the time of this inspection. 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.

Staff had exceptional skills and expertise to empower people and their families to be involved in the care planning process. Management supported staff by offering specialist training which supported them to achieve responsive and effective care outcomes.

Records showed staff were innovative and proactive in their approach. Staff worked above and beyond to support people, they arranged multi agency support frameworks, offered support for those transitioning back into the community and worked tirelessly to ensure nursing care was continuously improved to demonstrate high standards of achievement in areas such as pressure care.

Staff were highly skilled at enabling people to explore different innovative communication methods find

those that best suited individuals and their capabilities. Relatives told us that staff were patient, friendly and very kind when facilitating people's freedom to express themselves. This supported an inclusive environment with equal opportunities for all people living at the service.

Relatives feedback praised staff for their kindness and professional manner towards those people requiring palliative care. Staff spoke passionately about ensuring people were comfortable and meticulously cared for during end of life care. Relatives had thanked staff for their exceptional support, care and attention during difficult times.

Staff took time speaking with people about their life histories and captured this information to support people to achieve their future aspirations. People were encouraged to get involved with activities and event planning that incorporated parts of their life stories. People spoke proudly of their achievements and felt a sense of value and belonging within the home.

Detailed risk assessments had measures in place to mitigate risks such as, choking or falls. Records such as food and fluid intake had been accurately documented to reflect amounts taken each day. Guidance on best practice was readily available should staff need to refresh their knowledge.

The provider had various quality assurance processes in place to maintain good practice and improve quality standards within the home. The registered manager told us they were in the process of updating all their quality assurance systems to maintain good record keeping and monitoring to drive continuous improvements within the home.

People were protected from avoidable harm and abuse. Systems and processes were in place to minimise the risks and guide staff should they need to report a safeguarding incident. Staff were knowledgeable about the signs and types of potential abuse and how to report them.

Staff responsible for administration of medicines received regular training and competency checks. Medicines were administered safely and stored at correct temperatures. Medicines for pain relief were monitored to ensure they were effective.

The provider maintained safe staffing levels and robust recruitment checks were in place to ensure people were of suitable character to work in a care home environment.

Staff were encouraged to develop their skills and knowledge. The provider had employed an external trainer to support them in accessing the right courses to develop staff in their role. Regular supervisions and annual appraisals were in place to support staff. This meant that people received a higher standard of care as the staff team had developed their own knowledge and understanding in terms of caring and supporting people in the right way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff promoting people's dignity and privacy. Staff were knowledgeable about how they could ensure people maintained their independence. This included supporting people's diverse needs and promoting equality in the home.

Systems and processes were in place to support people should they need to raise a complaint. Relatives told us that the registered manager was proactive in dealing with any concerns.

The provider sought feedback from people and their relatives to improve the service and lives of people living at the home. Staff and relatives told us the registered manager was approachable and supportive. We observed both people living at the service and their relatives speaking to staff without prior appointment throughout the day.

Management were always visible and the owner had a hands-on approach which made staff feel supported. The atmosphere was warm, jovial and welcoming.

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 remains Good.

Staff were knowledgeable about the different types of abuse and told us they would report to their manager, CQC or the local authorities safeguarding team. Systems were in place for the safe management and administration of medicines.

Recruitment processes were robust and regular supervisions and appraisals supported staff to carry out their role.

Care plans and risk assessments were reviewed monthly and reflective of people's current needs. Records showed that management considered staff skill mix and people's dependency levels to ensure rotas calculated appropriate staffing levels.

Accidents and incidents were recorded with actions taken and an overview to monitor any reoccurring themes.

Is the service effective?

Good 

The service remains Good.

Staff felt supported to carry out their role with a wide variety of training courses available for them to develop their skills and knowledge. Supervisions and appraisals were completed regularly.

Staff understood the importance of obtaining people's consent and ensuring people were supported to make informed decisions. Processes were in place for staff to follow should they have concerns about a person's capacity to make decisions for themselves.

People told us there was plenty of choice during mealtimes and the food looked appetising and hot. Staff took time to support people that required assistance with eating and drinking.

Health professionals told us that all staff followed any advice given to them and worked alongside them to improve people's health and well-being. The premises had signage and

personalised information to support orientation for those people living with dementia.

Is the service caring?

Good 

The service remains Good.

People and their relatives told us that staff were kind, helpful and compassionate.

Staff knew people's likes, dislikes and preferences and treated people with dignity and respect at all times. Dignity champions raised awareness around person centred care for people whilst respecting their wishes.

The management team operated an open door policy and we observed staff, residents and people approaching them to discuss various aspects of care and support or to have a day to day conversation.

People had diverse needs and staff were creative in accommodating them and looking for new innovative ways to support them. Equal opportunity policies were in place for both staff and people living at the service to ensure discrimination was not tolerated.

Is the service responsive?

Outstanding 

The service has improved to Outstanding.

Health professionals described the service as incredibly person centred and build around the needs of each individual which ensured positive outcomes were continuously achieved. Care plans empowered people and their relatives to be involved in the care planning process.

Activities and events were organised to incorporate people's interests and hobbies, families were invited to events to create a fun and socially inclusive environment. The atmosphere staff took time to create was happy, jovial and content.

Staff worked tirelessly to deliver compassionate and high quality standards of care and support to people receiving end of life care, respecting their choices and wishes at all times.

Staff were very knowledgeable, motivated and compassionate when considering innovative ways to support and empower people to communicate and fulfil their own aspirations.

Complaints were investigated, thoroughly analysed and responded to in detail to ensure lessons were learnt to improve outcomes for people.

Is the service well-led?

Good ●

The service has improved to Good.

The provider had made several improvements since our last inspection which had a positive effect on the management and leadership of the home.

Quality Assurance processes highlighted areas that required improvements and action plans demonstrated clear guidance of responsibilities and timeframes.

Care plans and risk assessments were regularly reviewed taking into account people's changing needs. Guidance was available for staff on specific health conditions to support them when caring for people with specific needs.

The registered manager was in the process of completing a leadership programme to develop their skills in this field and had signed up to various updates to ensure best practice was adopted in the home.

Annual satisfaction surveys captured people views and suggestions and any actions put on a you say we did whiteboard for visitors and people to view in reception.

Beverley Grange Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 4, 13 and 15 June 2018 and was unannounced.

The inspection team included an adult social care inspector and an expert-by-experience on the first date and an adult social care inspector for the last two dates. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge and experience of older people and those living with dementia.

We reviewed information received from the home prior to this inspection, this included notifications that the provider is required to send to us informing us of significant events that have happened in the home. We requested feedback about the service from the local authority commissioning and safeguarding teams. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who use the service and four visitors/relatives. We spoke with three GP's, a district nurse, two senior care workers, three care workers, the cook, the nominated individual, registered manager and general manager. The nominated individual is a person chosen by the organisation to represent them. They are responsible for supervising the management of the regulated activity provided.

We reviewed a range of records which included care plans and daily records for seven people and six staff

files. We completed a Short Observational Framework for Inspection, which is a tool inspectors use to capture the experiences of people that are unable to express their views. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and maintenance of the premises and equipment.

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff were friendly and helpful. One person told us, "I feel totally secure" and a second person said, "I'm 100% safe as people are around." One visitor said, "I know staff here, [Name] is safe."

Staff we spoke with had completed safeguarding training and could explain the different types of abuse and how to report them. One senior member of staff told us, "I would stop any type of abuse straight away and take the person straight to the manager. I can't bear to see anyone hurt. I have never witnessed any abuse here, people are always put first."

Training was available to all staff to manage behaviours that may challenge. Staff knew people well and could tell us when people may become anxious around mealtimes or other activities that may stimulate their behaviour. The support in place from the management team and the additional training provided staff with various distraction techniques and skills to de-escalate behaviours that may challenge. This encouraged positive behavioural support to ensure people living with dementia received the right amount of interactions and built good relations with staff and people living in the home.

Care records included monthly reviews where information was updated to reflect changes in people's needs. For example, one person had recently been assessed as medium risk of choking. The person had been referred to the speech and language therapist and a pureed diet recommended as a preventative measure. Staff had clear guidance as to when they needed to involve other health professionals for advice and records confirmed that regular referrals to appropriate health professionals were being made.

Risk assessments were recorded in people's care plans for existing or newly identified risks. Staff had access to this information to ensure people received safe care and support without undue restrictions.

The home environment, utilities and equipment had been checked to ensure they remained safe to use. This included fire risk assessments and servicing of equipment such as passenger lifts and fire extinguishers. Personal emergency evacuation plans were in place detailing the support required to safely evacuate people in the event of an emergency situation.

Accidents and incidents were recorded in detail with actions taken by staff. Records documented any measures put in place to reduce reoccurrences and when necessary the staff had ensured regular observations were in place.

Prevention and control of infection was appropriately managed and staff had access to personal protective equipment (PPE), such as gloves and aprons. We observed staff wearing the appropriate PPE and regularly washing their hands after completing tasks such as medicines administration.

We observed sufficient numbers of staff to meet people's needs during the inspection. One person told us, "Carers pop over all the time, with food and things, don't know their names but same faces." A second

person advised, "All are kind - asked if I need any help, and I use my call button." However, a couple of visitors did raise concerns that staff always looked very busy. Staff told us they worked together as a team to cover shifts if any staff were absent at short notice. We reviewed rotas and staffing allocations which showed us that staffing levels and skill mix were taken into account to ensure people's needs were met. The provider assured us that they worked hard to cover shifts on the occasions that staff were absent and often supported staff themselves during busy periods. We did not observe staff rushing during the inspection and staff told us they had time to stop and talk to people throughout the day.

The provider ensured safe recruitment practices were followed. Staff files recorded pre-employment checks such as references being obtained prior to staff being offered employment. This ensured they were of suitable character to work with people in a care home.

Systems were in place for the safe storage and management of people's medicines. People received their medicines as prescribed. Staff received training which was reviewed annually and regular competency assessments completed. Medicines for pain relief were monitored by staff and their effects recorded, this ensured people were pain free. The medicine returns book had not been signed or dated by the pharmacy to record when medicines had been returned to them. The provider told us that the returns had been collected during the later shift and that this would be discussed with all staff to ensure records were signed and dated in future. Records did accurately reflect the amounts returned each month.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills needed to provide effective care and support. One person said, "Yes, staff helped when I needed it." Staff felt training supported them to carry out their role.

New staff completed an induction to the service which included; introductions to people, policies and procedures and the care certificate. The care certificate is a set of minimum standards that should be covered as part of induction training for new care workers. Staff shadowed a senior member of staff for up to three months before being signed as competent to work alone unsupervised.

Staff we spoke with told us they received regular supervisions and yearly appraisals, records confirmed these were up to date for all staff. Staff told us, "I can pop and talk to [Name of general manager], she's brilliant. I can have a chat about anything personal or work related" and "We receive good support from our managers." Records showed 'observational supervisions' were completed regularly, these covered key aspects of care such as; mealtimes, moving and handling/use of equipment and medicines administration. This ensured staff were aware of best practice and had the skills and knowledge to support people in the right way.

The provider had employed an experienced external trainer to deliver and promote staff skills and development. All staff had completed the dementia NVQ level 2. Various courses were available and included; behaviours that challenge, equality and diversity, care planning and specific training on people's health conditions. Staff told us they felt supported through their journey to develop their skills and knowledge. The provider had worked with the trainer to recognise the needs of staff, and discussions had taken place to highlight individualised training programmes to support staff achieve their goals. The external trainer and management team had played an important role in inspiring and motivating staff to learn. One member of staff told us, "I have always wanted to become a nurse." They told us the provider had allowed them to stay on as bank staff so that they could work whilst at university. One member of staff advised, "Since our last inspection we have more training, we can work through course booklets at our own pace like end of life care or dementia. This made me stand back and realise how much more you can do in different ways to provide better care." One senior member of staff said, "The training has helped the staff understand more and it brings it home why you're doing things. We don't get pressure wounds any more, this place is doing its job. Care wise you wouldn't get any better. The staff work hard and I feel it's a pleasure to come to work." Records documented people that had come into the service with pressure sores and were nursed back to good health with the sores healing over a period of time.

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 authorisation procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was following the MCA. Records showed that when staff were concerned about people's capacity to make informed decisions, assessments had been carried out and meetings held to make decisions in people's best interests. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff were aware of the importance of obtaining people's consent to care and treatment. One person told us, "I am the decision maker. I ask them about things" and a second person advised, "They [Staff] ask 'Is it alright with you' and Matron is so sweet." We observed people knocking on bedroom doors before entering and asking people what they would like to eat or whether they were ready for personal care.

Staff had received Mental Capacity Act training and supported people to maintain independence around decision making. One person told us, "They have treated me well, very helpful, they don't take away your independence - I cannot speak highly enough of them" and another person advised "All very nice and very pleasant and they listen to me."

People received support from staff to maintain their health and wellbeing. The cook told us that people were involved and could make suggestions around menu choices. The cook said, "One person requested chicken curry and this is now on the menu." The cook was aware of people's dietary requirements, these were recorded on a whiteboard in the kitchen for quick reference and a daily list provided by care staff to ensure people's choices and needs are catered for.

One person told us, "I like the chicken & vegetables and the puds are very good" and a second person said, "Always choices, vegetables and fruit, [Name of staff] even put some honey in my porridge, [Name] is so kind". We observed staff taking time to assist people that needed support to eat and drink during the lunchtime period. People were chatting to each other and the atmosphere was relaxed. People could choose where they would like to sit and condiments were available. We did not see any menu's available for people to read and were told that choices had been made the previous day. The cook told us that if people changed their minds they would accommodate them.

The provider worked in partnership with health professionals to ensure people's immediate needs were supported. One visiting health professional advised, "The staff follow any advice given. It is a good home and everyone is well cared for. I have no concerns." One person said, "I saw a doctor today, used to see a district nurse to dress a small wound but okay now, seen opticians and got new glasses." Records showed referrals had been made to GP's, district nurses, speech and language therapists and other health professionals when needed.

Care records included a 'patient passport' which provided personal details to ensure people continued to receive consistent care and support should they transfer to another health service.

The premises had suitable signage to support those living with dementia. People's doors or rooms were personalised with photographs, pictures, favourite colours for bedding and other decorations and ornaments. Outer doors into the garden were open during the inspection and people made good use of the large garden area. We observed two people sitting together under a tree in the shade, whilst others sat out in the sun for a short period of time before retiring to their rooms or another area of the home.

Is the service caring?

Our findings

People and their relatives spoke about how caring and helpful staff were. One person said, "Kind, understanding and they are open minded." A relative told us, "Very friendly, [Name] loves them all. caring carers." One person did raise some concerns about one member of staff sometimes rushing when undertaking personal cares with them. We discussed this with the registered manager and requested that they investigate and inform us of the outcomes.

Staff engaged people in meaningful conversations and supported them when needed. During the inspection we saw staff patiently assisted people to eat and drink, equipment was used correctly to support people to mobilise and staff had conversations with people to check they understood and were aware of the next steps they were taking. Where people showed signs of confusion or needed information to be repeated staff were seen to be compassionate towards them, taking time to explain in different ways if they did not understand. Staff knew people's preferences and still asked before assisting them in case they had changed their minds and wanted something different.

Staff received training to provide dignity in care and this was monitored through observational supervisions. We observed staff knocking on doors before entering and speaking to people privately and quietly in relation to personal cares. One member of staff told us, "I ask people if they are happy to go ahead before providing personal care and keep them covered up. I ensure they can speak to me in private if needed."

People felt supported to maintain their independence. One person told us, "Staff are friendly and have treated me well, very helpful, they don't take away your independence - I cannot speak highly enough of them." We observed staff encouraging people to do things for themselves when they were able such as, walking unaided down the corridor or when taking part in activities.

Relatives told us there were no restrictions on visiting times at the home. The nominated individual told us they welcomed people that wanted to visit at night if the person was happy with any arrangements made. People and their relatives felt communications were good and that they were involved in their care and support planning. One person advised, "It is good, we talk about my care" and relative's comments included, "If [Name] has had a fall they ring me immediately, it is good" and "Good – they [Staff] ring if any problems." A visitor's room was available upstairs which had been redecorated to include a fire place, display cabinet and a library to make it homelier. This meant that people could take their relatives to a homely setting to have a chat, watch tv or read in the library. The general manager told us that people enjoyed sitting in this room with their friends or alone to enjoy some quiet time. This created a homely atmosphere which enhanced people's well-being.

Information on advocacy services was available for people and relatives should they need it. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, have their voice heard on issues that are important to them. The registered manager told us that no advocates were in place at present, they advised that many people had relatives with appropriate agreements in place to support them.

The management team organised meetings for people, their relatives and staff. Staff encouraged people to voice any concerns or make suggestions to improve practices. However, the relative's meetings were not well attended. The registered manager felt this was due to the home operating an open door policy and so relatives had access to the management team at any time. People living at the service felt that management listened to their concerns or suggestions. Staff told us, "We can discuss with management if we feel something is not working, we try another way and if it works we change it across the team."

Communications books were kept on the nurses station on each floor to capture any important information about people that staff needed to be aware of, such as important appointment that needed to be booked with health professionals. Relatives were able to put phone lines into people's rooms so they could have direct contact with them and staff supported setting them up with the local telecoms provider.

Staff told us how they supported people with cognitive impairment to communicate their needs. One member of staff said, "One person uses body language to tell us when they are unhappy, all the staff are aware to support with picture cards and we have a book with words or short sentences which they can point to. We keep relatives informed and advocates if in place. It is good that many staff have been employed for a long time so we have built strong relationships with our residents, they trust us and we always consider their likes and preferences."

The provider stored information securely in locked cupboards within locked offices. Policies and procedures for data protection had been updated to comply with the new laws introduced in May 2018. The general manager showed us that new consent forms had been sent to all relatives to read and sign.

People's care files noted information about their religious and/or cultural needs. There are two separate religious services held at the home each month to cater for people who wish to take part. Some residents are members of a local choir group. The activities co-ordinator told us they had recently made poppies for one of the local churches. Minutes from team meetings showed that people were asked if they were interested in voting in the elections and that where necessary staff would support new people to registered to vote.

Staff received training on equality and diversity and had opportunities to learn more by completing additional certificated courses. Staff were very aware of individual needs and supported relationships between people and their families to ensure they had the best information on how people would like to be supported.

Is the service responsive?

Our findings

Care plans were personalised and focused on individual's needs which supported exceptional standards of care and outcomes for people. Records, social activities and staff training all linked together to promote people's independence. Health professionals described the service as, "Simply brilliant. I'm impressed, this home stands out for the nursing care they provide" and "The staff work hard, listen and follow all advice and have excellent measures in place to improve the outcomes for those with nursing needs, such as pressure sores."

One person discharged from hospital had come into the home with poor skin integrity and had developed some pressure sores. The team of staff were aware of best current practices to utilise, had taken advice from the tissue viability nurse and recorded the healing process over a period of months. The regular care and attention paid by all staff meant that the healing process was optimised and resulted in this person returning to their former health and lifestyle choice.

One member of staff told us they supported a person with their mental health needs by offering emotional support which reassured them. The staff had linked up with their psychiatrist and the GP to ensure medicines were regularly reviewed and the right amount of professional support in place. On leaving the service the staff remain in touch with this person and completed regular home visits to check their well-being. This showed us that staff went above and beyond to reach out to people and continue offering their kindness and support to help them transition back to the community.

A health professional told us about a person that had poor mobility. They had refused to eat or drink anything and their mental health had deteriorated. Staff were challenged and worked in conjunction with several health professionals to ensure this person's immediate needs were met. This included devising detailed care and support plans to empower the person to rebuild their life. Staff offered regular and consistent support so that the person's emotional needs were met by familiar staff to build trust and improve their mental well-being. Staff researched conditions and took on board specialist advice from the psychiatrist. The health professional said, "The care and attention paid by every member of staff in a professional and efficient way was a credit to the management team." This careful consideration to see the person behind the condition restored a person's life back to normality and demonstrated the staff's commitment to achieving exceptional outcomes for people.

Staff had developed exceptional skills to enhance their understanding of people's conditions which enabled them to be creative to support person centred care and positive behaviours for those living with dementia. Training courses had been completed on topics such as stroke, Parkinson's, management of diabetes, mental health and counselling skills.

The staff went above and beyond to offer a wide range of stimulating activities centred around people's life histories, likes and hobbies. Staff had excellent knowledge and went above and beyond working with people and their families to capture important information so they could tailor activity schedules. The activities coordinator told us, "The owner is really activities mad and spends so much on them. We have bowling,

memory games, exercise classes and different singers come in. The body shop visits the home to give individuals hand massages. One relative told us, "[Name] goes to see singers and the activity co-ordinator gets [Name] to join in most things, I visit 3 or 4 times a week." Relatives were welcomed to join in activities with the residents if they wished to do so and posters invited relatives to events held by the service.

Staff told us that through discussions with people and their relatives it became apparent that some people had served in the Royal Air Force (RAF) during World War 2 (WW2). Staff encouraged people and their families to participate in a WW2 project and various donations were made to recreate a WW2 control room; old RAF clothing and memorabilia, magazines, newspapers and a poster informed the public of the differences to look out for between the German and British fighter planes. Visitors from the RAF were invited to meet people at the home and the local media took an interest – two of the residents had volunteered to speak with the local radio station. The project had been such a success that the home was already planning the next 'Suffragettes' display to celebrate the 100th year anniversary. People living at the service spoke with us during our inspection and were very proud of their contribution to the RAF Displays. All staff had taken the time to chat with people and ensure they captured and recorded the details from people's life histories and experiences and these were displayed for visitors to read. People were reminiscing about the war and recognising pictures of planes their loved ones used to fly. This positive atmosphere within the home enhanced people's lives and made them feel valued.

There were several examples of how staff had utilised information about people's work and life histories to encourage participation in themed projects. Staff worked with people to identify their future aspirations. For example, one person had ridden horses professionally and the home arranged a trip to Beverley Races. Several people expressed an interest and attended the event. During the event arrangements were in place for jockeys to come and chat to people which was thoroughly enjoyed by everyone. Staff told us that a small bet was placed for a bit of fun for people and they won. People had agreed to spend their winnings on a party. This had given people a sense of purpose and the realisation that they could live without undue restriction being placed upon them, but that small measures ensured their safety when accessing events in the local and surrounding areas.

The home had explored people's gardening interests and supported people to plant flowers from seed in the greenhouse. The staff were creative in encouraging people to plant and display flowers in the Suffragette colours to enhance the next themed project. The team of staff had worked together to consider people's capabilities and ensured that plenty of raised beds were available to facilitate people with mobility difficulties. For example, several people that mobilised around the home and gardens in their wheelchairs could reach the height of the raised beds to plant flowers. This showed us that staff had outstanding skills to ensure equality within the home providing an inclusive environment and equal opportunities for those people with protected characteristics.

Staff understood and used innovative steps to meet people's communication requirements. For example, one person with cognitive impairment was supported to access an eye gazer. Eye gazer or eye tracking is a system that enables people to access a computer or communication aid using a mouse controlled with your eyes. The system follows your eyes to see where you are looking on the screen. People can select items they are looking at by staring at the screen for a length of time, blinking or clicking with a switch. Staff were knowledgeable and understood the importance of supporting communications and exploring formats that people could understand. This maximised people's independence and supported people to communicate their own decisions.

Staff were highly skilled at helping people and their families explore and record their wishes and preferences. Where people had agreed advance decisions were recorded in their care plans. Records

showed that many residents had a preference to be cared for at the home rather than being admitted into hospital. The provider had recognised that some staff had a passion for supporting people with palliative care needs and provided access to additional specialist training. One member of staff told us they were very proud of their work to promote people's comfort and dignity whilst supporting their family members. One person's family had a very detailed plan in place which included the person's wishes to be washed by their regular carers and dressed in a specific outfit with their jewellery on in the event of their passing. Carers felt honoured that this was the person's choice. The funeral directors and burial information was also recorded. This showed that staff went the extra mile to ensure where people were unable to express their views, information was gathered from relatives to ensure their choices were respected and honoured.

The home had contacted the local library service to access reminiscence in the community for those people living with dementia. This meant that library staff would come into the home setting and spend time with people so that person centred reminiscence sessions could be delivered. Trained staff from the library were to share their techniques and knowledge with staff to support improvements for people living with dementia. The management team and staff were continuously looking at ways they could work in partnership with other organisations to enhance people's lives.

The management team monitored the effectiveness of activities within the home and had discussions with people to see where improvements could be made. As a result of this work it became apparent that more people including those living with dementia preferred to attend events and activities in the reception area. The management ensured that the majority of events were scheduled here to ensure maximum attendance in line with people's preferences.

Staff regularly provided one to one support for people nursed in bed. This included nail painting, face to face chats and reminiscence time. During the inspection people were assisting staff to make various smoothies to drink and these were taken to people's rooms with other snacks and light refreshments. This made sure that everyone was included and those that were at risk of social isolation had regular contact with people and staff.

Records showed that those people that had difficulty expressing their needs were assessed on entering the service and placed in high traffic areas such as close to the nurse's stations. This supported good monitoring and attentiveness of staff towards people. In addition, people felt part of the home's community and the relatives felt reassured by regular staff presence for their loved ones.

The provider had a complaints policy in place, people and their relatives knew how to make a complaint if they needed to. The management team ensured that investigations were non-biased and completed by other home managers when necessary to ensure the outcomes were investigated thoroughly and independently. Records showed that letters were sent to acknowledge receipt of complaints and further correspondence answered all points of the complaint in detail. One relative told us, "Any problems I would go to [Registered managers name] and I'm confident they would address any issues." Information was shared with staff during meetings so that better practices or new ideas could be trialled. On one occasion the monitoring charts had been split into several separate documents to support the recording of information such as; repositioning and food and fluids. Staff told us they felt valued and that management were open and transparent in sharing lessons learnt and involving them in decisions to improve the service.

Equal opportunity policies were in place to ensure people and staff were not discriminated against.

Is the service well-led?

Our findings

When we completed our previous inspection on 5th June 2017 we found concerns relating to record keeping processes which were ineffective in monitoring and improving the quality and safety of the service, assessing and mitigating risks and maintaining contemporaneous records of each person using the service. At this time these topic areas were included under the key questions of Responsive and Well-Led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key question of Effective and Well-Led. Therefore, for this inspection, we have inspected these key questions and also the previous key question of Responsive to make sure all areas are inspected to validate the ratings.

During this inspection we found that the provider had taken action and had shown some improvements. We found these improvements were sufficient to meet the requirements of Regulation 17. This meant the service had met the requirements of this regulation and was awarded an improved rating of Good.

The registered manager had a clear understanding of their role and before the inspection we checked and found they had notified the CQC of certain important events as part of their registration.

The registered provider had made changes to practices and the management of the service since our last inspection. The registered manager had additional support from the general manager. This enabled the registered and general managers to concentrate on specific roles - the general manager dealt with recruitment and personnel issues, whilst the registered manager could concentrate on the care and support delivery with their clinical expertise. Monitoring charts were in different formats so that carers could select a chart to monitor the areas required for each individual. These were accurately completed and up to date. We saw evidence that health professionals were contacted if there were any concerns around people's nutrition and hydration. One health professional told us, "I have no concerns about the management or running of this service. If I ask for something to be done it is always followed up and actioned."

All care plans and risk assessments had been reviewed and updated. Older records had been taken out and a clear layout and index of contents enabled staff to find information quickly. In addition, further guidance for staff on people's conditions and measures to mitigate risks had been implemented. Various methods of supervision included observational, group, informal chats and 1:1 time. A comprehensive training programme had been introduced to incorporate the care certificate and additional training to develop staff skills and knowledge. Staff were mentored and given constructive feedback to continuously improve care and support to people.

Quality assurance systems were in place and highlighted where improvements needed to be made. We saw actions plans that considered ways to improve practices and drive improvements within the clinical and administrative aspects within the home. The registered manager advised that they were in the process of reviewing and updating quality assurance systems to include relevant detail to highlight areas where improvements could be made and encourage continuous learning and improvement across the service. Policies and procedures had been reviewed and updated.

Staff told us they felt supported by the management team. One member of staff said, "I feel supported by management, they are always available to speak to and they ask me how I am which makes me feel welcomed." A second member of staff advised, "The owner is very hands on which helps – constantly looking at new ways of working and ideas to improve practices, paperwork has been improved."

People and their relatives knew the general and registered manager by their names. Relatives comments about the service included, "Staff are always smiling and ask to speak with [Name]" and "I have never had any concerns about the care [Name] receives, they are very good here." One person told us, "I think they are like family."

The registered manager told us they maintained best practice by attending the Care Sector Forums run by the local authority. These events are focused on sharing information and improving services. They reviewed other home reports on the CQC website to identify best practices and learn from them and received updates to current best practice and legislation. They received updates from the National Institute of Health and Care Excellence which provides guidance, advice and information for health, public health and social care professionals. Updates were received from the Social Care Institute for Excellence which is a UK charity that improves the lives of people who use care services by sharing knowledge about what works. It is a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. Any updates or information was shared with staff during informal meetings and literature was made available for those interested in developing their knowledge. During a staff meeting information was shared about changes to the data protection laws, this informed staff of their responsibilities under the new law and how they could protect people's personal information to adhere to the new policies put in place.

Beverley Grange is a member of the 'Research Ready Care Home Network' which means they work in partnership with the NHS National Institute for Health Research to offer people the chance to participate in surveys to help improve treatments for residents and NHS patients. The home had built strong professional relations with their GP surgery and had been invited to take part in a new survey exploring the term 'personalisation' and how that was understood by residents in a care setting. The management team were excited at becoming involved in this process and supporting their residents to make a difference should they choose to take part.

Annual satisfaction surveys were sent to staff and people or their relatives that were living at the service. As a result of suggestion's the provider had implemented a new 'you say – we do' whiteboard within the home. This aided communications so that both relatives and people living at the service could see what actions had been taken. Relatives comments included, "Nurses and carers generally look after my mum well. They are approachable and helpful. The home puts some good outside singers and talent, relatives are made to feel they can join in" and "Regular individual care plan reviews are very helpful" and "Thank you, all of you for your warmth and professionalism. We are completely happy with the loving care you give to [Name]."

Business contingency plans were in place in the event of an emergency such as loss of utilities and flooding. A list of emergency contacts was available and updated annually.