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Grafton House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Grafton House Residential Home is situated near the centre of Scunthorpe, within easy access to all local amenities and near to public transport. The service is registered to provide accommodation and personal care for up to 26 older people, some of whom may be living with dementia. At the time of our inspection there were 12 people using the service. Accommodation for people is provided in a combination of single and shared rooms, some with en-suite facilities.

There was no registered manager in post. A new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). Following the inspection, the acting manager confirmed their registration had been approved. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection on 12 and 15 July 2016, we found the provider was in breach of one of the regulations we assessed. This was regarding the safety of care in relation to care records. Shortfalls were also found with the aspects of risk management, recruitment and quality monitoring systems. The service was rated 'Requires Improvement' overall.

At this current inspection, we looked at the previous breach of regulations and the action plan to check that improvements had been made and sustained over a period of time. There had been some significant management changes since the last inspection, which had impacted on the day to day management of the service. There had been a number of complaints and safeguarding concerns raised earlier in the year. North Lincolnshire Local Authority (NLLA) had completed a service assessment in July 2017 and numerous shortfalls and concerns were identified. An action plan was put in place by NLLA and they have been closely monitoring the improvement work.

We found satisfactory improvements had been made to the care records, recruitment processes and other areas of the service. However, we found shortfalls in the management of infection prevention and control, aspects of risk management and governance systems. The overall service rating remains 'Requires Improvement.'

We found shortfalls with the standards of hygiene in areas of the home and improvements were needed to the management of the laundry area. We also found items of furniture and equipment which were damaged and could not be cleaned effectively. The quality and safety of the service had not been monitored effectively and shortfalls had not been dealt with consistently or had not been identified. The above areas breached regulations in cleanliness and infection prevention and control, and monitoring the quality and safety of the service. You can see what action we have asked the provider to take at the back of the full version of the report.

Improvements had been made with the standard of recording in the care files. Each person's care plans had been reviewed and rewritten to reflect their current care needs. We found risk assessments were completed, reviewed and updated when people's needs changed. Supplementary records to monitor areas such as food and fluid intake, repositioning support and personal care were well-completed and up to date.

Recruitment processes were more thorough and helped the provider make safer recruitment decisions when employing new staff. Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service.

Staff had received more training and regular supervision to ensure they had the skills and support necessary to do their job effectively.

People felt safe at the service. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people from harm. Accidents and incidents were managed appropriately by the service and reviewed regularly by the senior management team. Checks of equipment had been completed. Procedures for the ordering, receipt, storage and administration of medicines were satisfactory.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People received a well-balanced diet that offered variety and choice. People liked the meals provided to them and their nutritional needs were met.

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 generally supported this practice. We advised the use of the stair gate and sensory equipment could be potentially restrictive for some people and therefore should be considered within the principles of the Mental Capacity Act 2005.

We observed caring interactions between staff and people. Staff supported people sensitively and discreetly and demonstrated they knew people well. They were cheerful and kind; they supported the privacy and dignity of people as they went about their work. People were encouraged to maintain relationships with important people in their lives and to take part in a range of activities at the service and in the community.

We received a number of reports regarding the positive impact the manager had on the service and staff morale was good. They were aware of their responsibilities and were proactive in addressing any issues we identified during the inspection. There was a complaints procedure for people to raise any concerns. Regular meetings were held with people and staff which allowed them to share suggestions and ideas about the service to enable it to develop and improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Satisfactory standards of hygiene and cleaning had not been maintained in the service. Areas of risk around the environment had not been fully assessed to ensure people's safety was fully protected.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. Medicine systems were safely managed.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Areas of the service required maintenance, redecoration and refurbishment.

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

Staff had access to training, supervision and support to help them feel confident when supporting people.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. The service had good links with health and social care professionals and appropriately referred people for more specialised support if this was needed.

Is the service caring?

Good

The service was caring.

We observed kind, courteous and caring staff interactions. People and their relatives were complimentary about the staff

and the good relationships they had with them.

The privacy and dignity of people was respected; care was offered sensitively and discreetly. People who used the service were seen to be caring towards each other and a culture of acceptance and support was fostered.

Staff took time to explain what they were doing and did not rush people.

Is the service responsive?

Good

The service was responsive.

Staff were very knowledgeable about people's individual needs and improvements had been made in the way people's care was planned. Relatives told us they had been involved in the care review meetings and developing the new care plan records.

People had the opportunity to participate in activities within the service and local community.

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

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems for quality monitoring required strengthening in order to identify all shortfalls and support effective improvements.

The manager had an approachable manner and there was a friendly and inclusive culture within the service. People who used the service, relatives and staff were complimentary about the manager and the positive impact they had on the service. The manager's registration with the commission was confirmed following the inspection.

There were regular meetings for staff, people who used the service and their relatives to raise issues, provide feedback, and share information about the home.

Grafton House Residential Home

Detailed findings

Background to this inspection

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

We undertook this unannounced comprehensive inspection on the 13 and 17 October 2017. The adult social care inspector was accompanied by an inspection manager and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had not completed a Provider Information Return (PIR) as requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the provider, which gave us information about how incidents and accidents were managed. We also spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

During the inspection, we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

We spoke with five people who used the service, four of their relatives and a visiting health care professional. We also spoke with the provider, the manager and a selection of staff; these included an administrator (compliance lead), a senior care worker, two care workers, the cook, an activity co-ordinator and housekeeping staff. Following the inspection, we received feedback from a health care professional involved with the service.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 12 medication administration records and monitoring charts for food, fluid, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We checked a selection of documentation relating to the management and running of the service. This included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

Requires Improvement

Is the service safe?

Our findings

We completed a tour of the premises as part of our inspection. We identified a number of shortfalls in regard to the standards of cleaning and hygiene in areas of the service. We found items of equipment and furniture such as tables, a commode, commode pot and wheelchairs which hadn't been cleaned adequately and a bed made with stained and soiled bedding. Areas such as flooring and shelving in the kitchen, pantry and laundry had not been cleaned adequately. The flooring in the pantry, sluice doorway and medicines storage area was also worn and required repair or renewal to ensure effective cleaning in this area.

We found furniture and equipment which was damaged and could not be cleaned effectively. This included: rusty commodes, a hoist, chipped melamine on laundry shelving and bedroom furniture and worn varnish on numerous items of furniture such as tables and chair legs. A toilet on the first floor was leaking and the lino flooring was stained.

The arrangements in the laundry on the first day of the inspection were poor. There was no clear 'dirty to clean' flow arrangement for the processing of bedding, towels and personal clothing. On the second day of the inspection, we found improvements had been made with more organised systems in place, however there was no sink provision in this room to promote safe and effective hand hygiene procedures. The provider and manager took action during the inspection for issues to be addressed.

These issues meant there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

North Lincolnshire Clinical Commissioning Group had completed an audit of infection prevention and control at the service in February 2017. They had found significant shortfalls and produced a comprehensive action plan. At this inspection, we found the provider had taken action to address many of the recommendations, but still had further work to complete. It was clear that significant improvements had been made in relation to odour management and no mal-odours were identified during the inspection.

We found care was planned and delivered in a way that promoted people's safety and welfare. Potential risks to each individual person had been assessed and recorded in care files. These explained to staff what action they needed to take to protect the person and minimise the risks. Topics covered included risk of falls, behaviour that challenged, poor nutrition, risk of pressure damage and moving and handling people safely. We found one person's care plan informed staff on the preferred strategies to use to reduce anxiety and keep the person safe if they displayed behaviours that challenged. A member of staff told us the 'leave and return' techniques had been successful to date when the person refused or was reluctant to accept personal care.

People who used the service told us they felt safe living at Grafton House Residential Home. Their comments included, "Yes I do feel safe here, I don't have to think about that", "I feel absolutely safe here" and "When I was at home I was falling a lot. Here I don't fall at all and if I want anything I just pull the bell cord."

Staff understood people's individual needs and knew how to keep them safe. Where assistance was required, this was carried out in a safe way. Staff had received training in how to move people safely, as well as in other health and safety subjects. Accident and incident records were reviewed by the manager. Records showed few incidents had occurred, which would match the current service user group who were observed to be settled and content throughout the inspection.

We saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having an evacuation plan. Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, gas and electrical items had been checked by competent people and service certificates were in date. However, we found some shortfalls in relation to aspects of risk management for the environment including hot water, step/ramp exit via French doors, uneven garden areas and a stone fireplace. This was mentioned to the manager to address.

Staffing levels met people's needs. The manager considered people's dependency and support needs which determined the staffing levels provided at the service. On the day of our inspection, there were 12 people using the service. The staffing rota indicated there was a senior care worker and two care workers on shift morning and afternoon. This reduced to a senior care worker and a care worker during the night. There were separate staff for activities, administration, catering, domestic and laundry tasks. A new deputy manager and maintenance person had recently been appointed.

We observed staff responded as soon as people requested assistance or were seen to need support. We saw staff had time to sit with people and engage with activities. Staff told us they thought there were sufficient numbers of them to meet people's needs. One member of staff said, "The staffing levels are right. We get busy times, but everyone helps out including the manager."

Recruitment procedures at the service had been designed to ensure that people were kept safe. We found prospective staff had completed an application form, attended face to face interviews and undertaken pre-employment checks before they were offered a role within the service. References were requested and a Disclosure and Barring Service check was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. The recruitment checks in place helped to ensure people were suitable to work in care settings.

People told us they received their medicines when they needed them. One person said, "They look after all my medication. I can rely on them." Medication administration records we reviewed were complete and contained no gaps in signatures. Where people were taking 'when required' (PRN) medicines, clear protocols were in place to tell staff what the medicine was for and in what circumstances it should be given. Controlled medicines were stored safely in line with current best practice. We saw where people were prescribed pain relief patches, records stated the date and time of application and removal of the patch; these records were consistent.

There were systems in place for stock-checking medication, and for keeping records of medication which had been returned to the pharmacy. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturer's guidance was adhered to. We noted a number of the recent temperatures exceeded the recommended range, which the manager confirmed they would address.

Staff who assisted people to take their medication had received training in this subject. We saw that periodic observational competency checks had also been completed by the manager to ensure staff were following the correct procedures, and medication was being managed safely. The manager told us there were

members of staff on night duty who had completed training and been assessed as competent to administer medicines, as this had been an issue in recent months. Records confirmed the training and competency assessments had been completed.

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff we spoke with were knowledgeable about safeguarding and their responsibilities. They could name the different types of abuse and were aware of their responsibilities to report any poor practice they witnessed or became aware of. One member of staff said, "My job is to keep people safe. If ever I saw anything I would make sure the person was safe and tell my manager." Records and discussions with the manager demonstrated how the service had worked with the local authority safeguarding team earlier in the year to investigate issues and make necessary improvements.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us they were supported effectively by competent staff. Comments included, "The staff do seem to have all the right skills and experience needed; they are very good", "If I wanted to see my GP they would arrange this for me" and "Every two hours they come and give me pressure relief. Every day the girls take me for a walk to the lift and back as I'm not safe by myself." Relatives felt their family members' health care needs were met and staff were skilled in providing the level of care required.

We found there had been a lot of decorative improvements in the communal areas of the service. The dining room, lounge and hall areas had been redecorated and people who used the service had been consulted about the choice of wallpaper. Other improvements included the flooring in the dining room, furniture provided in the lounges and French windows in the lounge and a new sluice put in place. However, we found there were many areas of the environment which required improvement such as flooring in a number of areas and furniture and redecoration both inside and outside the service. Although some considerations had been made to provide adaptations and design to support people living with dementia, such as signage and coloured bedroom doors, we found other improvements could be made towards lighting on the first floor to better support people's orientation.

People were supported by the staff and external health care professionals to maintain their health and wellbeing. The care plans we looked at showed staff made timely referrals to other health professionals for advice, care and treatment for people when required. In discussions, staff were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating. The home worked closely with the care home action team (CHAT). They regularly accessed support from the range of health and social care professionals in the team, which included a GP, social worker, occupational therapist, a dietician and community matron. Feedback from the CHAT confirmed the service was now engaging well in the scheme and staff had made appropriate referrals to them. During the inspection, we also spoke with a visiting professional who told us their patients' needs were well-managed at the service and staff regularly contacted them to discuss any concerns.

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 are called the Deprivation of Liberty Safeguards (DoLS). Where the provider needed to deprive people of their liberty, it had made appropriate applications to do so, and the related paperwork was in order. There was a system in place for monitoring DoLS applications, and for ensuring that any conditions associated with DoLS authorisations were adhered to.

People's capacity to consent to care and treatment was assessed and recorded in the care plans. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care, such as advocates. We found the use of sensor equipment and the provision of a stair gate on the first floor landing needed to be covered by MCA for relevant people and the manager confirmed they would address this.

People told us staff consulted them about things and gained their consent when needed. One person told us, "The staff always ask me about my care, they are very good like that." Staff told us they had completed training in this subject and demonstrated a good general awareness of the topic.

Staff had the right skills and knowledge to meet people's needs. The manager described how new staff completed a structured induction at the beginning of their employment. This included working alongside experienced staff until they were assessed as confident and competent to work on their own. New staff completed the Care Certificate if they had no previous experience or qualifications. The service supported staff to achieve national qualifications in health and social care; records showed 81% of staff had attained a qualification.

Records showed significant improvements in the training provided to staff in recent months. Staff had completed essential training and topics included, safeguarding adults, first aid, equality and diversity, fire awareness, moving and handling people safely, food safety and infection prevention and control. We also found staff had accessed additional training specific to the people they supported such as dementia, diabetes, end of life, managing behaviour that challenged and prevention of falls. This was confirmed during discussions with staff.

Staff confirmed they received regular supervision sessions and an annual appraisal of their work performance. We checked a sample of records and saw the supervision system included focused meetings on topics such as equality and diversity, safeguarding, medicines and MCA. The manager explained that these sessions enabled them to assess the member of staff's understanding and consider any further training or support they might need. Records showed the manager had received supervision from the provider.

People's nutritional state was assessed on admission and monitored regularly. We checked the weights of all people who used the service and found most people's weight was stable or increasing. Where people were found to be losing weight, we saw that professional dietary advice had been sought. A member of staff described how one person had put on weight following the introduction of finger foods and high calorie food items. They said the person did not eat main meals and had previously been losing weight. We spoke with the cook and they were aware of people's individual dietary needs.

People told us they enjoyed the meals. One person said, "The food is very good, I like all of it. When I first came in they asked me what I like and I started having a full English breakfast, but I've had to cut down on that now as I'm putting too much weight on." Another person said, "The meals are all very nice. You could have something different if you want." New four-weekly menus had recently been introduced; they were not in a pictorial format, which would make them more accessible for people living with dementia. A member of staff said they had recently completed a nutrition training course which advised this and that plans were in place to develop them.

People were supported to eat and drink. There were regular drinks and snacks provided throughout the inspection. The main meal of the day was served at lunch time. We joined people for lunch and found they

were nicely supported in a relaxed unhurried manner. People chose where to eat their meal and staff were encouraging and attentive. One person was struggling to eat their meal and a member of staff sat with them and provided appropriate support. They used the time to engage the person in conversation about their family and a planned trip out later that day.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. Comments included, "They do care here", "I do feel that the staff care about me. They even go shopping for me. I regard them as my friends", "The staff always treat me with kindness and respect, absolutely" and "The staff really seem to care; they are lovely."

We spoke with a visiting professional who told us people always appeared well-cared for and they seemed very settled and happy. They also told us the staff were very friendly and approachable. Other people we spoke with also made positive comments about the welcoming atmosphere in the service. A person said, "Whenever my friends come to visit they are always offered tea and biscuits and made welcome." We observed people spoke to each other in a companionable way and helped each other, and it was obvious there was a supportive network amongst people living in the service. One person became upset at times and another person told us, "Don't mind them one bit, they haven't been very well lately, they will settle again in a minute." This demonstrated the accepting and caring responses people showed towards each other, which was fostered by the staff.

We found staff were caring and thoughtful in their approach. People enjoyed joking with staff and we observed good natured banter between them. Staff told us they enjoyed working in the home and there was a lovely family atmosphere. The manager told us they believed everyone who used the service should be treated as family. This was echoed by staff. One member of staff said, "We have had issues in the past but I think we have come through that. I would let any of my family stay here because I know they would get really good care."

Staff were cheerful and encouraging in their tone and took time to explain to people what they were doing, to avoid startling them. They appeared to know people and their likes and dislikes well. People told us their personal choices about their support were promoted, such as decisions about which clothes they wanted to wear or times when they wanted to get up or go to bed. We found people were comfortable in the presence of care workers and other staff at the home.

We observed many instances of effective care and support including care workers providing support and reassurance to a person who was anxious and upset. Care was not rushed and people were well supported during mealtimes. During lunch we observed a member of staff sat with a person and offered them encouragement and praise. They supported the person to maintain their independence. The member of staff told us, "They have good days and bad days; sometimes we have to help them [with eating] and other days they do this for themselves. We judge it every day; I think the worst thing we could do, would be to do it for them."

From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there. These included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to

contradict this.

The privacy and dignity of people was respected. We observed staff knocking on doors and offering support with care sensitively and discreetly. One person said, "When staff support me with bathing they are most particular in making sure the door is closed and I'm covered up with my towel before I get in and then afterwards. They make it as nice as they can and I love my baths." A person's relative said, "Yes, I think the staff are very respectful of people's privacy and dignity." We found information relating to people's care and treatment was treated confidentially and personal records were stored securely. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office when required.

We found people who used the service were provided with information which included the previous inspection report, how to make a complaint and the results from recent surveys completed by people and their relatives. The manager confirmed one person continued to receive support from an advocate and they would support other people to use this service where necessary. An advocate is an independent person who supports people to make and communicate their decisions.

Good

Is the service responsive?

Our findings

At the last inspection of the service in July 2016, we had concerns about the accuracy of people's care records, as changes concerning their needs had not always been fully documented or recorded. During this inspection, we found improvements in the quality of the care records; they were well-maintained and up to date.

We looked at four people's care plans and associated records. We found people's needs had been reviewed and assessed following our last inspection. Case workers from North Lincolnshire Local Authority had visited the service and completed reviews on all the people they funded. Individuals who were privately funded had also had their care needs formally reviewed. The manager confirmed they had re-written all the care plan records for each person and were happier with the quality of information in the files.

The care records clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. There was also information in the care records about each person's abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Person-centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans we checked were up to date and reviewed on a regular basis.

Behaviour care plans were in place for people experiencing behavioural disturbance or distress. We found the language used in one person's care plan could be improved and the description more detailed. When recording the person's reluctance to accept personal care this was described in terms of 'compliance.' Identifying possible causes of behaviour, such as fear, embarrassment, frustration or misinterpretation for example, can help staff to develop a possible explanation as to the cause and take action to prevent or reduce the severity of future reactions. We observed in practice, that staff responded well when people were in distress or anxious.

At the last inspection, we also identified concerns with the completion of supplementary records such as food and fluid intake and repositioning. The care records we checked at this inspection showed they were better completed. We discussed with the manager the benefits of identifying individual target amounts for people's fluid intake which is recommended by the National Institute for Health and Care Excellence (NICE) guidelines.

Specialist support was sought when planning care for people. The care home action team (CHAT) visited the service regularly and provided advice and guidance if there were concerns around people's care needs. For example, records showed where people had experienced falls, the occupational therapist had completed assessments and provided guidance to staff. Similarly, concerns about weight loss had been followed up by the dietician. We saw people's health needs were monitored closely and their medicines reviewed on a regular basis.

The visitors we spoke with all said they had seen, read or contributed to their relative's care plan. One

relative told us, "Yes, I am involved in making decisions about the health and welfare of my family member; I keep talking to the management about their treatment. With regard to care planning, I have also had discussions with the district nurse." We saw families had contributed to the 'My Life' record, which provided information about people's backgrounds, family network and previous interests and hobbies.

We saw interactions between staff and people who used the service were good and focused on the individual needs and preferences of the person being supported. Care workers were responsive to people's needs and requests throughout our inspection. On one occasion, a person who was sat in the main lounge appeared to be disorientated to time and place; they were visibly upset and began to cry. A member of staff came and sat with the person, they spoke kindly and with empathy. An activity of nail painting took place which visibly altered the person's mood and when the member of staff left, the person was happier and wanted to show off their nails.

An activities co-ordinator was employed to work with people to plan activities to meet their hobbies and interests. Staff also supported with activities in the service. There was a range of individual and group activities people could participate in which included exercise sessions, manicures, singing, bingo, quizzes, games, crafts and visits to the local shops and park. There were links with local churches and one person regularly received visits from their minister and friends at a local church they attended. Monthly services were held at the home, for those people who wished to attend.

The television was on at times and the channel was changed at the request of people, and it was switched off when no one was watching. A range of CD's were played and people were consulted about the music they wanted to listen to. We observed people enjoyed games of skittles, hoopla and were busy making attractively decorated bunting for the entrance hall.

One person told us, "I don't bother much with the activities here; it's my choice." Another person said, "I do enjoy the fitness activities and the music and karaoke, but it's not very often." They went on to describe trips out to ice-cream parlours they had enjoyed and that staff regularly took them out in their wheelchair. A relative said, "Yes, they [person who used the service] love the social leisure activities."

There were also seasonal activities and entertainment arranged. The manager described a recent cheese and wine event and how they were planning to hold regular 'tea and chat' events at the service to engage and develop links with the local community.

A complaints procedure was in place and details of how to make a complaint were displayed. We reviewed complaints records and found they had been addressed in line with the provider's policy. There had been no complaints received since February 2017. Comments from people and their relatives included, "I have never had to make a complaint in the years I have been here", "If I had to make a complaint I would phone the manager on my mobile. I have never had to complain yet. There were some marks on the floor in my bedroom, I didn't complain but they laid a new floor for me anyway" and "If I wanted to complain I would certainly go to the manager first. We have attended meetings and the staff and managers do listen, but I think sometimes there is a lack of co-operation between shifts." We passed this comment to the manager who explained that the deputy manager would be working with the different staff groups to support improved communication and consistency between the shifts. The manager also said they were going to put a suggestion box in the entrance hall, which they hoped would encourage people to share their views more.

Requires Improvement

Is the service well-led?

Our findings

At the last two inspections in September 2015 and July 2016, we identified shortfalls in the governance systems at the service. Over the last 12 months, the service had also experienced significant management changes with three different managers in post. Earlier this year a number of complaints and safeguarding concerns were raised and in July 2017 the performance team at North Lincolnshire Local Authority (NLLA) completed a contractual validation assessment and this identified numerous shortfalls and concerns. Following the assessment, an action plan was put in place for the provider and placements at the home were suspended. The performance team have made numerous visits to the service over the last three months to monitor the it's progress in making the necessary improvements identified in the action plan. Prior to this inspection visit, the decision to lift the placement suspension was taken by NLLA.

We found the home's quality monitoring system had not been fully embedded into practice yet. The majority of improvements had been driven by the external auditing processes. The home's audit system was over-complex with duplication from the manager and compliance officer [home's administrator] with numerous similar audits of the same topics, which didn't necessarily include all relevant areas to be checked. For example, a number of audits of the environment had been completed regularly including one in September 2017. But these had not identified shortfalls in the condition of some of the garden furniture and that the windows, drain pipes and fascia boards required repainting. Internally, there was some outstanding maintenance work and items of furniture in some of the bedrooms and dining room required repair or replacement; many bedroom windows required painting. Flooring in the corridor, a bedroom, dining room, toilet, pantry and medicines room required improvement. These areas had not been identified on the audit tools. There was no formalised renewal programme in place which detailed timescales for the improvement work.

Similarly, we found the infection, prevention and control audit system was not effective. The home's audit completed in September 2017 had scored 89% and had not identified shortfalls we found during this inspection in relation to standards of hygiene, a leak in a first floor toilet which had damaged the flooring and the management of the laundry including the lack of hand hygiene facilities.

Audits had not identified shortfalls in relation to aspects of risk management of the service. We found some environmental risk assessments had not been updated since 2007/08. Areas not covered included the stone fireplace in the lounge, the steep ramp access to the door in Willow lounge, a steep drop outside the new French window from the lounge into the front garden, the uneven garden and paths, and lack of sink in the laundry and medicines rooms. Although records showed the temperature of hot water outlets always fell within the required range, during the inspection we found some temperatures at hot water temperatures were either too low or too high; the supply at one outlet had stopped. We also identified that the risk of scalding was not mitigated when staff were supporting people with bathing, as staff were not checking the water temperature prior to immersion.

There were no recent audits completed on care records. The manager confirmed these would be introduced and completed.

Not having an effective quality monitoring system meant there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

Despite the shortfalls in quality monitoring, there were some areas where audits had significantly improved the service, for example with medicines management. There had been issues about recording but robust audits had identified shortfalls and action had been taken to improve how medicines were managed. Staff training and supervision had also improved through better organisation and monitoring systems. There was closer scrutiny of accidents such as falls and evidence of action taken to reduce further incidence. The food hygiene rating had also improved from a two star rating in August 2016 to a four star rating in February 2017(a five star rating is the highest that can be achieved).

A new manager was in post and had applied to register with the Care Quality Commission (CQC). Following the inspection, the manager confirmed their registration had been approved. We received positive feedback about the manager from relatives, staff and a visiting professional. Staff told us they were happy with the manager and said they had made a number of positive changes. Comments from staff included, "There have been a lot of improvements since [name of manager] came. She is really approachable and out and about seeing what's going on", "Staff respect the new manager; she is experienced and staff morale and team work has improved" and "We have a good team at the moment; the manager is good and they actually listen. I can talk to them about anything, work related or not."

We found the manager was open and honest during the inspection and co-operated and welcomed advice or guidance that was given. We saw the manager was readily available, providing support and guidance to staff and people who used the service. The manager told us they carried out daily 'walk rounds' of the service and were directly involved in the delivery of people's support and knew them well. The manager was aware of their responsibility to submit notifications to CQC to inform us of certain events in line with legal requirements.

People who used the service and relatives told us they felt confident in the way the service was managed. They told us, "I feel I can approach the management at any time, I go and knock on the door if I need to speak with them" and "There have been a lot of improvements here in recent months. We have regular residents and relatives meetings and concerns or suggestions are taken on board and acted upon. The manager is approachable and very pleasant."

We spoke with the manager about the culture and values of the service. They described a focus at the service on providing person-centred care in an inclusive family-style environment.

The manager told us they were well-supported by the provider, who was present for the second day of the inspection. The provider visited each month and on a weekly basis contacted the home and discussed clinical governance issues such as falls, safeguarding issues, weight changes, health changes and referrals, and complaints. A new deputy manager had been appointed and allocated flexible supernumerary hours to support the manager to oversee care, and worked with the team the remainder of the week. All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities and understood when they needed to escalate any concerns or issues.

Regular meetings were held with staff and records of the meetings showed subjects such as teamwork, standards of care, records management and training were discussed. There was a range of processes in place which enabled the provider to receive feedback on the quality of care provided at the service. These included regular meetings and satisfaction surveys for people who used the service and their relatives. We

saw the results of the recent consultation were published on the notice board in the entrance area and the majority of responses were positive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The standards of cleaning and hygiene were not maintained to a satisfactory level to ensure people were protected from the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated fully.