GMA Healthcare Ltd

# Elizabeth House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 14 and 21 June 2016. Both days of inspection were unannounced which meant the registered provider and staff did not know that we would be attending.

Elizabeth House provides support and accommodation for up to 34 people living with a dementia and / or a physical disability. At the time of inspection there were 34 people using the service. The service was located in a residential area within its own grounds and located very close to local amenities.

The registered manager became registered with the Commission in December 2014. They had previously worked for the registered provider as a carer and had been supported to progress with them. 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 understood the procedures they needed to follow to raise a safeguarding alert. Staff had received up to date training and could provide examples of the different types of abuse which people at the service could be at risk from. All staff told us they felt confident in whistle blowing [telling someone]. When safeguarding incidents occurred, the service worked quickly to carry out an investigation and minimise the risk of harm to people.

Risk assessments for people and for the day to day running of the service were in place and had been regularly reviewed. This meant the registered provider had procedures in place to recognise the importance of risk management delivering care and support in a safe way to people.

Up to date health and safety certificates were in place to show the service was safe to deliver provide care and support to people. Regular maintenance was also carried out at the service. All staff participated in planned fire drills which were scenario based and included questions designed to test staff knowledge.

Robust recruitment procedures were in place. Potential candidates were invited to attend two taster days at the service to determine their suitability. Staff only started work once two checked references and a Disclosure and Barring Services (DBS) check had been obtained. This helped the registered provider to ensure people employed were of suitable character to work with vulnerable people.

People and staff told us there were enough staff on duty during the day and at night. The registered provider regularly monitored staffing levels and dependency tools were completed each month. This showed there were sufficient staff on duty to provide safe care and support to people.

People received their medicines when they needed them by appropriately trained staff. Topical cream records and 'as and when required' medicine protocols were in place.

All new staff participated in a robust induction process which included training and shadowing more experienced staff. Staff training, supervision and appraisals were up to date for all staff. This showed the registered provider supported staff to remain competent in their roles.

People were supported with their nutrition and hydration. Appropriate risk assessments and care plans were in place for people who were at risk of dehydration or malnutrition. The service referred people to dieticians when further support was needed.

The service was decorated to a high standard and had good quality furnishings in place. People's rooms contained their personal belongings, furniture and photographs. People had access to a wide range of communal areas at the service and a dementia friendly garden had been put in place by the registered provider.

People and their relatives spoke highly about staff and the care provided at the service. Everyone told us they enjoyed living at the service. We could see staff knew people and their relatives well. People told us that care was given when they needed it.

People were involved in planning and reviewing their own care. Staff gave people the information they needed to make their own decisions and told us they were not rushed to do so. Relatives told us the service kept them up to date about matters affecting people. When people were unable to make their own decisions, staff contacted advocacy services for people. This showed the service actively supported people to make sure care and support met their needs and wishes.

During the inspection we saw that people's privacy and dignity was maintained. People confirmed this to be the case and told us doors and curtains were closed and they were covered over with a towel when personal care was taking place. Discussions about people's needs were carried out in private.

The service encouraged people to keep in touch with the people important to them. Relatives told us they were invited to all events taking place at the service and were welcomed by staff when they visited. People had access to the telephone, internet and Skype to keep in touch with people.

All staff were trained in end of life care. The service had implemented the gold standards frame work for end of life care. This meant people had advanced care plans in place and staff had informal discussions with people about their wishes.

People's needs were assessed before they moved into the service to make sure the service could support them. When people moved into the service, personalised care plans were put in place which were reflective of their needs, wishes and preferences. Care plans were reviewed regularly and updated when needed.

The activities co-ordinator and staff carried out activities with people at the service. These were complemented by external activities and visitors to the service. People and relatives told us they enjoyed the quality of activities provided.

From speaking with people, relatives and staff, we could see there was a positive and open culture at the service. All staff spoken to told us they enjoyed working at the service and felt supported by the registered manager and registered provider.

The registered manager and deputy managers all spent some of their working time on the floor with people and staff. They told us this helped them to keep up to date with people. People, staff and relatives spoke

highly of the registered provider and felt supported by them.

Robust quality assurance processes were in place. All safeguarding incidents, accidents and other types of incidents occurring at the service were promptly dealt with. Investigations were carried out to try to reduce any repeated incidents. Regular audits were carried out and action plans completed where needed which included dates any actions had been addressed.

The registered provider contacted the Commission in December 2015. They told us they had identified through their own quality assurance processes that the registered manager had not always notified the Commission about incidents at the service when required to do so. We issued the registered provider with a fixed penalty notice which they paid in full. The Commission has since received required notifications from the service.

Regular meetings were held for people and their relatives and staff. A regular newsletter was also produced for the service. This meant each were kept up to date about any changes occurring at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

People told us they felt safe living at the service. Risk assessments were in place for people who needed them and were reviewed regularly.

Staff demonstrated good knowledge of safeguarding procedures. The service made safeguarding alerts when needed.

There were sufficient staff on duty to provide safe care and support to people. Working hours were flexible to meet the needs of people and were regularly reviewed.

### Is the service effective?

Good

The service was effective.

All staff were supported through a thorough induction process. Staff training, supervision and appraisals were up to date.

People were supported with their nutrition and hydration. Nutrition risk assessments were in place when needed and referrals to dieticians had been completed for people.

Staff understood the principals of the Mental Capacity Act and Deprivation of Liberties Safeguards. Applications had been made when needed.

A dementia friendly garden was in place at the service. We saw people and their relatives spending time in this garden.

### Is the service caring?

Good

The service was caring.

People told us they received appropriate care and support from staff who knew them. From our observations we could see staff knew people well.

People and relatives told us they were involved in making decisions about care. People were given the information and

time needed to make decisions.

Staff supported people to maintain their dignity whenever any personal care and support was provided. People spoke highly of staff.

## Is the service responsive?

Good

The service was responsive.

People had care plans in place which reflected their individual needs, wishes and preferences. These were regularly reviewed to make sure they remained relevant.

Activities regularly took place at the service and outside of the service. People spoke highly of them. Relatives were invited to attend special events.

People told us they knew how to make a complaint and felt confident that any complaints they may have would be dealt with quickly.

## Is the service well-led?

Good

The service was well-led.

A registered manager was in place. The registered provider was actively involved in the service.

Staff told us they enjoyed working at the service and felt supported by the registered manager. People and relatives spoke highly of the service.

Robust quality assurance procedures were in place. All safeguarding alerts, accidents and incidents were investigated in a timely manner.

# Elizabeth House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

One adult social care inspector carried out an unannounced inspection on 14 and 21 June 2016. This meant the registered provider and staff did not know we would be attending on either days of our inspection.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service who told us they had no concerns about the service.

The registered provider was not asked to complete a provider information return (PIR). 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.

During the inspection we spoke with five people in detail and four relatives. We spoke with the registered provider, deputy and two administrators for the registered provider. We also spoke with the registered manager, deputy manager, four staff and a PET therapist.

We reviewed three people's care records in detail and looked at supplementary records of four people. We reviewed staff records and a range of records related to the day to day running of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I like living here. I feel safe." A relative told us, [Person using the service] is safe. Staff look after them well." When we spoke with staff they told us in detail about how they helped to keep people safe. They gave examples about making sure people felt secure living at the service and making sure any potential hazards were taken care of. Staff also told us they needed to be responsive to potential safeguarding situations. When we spoke with staff about safeguarding, they were able to describe the types of abuse they looked out for in and the procedure they followed to raise their concerns should they suspect someone could be at risk of abuse. Staff training in safeguarding was up to date and safeguarding alerts had been made when needed. An up to date safeguarding policy and procedure was in place. From the records looked at, we could see the action the service took to minimise the risk of harm to people and investigations which had taken place when a safeguarding alert had been raised. When people moved into the service they were given a welcome pack which included information about abuse. This was written in an easy to understand format and included examples of the different types of abuse and what people could do if they felt they had been subject to abuse. This meant people had the information they needed to take action if they felt they were at risk.

An up to date policy for restraint was in place, however the registered provider and registered manager told us that they did not restrain people. They told us that if restraint was needed, then full documentation on the reason for this and the outcome of the restraint would be recorded.

Risk assessments associated with the day to day running of the service had been completed. These included risks associated with the environment, such as fire safety, slips, trips and falls and electrical appliances. This showed the registered provider understood the importance of risk management to keep people safe and that staff understood that safety was important to protect themselves, people and their visitors from avoidable harm. We also looked at people's care plans and saw they contained the risk assessments needed. These included mobility, falls, skin integrity, continence and nutrition. These had been regularly updated and provided clear information that, along with associated care plans helped care staff manage the associated risks and helped them to provide care and support in a safe way. During our inspection, we saw staff took the time to make sure people were safe and took action to minimise the risk of harm. We observed a staff member ask one person, "Shall we go and get your shoes. You might slip on your tights. I can go and get them for you if you want." This showed staff were proactive in reducing the risk of potential falls to this person.

Personal emergency evacuation plans (PEEPs) were in place for each person using the service. PEEPS provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. This included information about potential risks, the number of staff required to evacuate each person and any special considerations such as GTN sprays [prescribed for chest pain] and inhalers.

Close circuit television (CCTV) was in use in the communal areas of the service. The registered provider told us a consultation had been carried out at the time it was put in place. An up to date policy was in place and

from speaking with people we could see they consented to this safety measure. Health and safety certificates were in place and showed regular checks had been carried out. These included gas and electrical appliance testing, lift, hoist slings chair scales. Checks of windows, water temperatures, bedrails, bedroom doors and mattresses were completed each month to make sure they were safe for people and staff. Maintenance records were in place and showed any work needed had been completed. The maintenance staff worked across the registered provider's four services and staff told us they would either telephone them or record the work needed in their maintenance book depending on the urgency of the work.

Planned fire drills were carried out every month with day and night staff. The registered manager told us that it was a way of making sure all staff had been involved in a planned drill and their competency could be continually monitored. The registered manager told us that scenarios were used during the fire drills which were designed to mirror possible events at the service. This included questions about which people they would move first and how they would move people, the location of chemicals and the protection of fire doors. We also saw that staff used an emergency evacuation chair and sledge during these planned fire drills. This meant the service was actively making sure staff remained competent to deal with any fire related emergency.

During the recruitment process, potential candidates for employment were invited to complete two taster days at the service. The registered provider told us this helped them to determine whether potential candidates had the required knowledge and skills and helped those candidates determine whether working at the service was for them. Recruitment records contained a completed application form and any gaps in employment had been investigated. There was evidence of completed interview questions, two checked references and a Disclosure and Barring Services (DBS) check. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. It was clear on records that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work with people. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

There were sufficient staff on duty to provide safe care and support to people. A dependency tool was completed for each person using the service. This information was used to calculate the overall number of staff required during the day and at night. Six care staff were on duty on a morning and early afternoon and five care staff were on duty from afternoon until evening. Two members of care staff were on duty at night. Night staff were supported by one member of afternoon staff who worked slightly later to support people with their medicines and to assist people to bed. All care staff worked across both floors at the service. The registered manager told us this was important because staff and people needed to be familiar with one another.

People, relatives and staff all confirmed they thought they were enough staff on duty. One person told us, "Yes, there's enough staff." A member told us, "We have enough staff on duty to meet people's needs." The registered manager and deputy manager provided on-call cover out of normal working hours. The registered manager told us that they rarely used agency staff. They told us staff from the service and staff from the registered providers other services in the area were offered extra shifts when cover was needed. We could see that all sickness was monitored and any support needed to staff would be offered. Staff, people and their relatives all told us they had no concerns with staffing levels at the service. During our inspection we saw that staff were always visible. Information was on display in the communal lounge to show people and their relatives which staff were on duty each day.

All staff employed at the service were given a verbal handover prior to starting their shift. This meant each

staff member was aware about planned events for the day and any changes to people's health and well-being. Kitchen staff could quickly accommodate people's changing needs, administrators could deal with telephone calls appropriately and carers could make sure the care people needed was given.

We looked at the way the service managed people's medicines. The registered manager showed us a medication policy. This included information on recording, administering, and errors of administration, storage and disposal of medication and provided guidance on managing over the counter medications. Staff training was up to date and only staff trained to dispense prescribed medicines did so. Competency checks of staff were underway during our inspection which included observations of practice and questions designed to check knowledge and understanding. This meant the service was proactive in making sure staff remained safe to dispense prescribed medicines.

We looked at three people's prescribed medicines and found that actual stock matched medical administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MAR contained details of medicines that people were prescribed, why they were required and any possible side effects. We saw they had been accurately completed with no gaps. We could see that records had been updated when new stock arrived.

During our observation of a medicine round, we saw staff placing people's prescribed medicines into their hands and given a drink of water. People were given the time they needed to take them. One person was asked to go to the bathroom so the staff member could apply a prescribed topical cream. This meant the person's dignity was protected. During the medicines round, people were asked if they needed their 'As and when needed' (PRN) medicines. Reviews of these medicines had taken place to make sure they were still needed. PRN protocols were in place which showed why the medicines were in place. We found that some protocols lacked information however from speaking with staff we could see they had good knowledge about these medicines and described the diversional strategies which could be used prior to giving these medicines. The registered manager told us they would update these protocols straight away.

Some people at the service were prescribed controlled drugs. Controlled drugs are medicines liable for misuse. We found these had been stored securely. These are controlled under the Misuse of Drugs Legislation.  Records for controlled medicines had been completed appropriately and matched actual stock.

We looked at people's prescribed topical creams. Each topical cream looked at contained a date of opening. Topical cream records didn't always show if creams had been applied. When we spoke to staff and people they confirmed that topical creams had been applied when prescribed. The registered manager told us they would take immediate action to address this. On the second day of our inspection, we saw that the service had responded quickly to our feedback. New topical cream records had been put in place. Body maps showed where creams should be applied and records stated the frequency of which they needed to be applied.

Fridge and room temperatures were carried out each day. Records showed temperatures were within safe limits for storing medicines. Medicines audits were carried out every month and included checks of the MARs to identify any gaps in the records or any discrepancies. A medicine audit was in place for one person who chose to take their own medicines. This included a check to make sure the person was competent to take these medicines.

Good

# Is the service effective?

## Our findings

All new staff participated in an induction programme which involved training, shadowing more experienced members of staff and becoming familiar with the policies and procedures of the service. Induction included completion of the care certificate. This is a set of standards which staff are expected to follow at work. Regular reviews took place to monitor staff's progress during their induction and to identify any training and support needs.

When we spoke with people and relatives they confirmed that staff had the knowledge and skills needed to care for people safely. All told us they had confidence in the ability of staff to care for people. Mandatory training which included fire safety, fire aid, infection prevention and control, health and safety, the Mental Capacity Act and safeguarding was up to date for all staff. Mandatory training is training the registered provider thinks is necessary to support people safely. Planned dates were in place for staff due to complete refresher training. Staff had also participated in training specific to the needs of people which included stroke, diabetes, catheter care, epilepsy and Parkinson's disease. This meant the service had taken action to make sure all staff had the knowledge and skills needed to look at the needs of all people using the service.

An up to date supervision policy was in place which stated that all staff should receive supervision every two months. Records confirmed this was happening. Supervision and appraisals were up to date and planned dates were in place for future sessions. These are formal methods of support between staff and their supervisor to make sure any needs are identified. We found that some aspects of people's supervisions and appraisals had been prepopulated. This meant we could not be sure if they were specific to individual staff needs. We discussed this during our feedback with the registered manager and registered provider and they told us action would be taken to address this.

We asked people if they were given enough to eat and drink and whether they were happy with the quality of the food provided. One person told us, "It's a 'thumbs up' for the food in here." Another person told us, "The foods not bad." Another person told us, "The food is nice." One relative told us, "[Person using the service] gets enough to eat and drink. They have coffee and cake in their room. Staff encourage her to eat and drink."

A dementia buddy is a trained volunteer who has a good understanding of dementia and knows how to engage positively with people with dementia to improve their well being. The dementia buddy for registered provider told us they had worked with the service to look at nutrition and to increase staff knowledge and understanding about nutrition for people living with dementia. This included what meals and snacks to offer, how to offer food and the presentation of food. Staff were informed about what they could do to tempt people's appetite if it reduced. As a result of this we could see that menus at the service had been improved, were colourful and included a variety of seasonal choices. Pictorial menus were on display in the dining room. People told us they could always ask for an alternative meal if they didn't want the choices on offer that day.

We asked people about their mealtime experiences and we observed one mealtime at the service. People had a choice of where they wanted to eat. Tables had linen, cutlery and glass wear and people told us they

enjoyed this. We saw that there were sufficient staff available during mealtimes to provide support to people who needed it. When people needed assistance, this was carried out in a dignified manner. One relative told us, "The staff sit with [person using the service] at mealtimes [providing assistance] but are conscious of not taking away independence."

People told us drinks and snacks were available through the day and there was always a choice. We observed this to be the case. We observed staff asking people what they wanted to drink and whether they wanted a snack. We could see that staff were familiar with people's likes and dislikes. One relative told us, "When they [staff] go round with the tea trolley, they don't put the cup and saucer down. They put it in your hand and make sure you have hold of it. If there's a straw, they put it in your mouth and your hands around the beaker.

We could see that the service held events based around nutrition and hydration, such as a weekly cream tea or a wine and cheese evening. The registered manager told us that this was a way of increasing people's calorie intake. People from the service were also invited to Nunthorpe Hall, another service of the registered provider to attend a cream tea or to enjoy a cocktail.

People at risk of malnutrition or dehydration were regularly monitored using risk assessments. Information about people's weights and risk was shared with the registered provider each week. This meant the service was supporting people with their nutrition. One relative told us, "The staff are very proactive, they don't wait. They think ahead. If [person using the service] is not eating well, staff encourage fluids every hour and snacks or meals every two hours. When I visit, the staff update me straight away. You know you can trust them. It's very caring of them."

The service had good links with health professionals. People told us they could see their GP whenever they needed to. One relative told us, "The staff changed [person using the services] doctors. They discussed it with us first. The Doctor visits after surgery. It's very reassuring. Staff are good at spotting urinary tract inspections. They seem to know the symptoms and deal with it straight away." Care records showed that people had visited or received visits from their GP, dentist, optician, dietician, community mental health team and occupational therapist. These visits had been documented in the person's care records. There were signed consent forms in place for people who had received an influenza vaccination.

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

At the time of our inspection, 12 people had a DoL'S authorisation in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. The service had a tracker in place which showed when each person's DOL'S restriction had been granted and when it was due to expire. This prompted the service to make sure that a review of these deprivations took place prior to the expiry of the restriction.

Some people had 'Do not attempt resuscitations' (DNAR) certificates in place. From the certificates we

reviewed, we could see the reasons for the decision being made and the people involved in this decision making. All certificates were in date.

Consent records were in place for photographs. We could see that people had agreed to photographs of them being used and these were updated regularly. Where people did not have capacity and were unable to consent, records showed their relatives had given consent.

The service had been maintained to a high standard and was furnished throughout. There were a range of communal areas inside of the service where people could spend time together and there were private areas if people wanted to spend time on their own or with their visitors.

Staff told us that people were encouraged to personalise their rooms. We visited some people in their rooms and could see some people had their own furniture, decorative accessories and personal possessions in their room. One person told us, "I have a nice big room. It's not bad. I have got my TV in here and that does me." Another person told us, "I have a lovely clean and spacious room. I have everything I need."

A dementia friendly garden had recently been introduced at the service which had been opened by the local vicar and the community was invited to attend. People, their relatives and health professionals were invited to attend. A local artist was asked to paint Murals on the walls of the garden. The garden was a mix of grass and paving which was all kept at the same level and there was seating throughout. There were different themes throughout the dementia garden. For example, one area had a seaside theme with a painted mural on the wall, deck chairs, gravel and a boat. In another area there was a quiet space with comfortable seating, rose bushes and a water fountain. In other areas of the garden, there were a range of plants, bushes and herbs at different levels. We saw people touching leaves and smelling herbs. During our visit, we saw people, staff and their families spending time in the garden. We saw people smiling. People and relatives spoke highly of the dementia garden and told us they enjoyed spending time in it. During our visit it was a hot day, people were regularly offered drinks and staff were giving people ice lollies to enjoy whilst they were in the garden.

Good

# Is the service caring?

## Our findings

We asked people and their relatives about the care they received. All spoke positively about staff and the care and support received. One person told us, "I am well cared for. If I need something, I would just ask." Another person told us, "I've had excellent care here. It's quite a nice place to be." Another person told us, "I get looked after here. I have no running about to do now. The staff are very nice, they paint my nails for me. I don't even need to ask." We could see relatives visiting people throughout the day. They told us they were free to visit their relatives anytime they wanted. They also told us they felt welcomed when they did visit. One relative told us, "The staff look after [person using the service] really well. Staff are brilliant, really caring. I'm so happy for [person using the service] to be here. They know [person using the service] and us. They really care about [person using the service]." Another relative told us, "I don't like [person using the service] being in a home, but everything here is good. Without a doubt [person using the service] is well looked after. I am lucky. I hold them [staff] in the highest regard."

We asked relatives what they thought about the service, they told us, "It's not an institution, it's a home. It's spacious. They [staff] are nice to my mum and always make time for them." Another relative told us, "The staff are lovely, very supportive to residents and family." And "They [staff] hold [person using the services] hand, a light touch speaks volumes. She knows they care for her. The staff laugh and joke with her. It's lovely to see [person using the service] laugh."

During our inspection we observed interactions between staff and people using the service. We could see staff knew people well. We observed that staff were kind and compassionate and understood people's needs and preferences. Staff spoke positively about people and we could see they took pride in caring for people. One staff member told us, "I love spending time with our residents. I wouldn't do anything else." Another staff member told us, "It's a home from home. It's nice to make a difference to people's lives." We also spoke with a PET therapist after they completed their activity at the service. They told us, "Out of all of the homes I visit, this is one of the best. The residents are really happy."

The registered manager told us that when people moved into the service, staff spent time getting to know them and their families. Information about people's likes and dislikes, needs and wishes were then incorporated into their care plans. The registered manager told us that this could take some time but it was important to get things right. From speaking with people and staff and from reading care records we could see that people, and where appropriate their relatives were involved in making decisions about their care. Staff recognised that some people needed support to make decisions and told us they would involve an advocate. This is a means of accessing independent support to assist with decision making. Staff told us they would signpost people to this service if they felt it would be appropriate for people.

We could see that the service tried to involve people's relatives. Staff told us they recognised that when someone moves into the service it can be difficult for them too. A dementia friend [volunteer supporting all the registered provider's services] had put together a range of factsheets specific to dementia. The registered manager told us, "Dementia can be new to families and can leave them bewildered. They can talk to us, but we also have factsheets they can read. We also give families information about local support

groups." Relatives told us that the service kept them up to date of any changes to their relative when needed and this was carried out promptly. One relative told us, "They [staff] are absolute angels. They ring me straight away if anything is wrong.

We spoke to people about privacy and dignity and asked whether this was maintained and respected when care and support was given. People told us they had their privacy and dignity respected by staff. Staff told us this included closing curtains and doors and giving people the time they needed whenever any care and support was given. One relative told us, "They treat [person using the service] with dignity. They are very caring." Staff told us they supported people to maintain their independence and only offered assistance if needed. The registered manager told us about one person who they had helped to increase their independence. When they had moved into the service they had regularly used their wheelchair. Staff followed the guidance given to them by health professionals and had increased the person's confidence whilst supporting them with their mobility. The registered manager told us this person rarely used their wheelchair. This meant the staff had supported this person to improve their mobility and confidence which had allowed them to increase their independence.

The registered manager told us that it was important for people to maintain contact with the people important to them and relatives were free to visit at any time. Relatives told us they were involved in events taking place at the service and felt included in their relatives care. The service recognised that some relatives lived at a distance or were not able to visit people as often as they would like. They encouraged people to maintain contact with their relatives both face to face and over the telephone. People also had access to the internet and could keep in contact with people using email, Skype or social media.

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 which 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 service participated in the Gold Standards Framework (GSF) for end of life care. The GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life. The registered manager told us that each person was coded each month according to their health and well-being and where appropriate this information was shared with people's GPs. The registered provider told us GPs worked closely with the service to make sure people's health needs were met, to identify if a medication review was needed or to put discuss whether a DNAR certificate was appropriate. Advanced care plans were in place for people and we could see that staff had engaged people in informal discussions about their end of life wishes. These included their needs, wishes and preferences. The registered manager told us that these informal discussions early on helped more structured discussions take place when needed

All staff had received training in end of life care and the registered provided checked staff knowledge regularly in supervision and during team meetings where the end of life framework was discussed. Most recently, the service had started to carry out analysis of end of life care to identify what had worked well and what could have been carried out better.

At the time of inspection, no-one receiving end of life care. When needed the service followed the support and guidance of GP's and Macmillan Nurses. When people were discharged from hospital, the service made sure appropriate medicines were in place. The registered manager told us that support was available for people's families and arrangements were made for families to stay over at the service. The registered

provider told us they provided nice bags and boxes to put people's belongings in. They also told us that they sent flowers and a card to people's families and attended people's funerals.

Good

# Is the service responsive?

## Our findings

People told us care was responsive to their needs, was given when people needed it and in the way they wanted it. One person told us sometimes they liked to sleep in. They told us staff would leave them to enjoy a sleep in and would provide assistance when they woke up. The person felt reassured that staff would be available to them later in the morning. Another person told us they enjoyed spending time in their room and staff still came into check on them and sat and chatted with them. The person told us this made them feel included. From our observations and from speaking with staff we could see they all worked across the service which meant they got to know everyone. This also meant that people and their relatives became familiar with the staff team in place at the service, which included the registered provider, kitchen and domestic staff. Staff told us they worked flexibly to accommodate people's changing needs. Staff were visible throughout inspection and people did not have to wait when any care and support was needed.

People told us they were involved in developing their care plans. This started before people loved into the service. People and staff told us that the pre-assessment helped to determine whether the service could meet people's needs. The service worked with people to develop the care plans needed. Some people told us they did not want to be involved in their care plans but they had confidence that staff knew their needs. Where this was the case, people told us the care and support given to them reflected their personal needs and wishes. Care plans were detailed and included information individual to people. We saw evidence of people's needs and wishes included into care plans such as people's personal preferences during their morning and bedtime routines. This meant staff had the information they needed to support people in the way they wanted. Care plans detailed what people could do for themselves which meant that staff were able to support people without taking away their independence.

Each person had a 'Life story' and a 'One page profile in place which staff worked with people and their relatives to complete. Staff told us that it could take a while to complete these, but they were very useful to them. These records included information about people's lives and the things important to them. We saw that staff used this information to provide meaningful interaction to people. We observed staff talking to one person about their life and could see their faces light up and they were smiling.

During our inspection we observed lots of activities taking place. We could see the activities coordinator was responsible for organising and delivering activities with people; but all staff were involved in carrying out activities. One activities co-ordinator provided activities over 30 hours per week to all four of the services within the registered provider's portfolio. They told us they had access to the resources needed and we saw evidence of this during inspection. The activities co-ordinator carried out fundraising events and they told us the registered provided matched any funds raised. The dementia buddy for the registered provider had worked with the service to produce an activities programme for people living with dementia, which included guidance for care staff about delivering their own activities. The aim of this was to increase staffs confidence about activities and, for example, what to put in a rummage bag and what to do with it.

People and their relatives spoke highly about the activities provided at the service. One relative told us, "Staff have conversations with [person using the service] all of the time. They know her and what she likes to

talk about. [Staff member] paints her nails, they [staff] do her hair, as well as the hairdresser." Another relative told us, "There is lots to do here. They [staff] try to stimulate people." We could see that activities were changed to suit people's needs but consisted of music, armchair Zumba, watering the garden, doll therapy, watching films with popcorn and quizzes. Activities predominantly took place in the lounge were most people chose to sit. People from the service was also invited to attend a cream tea and to listen to a pianist with a cocktail at Nunthorpe Hall, a service within the registered provider's portfolio.

We observed activities taking place at the service throughout our inspection. We saw they were well attended by people. There was a good atmosphere throughout, people were smiling and participating. On one of the days of our inspection we saw the activities co-ordinator singing with 15 people, whilst three members of care staff were painting people's nails and chatting. Although we saw that some people were not singing or having their nails painted, we could see they were listening to the music and watching what was happening. We also saw that another person was folding linen which they appeared to enjoy. Activities were delivered in short bursts of around ten minutes. The activities coordinator told us that some people struggled with their attention span and they had found these quick bursts had worked. The activities coordinator told us music worked well and they saw a positive change in people when this was put on.

Each week the service delivered a cream tea for people. This was showcased during our inspection. People also had access to television, music, books and a cinema room. External providers were also brought in to deliver activities; including PET therapy, pottery and painting. We also found a local nun visited the service weekly to read with people and sing hymns. During our inspection we observed the PET therapist attending the service. We could see people really enjoyed the visits from the two dogs. We saw people's faces lighting up and saw them touching and talking to the dogs. The PET therapist told us, "The oldies love it. They [people using the service] will tell you their life histories. I hear them say 'Oh the dogs are here.' I see that people like seeing the dogs. Their memories of their own dogs are sparked when we visit." One person told us, "I adore those two [dogs]. They are incredibly found of us. They wag their tales."

The activities coordinator told us they carried out themed events, most recently had a 1940s 'Stepping back in time' event where staff dressed up, they told us, "The buzz of the place was great. It was a fantastic day." This was shared with the National Association For Providers Of Activities (NAPA) For Older People's magazine. They told us, "Residents love seeing us dressed up. Their faces make my job worthwhile." The service recently celebrated the Queen's birthday with a party for people and their relatives. Staff and people told us they had enjoyed this. The registered provider also held a competition for each of the four services within their portfolio to make a birthday cake for for the Queen's birthday. People were asked to participate in the judging of the cakes.

Not everyone liked to participate in activities; but people we spoke with knew activities were available if they wished. One relative told us, "[Person using the service] doesn't like to join in, but they [staff] do try. The domestics always pop in her room for a chat." We observed one staff member sitting with one person discussing a book. The pictures within the book were used to stimulate discussion, for example there was a picture of a lighthouse and a pier and the staff member asked if the person had been to the ones in local area.

We could see that activities were available every day for people. Some records looked at contained limited information, such as "Enjoyed" or "Really good day" and did not reflect the number of day's people were involved in activities. From speaking with people and staff we could see that people were regularly involved in group and one to one activities. We fed this back to the registered provider and registered manager and they told us they would take immediate action to address this.

People and their relatives told us they knew how to make a complaint if they needed to, but at the time of inspection none wanted to. An up to date complaints policy was available at the service which detailed what people could do if they were not happy with the outcome of the complaint from the service. From the policy we could see that any complaint made would be acknowledged in writing within two working days and a formal response within 28 days. Relatives told us they felt staff were approachable if they had anything they needed to discuss. A small number of complaints had been made and from speaking with staff and from the records we could see that each complaint had been addressed appropriately in line with the registered provider's policy and an outcome of each complaint had been recorded.

Good

# Is the service well-led?

## Our findings

The registered manager contacted the Commission on 3 December 2015 to inform us that the registered provider had identified through their own quality assurance checks that they had failed to notify the Commission of some incidents which had occurred at the service between February and November 2015. It is a requirement that the registered person must notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user and any incident which is reported to, or investigated by, the police. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We issued the registered provider with a fixed penalty notice and they paid in full. Since this time the registered manager has notified the Commission of all relevant incidents since this time.

Staff told us they enjoyed working at the service and spoke positively about one another. From speaking with staff and from our observations we could see they all knew what was expected of them. During inspection we observed staff working together and communicating with each other. One staff member told us, "We work well as a team. If something needs doing, we get it done." Another staff member told us, "I love my job. I do what I need to. I enjoy the challenge of the job and enjoy seeing people happy and safe." We could see that staff worked together as a team, each day all staff were allocated jobs to do to make sure the service ran efficiently. For example, one staff member was responsible for delivering meals to people's rooms, whilst another staff member served people food in the dining room and another staff member assisted people to the dining room.

People and their relatives spoke positively about the registered provider. One relative told us, "The owners are hand on. They are local. They are always here. As a person, [registered provider] is always looking at things. They have standards and are always looking at ways of improving to maintain a high standard." One staff member told us, "[Registered provider] is brilliant. Anything we need we can have." We saw that the registered provider had a relief manager in place when they were on holiday. This meant the service still had access to a manager and the registered provider's team for any support needed.

A registered manager had been in post since December 2014. They told us they felt supported by the registered provide and said, "If we need something, it's never an issue. They [registered provider] are very proactive, always looking into things. The registered manager and deputy managers were participating in a leadership and management programme and all nurses were being supported to put together a portfolio for their revalidation process. This is a process which all nurses must go through to demonstrate to the Nursing and Midwifery Council (NMC) that they remain fit and competent to practice. Staff told us they felt included and enjoyed working at the service. They told us they received regular feedback from the registered manager and registered provider in supervision, appraisals and team meetings and informally when appropriate.

The registered provider carried out a formal visit to the service each month to monitor the quality of the service which included audits, checks of records and observations of care practices at the service. This audit looked at all aspects of care in line with the regulations monitored by CQC and any areas which needed improvement were incorporated into an action plan for the registered manager. The registered provider told

us they visited the service three to four times per week for planned events and sometimes dropped in to carry out checks. We could see that some of the visits were unannounced and occurred at different times of the day and night.

The registered provider told us the registered manager was also responsible for monitoring the quality of the service and each month kept them up to date with outcomes of audits, dependency levels of people using the service, accidents and incidents, staff rota's training and weights of people. Daily checks of care plans, prescribed medicines, care plans, admissions and falls was recorded by the registered manager and administrative team. Audits were carried out regularly and included infection prevention and control, care plans, weight and nutrition. All this information was shared with the registered provider's team at their head office.

All safeguarding alerts, accidents and incidents were reviewed each month to try to identify any patterns and trends and to inform where action could be taken to reduce any risks to people, their relatives and staff. Actions were needed had been put in place, for example five incidents relating to medicines occurred during May 2016. The registered provider ensured all staff participated in refresher training for medicines, competency checks followed this and medicines errors were discussed during supervision. This meant the service acted quickly to minimise the risk of potential harm to people after a pattern of medicine errors had been identified. All staff spoken with told us they had confidence that the management team would take any concerns they had seriously and told us they felt they confidentiality would be protected.

Meetings for people and their relatives were held every three months. We could see people regularly attended these meetings and food, activities, laundry and upcoming events were discussed. The dementia buddy working with the registered provider produced a regular newsletter in line with 'Dementia friends.' Dementia Friends is a government funded initiative designed to improve people's understanding of dementia. This newsletter included information about activities, nutrition and hydration, training and refurbishment. This meant that people and their relatives could be kept up date if they were not able to attend meetings.

Staff attended regular meetings where they were updated about any changes taking place at the service. Updates and discussions took place in areas such as health and safety, nutrition, training, staffing, nutrition, accidents and incidents and the Gold Standards Framework.

The registered manager and deputy managers were invited to attend the registered provider's business meetings with colleagues from other services within the registered provider's portfolio. We could see that areas of good practice were discussed as well as quality of care, healthcare regulation and finance. This meant the registered provider worked closely with the management team at the service to maintain the quality of the service.