

St Philips Care Limited

Barrow Hall Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 2 and 3 August 2018, it was unannounced on the first day and announced on the second.

At the last inspection of this service in June 2017 we rated it as requires improvement in safe and well-led, which meant the quality rating of the service was requires improvement overall. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations, Regulation 18 Staffing. The provider had failed to ensure staff were deployed to provide assessed support that people required. This had not been found or addressed by the quality monitoring of the service, which meant there was a need for improvement with governance. At this inspection we found improvements had been made to meet the requirement, but that more improvement was needed with governance in respect of records.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. At this inspection we found there were enough staff to meet people's needs. Records were produced to help to monitor people's one to one support and staffing levels were constantly reviewed by the management team.

The provider was not taking any new admissions to the service. The provider, management team and staff were working with North Lincolnshire Council and health care professionals to improve all aspects of the service.

Barrow Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Barrow Hall nursing home provides personal and nursing care for up to 37 people with a mental health need. Barrow Hall consists of the main house for up to 25 people. It is a listed building and retains many of its period features. In addition to the main house there is 'The Mews' which consists of ten individual apartments each with a sitting area, bedroom, kitchenette and bathroom. There is further accommodation in The Lodge for two people. It is set in extensive grounds situated in the village of Barrow.

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

Staff had undertaken a lot of training in the last few months to improve their skills. The effectiveness of this training was still being assessed and the management team continued to look at training in other subjects to enhance the staff's skills. The majority of appraisals had not been undertaken but were scheduled for August 2018.

Some people's care records were still being reviewed and re-evaluated. Computerised care records were being created for everyone living at the service to enable staff to monitor people's care more effectively. Further work was required to ensure people's records reflected their full and current needs. Shortfalls in care records and medicine ordering was corrected during the inspection. Staff were undertaking training to make sure they used appropriate words in people's care records.

We received mixed feedback about the staff's skills and knowledge. There were concerns people may not be receiving the care and support they required. This information was shared with the regional manager so that corrective action could be taken, if necessary.

The registered manager, regional manager, staff and provider had worked hard to improve the service over the last few months. They were open and transparent and were willing to work with the local authority and other professionals to improve the service. Quality assurance checks and audits were taking place and were monitored. A new electronic care record system was being introduced to give staff more time to spend with people and to ensure people's care records were kept up to date. The management team agreed more time was required to undertake this work.

We received mixed feedback from health care professionals about the quality monitoring of the service. Although they stated improvements had been made.

Safeguarding training was provided for staff. Safeguarding issues were reported and investigated to help protect people from harm and abuse. Staffing levels were monitored to ensure there were enough staff to meet people's needs. Accidents and incidents were monitored and emergency plans were in place to help protect people's health and safety. Safe recruitment procedures were followed. General maintenance was undertaken. Staff undertook training in safe medicine management. Infection control audits were undertaken and issues found were being addressed. Staff were aware of people's behaviour that may challenge each other or the service.

People's rights were respected and care was provided with consent or in people's best interests. Staff monitored people's dietary needs to help maintain their wellbeing. People were prompted or assisted to eat and drink and the benefits of eating a healthy diet was promoted.

People's preferences for their care and support were recorded. People were treated with dignity and respect. Care records were personalised and people's communication needs were known by staff. Risks to people's wellbeing were monitored and staff encouraged people to maintain their independence, where possible. Staff contacted health care professionals for help and advice to help to maintain people's wellbeing. The environment had been improved for people living at the service and further work was planned.

People's mental capacity was assessed. We found care and support was provided in line with the Mental Capacity Act 2005. Staff encouraged people to make choices about how they wished to live their life, where possible.

Staff treated people with kindness and their diversity was respected. The provider had a confidentiality policy in place for staff to follow. Care records were stored securely in line with the Data Protection Act.

People were provided with information about the complaints procedure in a format that met their needs. Advocates (independent people) were available to help people raise their views.

Visiting was permitted at any time. People were supported and encouraged to take part in activities, if they wished. Outings and events took place and people's relations and friends were invited.

Statutory notifications were sent to the Care Quality, as required by law.

This is the second consecutive time the service has been rated Requires Improvement.

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.

Staffing levels met people's needs with personal care, one to one and social support.

Safeguarding policies and procedures, reporting and investigation helped to protect people from harm and abuse. Accidents and incidents were monitored to prevent further issues occurring.

Recruitment and medicines management was monitored. Infection prevention and control was being improved.

Checks on safety and the environment protected people from harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had to undertake a lot of training over the last few months to improve their skills. Appraisals for the majority of staff had not been undertaken. Staff supervision was undertaken. The training provided for staff was still under review by the management team to ensure staff had the skills they needed to support people effectively.

New methods of working, which promoted individualised care had been introduced over the last few months. These changes were still being embedded at the service.

People's rights were respected and care was provided with their consent or in people's best interests. Staff were trained in this area and people's diversity was respected.

People's dietary needs were monitored and reviewed by staff and health care professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People's privacy, dignity and diversity was respected.

People's methods of communication were known and staff made sure people received the emotional support they required.

Staff understood how to maintain people's confidentiality. Records were stored securely in line with the Data Protection Act.

Is the service responsive?

The service was not always responsive.

Further work was required to ensure people's records reflected their full and current needs. People's care records were being transferred on to an electronic system and this required completion.

Activities were provided based on people's interests and hobbies.

People knew how to raise complaints and action taken improved the service.

End of life care was offered if people's needs could be met.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The management team agreed more time was required to transfer people's care records to the electronic system and finish addressing infection control issues.

We received mixed feedback from health care professionals about the quality monitoring systems, they stated improvements were being made.

Audits had increased. Statutory notifications were sent to the CQC, as required by law.

People living at the service, relatives, staff and health care professionals were asked for their views. Feedback received was acted upon.

Requires Improvement 

Barrow Hall Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 2 and 3 August 2018. Inspection site visit activity started on 2 August and ended on 3 August 2018. It was unannounced on the first day and undertaken by two inspectors and a performance officer from North Lincolnshire County Council. On the second day one inspector concluded the inspection.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We were aware the local authority had worked with the provider since April 2018 to support positive changes that were required to the service. We reviewed all of this information to help us make a judgement about the service.

We looked at how the service used the Mental Capacity Act 2005 to see if, when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf.

During the inspection we spoke with seven people who used the service and with seven staff, including the cook. We spoke with one visiting health care professional who was visiting the service at the time of our inspection and two others after the inspection. We spent time observing the interactions that occurred between people and staff in the communal areas of the service.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files, supervision and appraisal records, staff training records and rotas. We

inspected three people's care records and everyone's medicine administration records, minutes of meetings held with people, relatives and staff, quality assurance checks and audits, policies and procedures, maintenance records and the complaints received. We also undertook a tour of all areas of the service.

During the inspection we did not undertake a SOFI observation (SOFI is a way of observing care to help us understand the experience of people using the service who cannot speak with us). Instead we used general observation to avoid people feeling uncomfortable.

Is the service safe?

Our findings

At the last inspection in June 2017 we rated this domain as requires improvement. We found staffing levels were not always sufficient to support people in daily living, social and leisure activities. People's one to one support hours were not clearly identified and documented to show they were used by the individual. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations, Regulation 18 staffing.

At this inspection we found these issues were addressed. The management team monitored staffing levels along with people's dependencies to make sure there were enough staff to support people in their daily life and with social and leisure activities. The management team were monitoring and had introduced reports which, reflected, the one to one support people received. The registered manager told us staffing levels were increased to provide support for outings and health or hospital appointments. We saw this was the case.

During our inspection we saw people received effective care and support. The registered manager confirmed they worked on the floor to help support people living at the service and staff. We looked at the rotas to see how staff were deployed. Staff we spoke with told us there were enough staff provided. One said, "We have enough staff, we pull together as a team."

Recruitment was on-going and three new staff were about to commence work at the service once their employment checks were completed. A new electronic care recording system had been introduced which, once embedded this would allow staff more time to spend with people living at the service.

People told us they felt safe living at the service. One person said, "I feel very safe here." Another person told us, "I do feel safe here. The staff are helpful."

Safeguarding issues raised with local authorities were investigated and corrective action was taken to protect people from harm and abuse. The provider had updated their safeguarding and whistleblowing (telling someone) policies, to reflect current legislation. Staff had undertaken training recently about how to protect people from harm and abuse. Staff told us they would report issues immediately. The registered manager understood their responsibilities to report issues to the relevant agencies, including the Care Quality Commission (CQC).

Monthly audits of accidents and incidents took place to look for any patterns. This information was used by staff to help to prevent further re-occurrence of issues. We saw staff contacted health care professionals for advice and help to maintain people's wellbeing. People had personal emergency evacuation plans in place (PEEPs). These had been reviewed to make sure they contained all the information the staff and emergency services required to be able to support people in the event of an emergency. Risk's in the environment and for people's wellbeing were assessed and monitored to protect the health and safety of all parties.

The Herbert Protocol was in place (Missing person's best practice guidance). Information was recorded to help staff and police identify and find people, if they left the service without informing staff.

We looked at how staff were recruited. Staff completed application forms, provided references, and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine if an individual is suitable to work with vulnerable people. Staff were not offered work at the service if this information was not satisfactory. The higher management team and an independent auditor assessed this information and process to make sure all the necessary checks were undertaken. New staff undertook training and worked under supervision to maintain their safety and develop their skills.

We inspected the medicine systems, which included the ordering, storing, administration, recording and disposing of medicines. Staff undertook training about safe medicine management. People's medicines were given as prescribed and staff observed they took their medicine. If it was refused this was recorded. Photographs of people were on their medicine administration record (MAR) which, helped staff identify people. Allergies were recorded to alert staff of any potential hazards. We observed part of a medicine round, the member of staff was competent and carried this out safely. We found the temperature of the medicine storage room was monitored daily, due to the heat wave the temperature had increased at times to over 25 degrees centigrade. Corrective action was taken to lower the temperature and the supplying pharmacist gave advice to help staff make sure people's medicines were not adversely affected.

The provider had infection control policies and procedures in place and regular audits were undertaken. We saw issues found were acted upon for example, some floor boards were being replaced to eliminate an aroma and more suitable floor covering was being sourced. Personal protective equipment (PPE) included gloves and aprons was provided for staff to help maintain infection control. An external professional had conducted two infection control audits this year, an action plan to address the issues found was in place. The registered manager confirmed the issues were being addressed.

Potential and known risks to people's health and wellbeing were recorded and were known by staff. For example, the risk of falls, choking, anxiety or self-harm, road safety and emotional upset caused by people's mental health conditions. Staff monitored risks and asked health care professional for help and advice to help maintain people's wellbeing. Risk assessments were personalised and contained information for staff to follow to maintain the health and wellbeing of people living at the service. Some people's information was still being changed over to the new electronic care record, updated and reviewed. The registered manager told us everyone's risk assessments had been reviewed to help to make sure they reflected people's changing and complex needs. Where equipment was required to help maintain people's safety, for example hoists for transfers these were provided. Staff encouraged people to remain as independent as possible even if there were risks present.

The management team monitor the safety of the premises. Checks were undertaken on moving and handling equipment; hoists, slings, wheelchairs and fire equipment and alarms. Environmental checks on water temperatures were in place. Window restrictors were checked by the maintenance person, four were re-fitted during the inspection to help maintain the security of the service. Health and safety checks were undertaken on fire equipment and lighting, water cleanliness and temperatures. The gas and electric supply and equipment was also checked for safety.

The provider had a business continuity plan in place which, informed staff about what to do if a power failure or flood occurred. Phone numbers for tradesmen and utility companies were present for the staff's information.

Is the service effective?

Our findings

Staff received regular supervision, a few staff had undertaken an appraisal to allow discussion about their practice, performance and further training needs to take place. However, the majority of staff appraisal's had not been undertaken, this was discussed with the registered manager who scheduled them to take place in August 2018.

We received mixed feedback following our inspection from health care professionals about the staff's skills and knowledge. This was shared with the regional manager who told us they would act on the feedback received. There were concerns people may not be receiving the care and support they required. Another health care professional commented, "Improvements are continually being made."

Staff had undertaken a lot of training in the last few months to improve their skills. We inspected the training records, training had been provided in subjects such as, safeguarding, infection control, food hygiene, fire safety, medicine management and the Mental Capacity Act 2005 (MCA). The systems in place informed the registered manager when staff were due to repeat their training to maintain or develop their skills. One member of staff completed the provider's medicine management course on the day of our inspection, they said, "It was informative and helpful." The effectiveness of this training was still being assessed and the management team continued to look at training in other subjects to enhance the staff's skills.

New staff starting work at the service undertook a period of induction where training was provided and they worked with senior staff to help them understand their role. They commenced the care certificate (A nationally recognised care qualification) to promote and develop their caring skills.

Agency staff were not used at the service. Bank staff made up the majority of the workforce. Most of the staff had worked at the service for many years. New methods of working, which promoted individualised care had been introduced over the last few months. For example, the new electronic care recording system and further staff training to promote person-centred care. The staff and management team told us these changes had been made to make sure people received care and support that met their individual needs and supported their diversity. These changes were still being embedded at the service.

People told us the staff supported them and they lived the life they chose. One person said, "Staff are helpful, I live the life I choose." Another said, "I am looked after well. The staff are respectful and I feel at home in the grounds with the squirrels and birds, I walk there a lot."

Equality and diversity training undertaken by all staff informed them how to encourage people to live their lives the way they chose. This had been developed and promoted at the service over the last few months. The registered manager informed us equality and diversity was encouraged for people living at the service, their relatives and staff.

Nurses working at the service had their registration details checked with the Nursing and Midwifery Council (NMC) to make sure they remained registered to practice. They undertook re-validation every three years to

maintain their registration by submitting evidence of their training, skills and knowledge to demonstrate compliance with the NMC's code of practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 applying DoLS appropriately. At the time of our inspection six DoLS applications had been granted and three had been submitted to the local authority. We were informed staff had recently undertaken training in this area. Where people lacked capacity to make their own decisions care was provided in their best interests following discussions held with people's relatives and relevant health care professionals. This helped to protect people's rights. A member of staff said, "We get to know people over time, you get to know their habits and their needs. We listen to what they want."

The registered manager confirmed people's DoLS and best interest information was kept under constant review because people's needs could change quickly and staff had to be reactive and ensure the right documentation was in place.

Staff promoted people's independence and choice. The registered manager told us person-centred care was promoted and people were encouraged to live the life they chose, supported, as required by staff. People's wishes, standards and the decisions they made were respected by staff. If people were making choices that had risks present staff advised them about this and offered different options to people which, may have less risk present.

People's dietary needs were monitored. Staff reported concerns to health care professionals to help make sure people's dietary needs were met. People who required help to eat or drink were supported by attentive staff who promoted their independence. Mealtimes were sociable occasions and people chose where they wished to eat. Healthy choices of food were offered, although this advice was not always followed by people. Where people wished to lose weight, staff helped to guide and support take them a healthy diet and encouraged more exercise. People we spoke with said, "The food is good, my favourite is toad in the hole" and, "We have choices."

If people required medical equipment such as wheelchairs to aid their independence or mobility, this was gained. Staff told us they contacted relevant health care professionals for example GP's and district nurses for help and advice to help maintain people's wellbeing.

Improvements had been made recently to the premises, for example, a lounge had been redecorated, the nurses station and medicine treatment room had been altered to make it more suitable for people at the service and for staff to use. The dining room had new flooring and dining tables and chairs, corridors were being re-decorated and a double room had been changed into two single rooms. A new patio area and garden was being created. The registered manager told us more improvements were taking place, which included replacing some floor boards, work to the main staircase to reduce the potential for people to lean over the bannister and at The Mews remedial work had commenced to deal with tree root damage to a drain. Pictorial signage was in place to help people find their way around.

The service had large grounds with patio areas for people to use. Lounges for quiet reflection and activities were provided. The kitchen in the main house had a sink and worktop for disabled access. Laundry facilities were available for people who wished to do their own washing. Kitchens were provided for people to make their own meals, if they wished. People could spend time together or enjoy their own space in the communal areas of the service, in their bedrooms or in the grounds.

The provider and staff had undertaken work supported by the provider development team, from North Lincolnshire Council and relevant health care professionals to enhance all areas of the service provided and embed best practice guidance throughout the service.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff are respectful and I am looked after well." Another said, "I am very well cared for."

We observed staff were compassionate and kind and spent time with people to support them. Staff treated people as individuals and valued their diversity. They offered people emotional and physical help and support, where this was required and permitted. Staff understood people's body language and monitored their mood which helped staff provide emotional support that met people's needs. If people were anxious or upset or just needed time to speak with staff, this was provided. People's life histories were known, which allowed staff to engage with people to reminisce with them and support them.

Interactions with people were undertaken by staff who showed compassion and understanding. Staff supported people with a kind, caring, gentle approach and appropriate touch was used to help re-assure people if they were anxious or upset. This helped people to feel cared for.

People's individual communication methods and needs were recorded. This information was known by staff who supported visiting health care professionals to enable effective communication to take place.

People's privacy and dignity was protected. Staff knocked on people's bedroom doors before being invited to enter. They understood who would permit them to enter their room and when this may cause distress. People confirmed they were addressed by their preferred names. Staff supported people with their personal care behind closed doors in people's rooms or in the communal bathrooms.

Staff had undertaken extensive training about how to provide person-centred care and support to people. We spoke with the management team who told us the staff's knowledge had been enhanced recently and was being monitored by the management team to make sure people continued to receive individualised care and support at all times.

Information was provided to people and their relatives about the service, activities and events in a format that met their needs which, ensured all parties were informed. Advocates were available to support people to raise their views, if required.

Staff told us they enjoyed working at the service. One said, "You have to be caring to work here. The people here could be my relatives, so I come and do my best. We have to understand why people may be having a bad day." Another said, "Working with the residents is brilliant. Staff have worked here many years and know the residents well." Continuity of care was provided by staff who covered each other's annual leave and absence. Bank staff worked at the service and covered shifts to make sure people were cared for by staff who understood their individual needs and preferences. This helped people feel supported and reduced their anxiety about receiving care from people they did not know.

The provider had an equality and diversity policy in place. Staff understood the importance of treating

people as equals. People were encouraged to retain or develop their independent life skills, supported by staff where necessary. We observed this was the case, people went out shopping to spend their money as they wished. People's faith and religious needs were recorded and they practiced their religion within the service or in the community, for example by visiting the Mosque.

Records and information was held in line with the Data Protection Act. Staff understood how to maintain people's confidentiality and they followed the provider's policy about this.

Is the service responsive?

Our findings

In April 2018 concerns were raised by health care professionals and North Lincolnshire Council that people's records did not reflect their full and current needs. North Lincolnshire Council provider assurance team undertook an assessment of the service and people's needs. They worked with the provider on an action plan to support the provider and staff to commence corrective work on people's care records. The service was also supported by other health care professional during this time and input from some continues. At this inspection we looked at the progress that had been made on this inspection so far and considered how the service complied with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health care professionals we spoke with gave mixed feedback. We received the following comments, "People living at the service know me and they are comfortable with me. Staff follow my instructions and they are on the ball and would call me if a person had a problem" and "I have concerns people's care records are not reflecting their full needs yet and that the staff may not be skilled in understanding them. Staff may not be asking for advice from physiotherapist and occupational therapist where this was required." This was discussed with the regional manager who told us corrective action had been taken.

We found some people's care records were still being reviewed and re-evaluated. Computerised care records were being created for everyone living at the service to enable staff to monitor people's care more effectively. The provider and staff had undertaken a lot of work to implement this and maintain the current care files for people who had not yet had their information transferred across to the new system. We spoke with the registered manager about this, they recognised further work over time was required. We found some shortfalls with people's care records. For example, in one person's care records staff had recorded a person had been 'hostile.' This wording was discussed with the registered manager because the persons behaviour could have been described using better terms. Staff supervision and further training was provided to make sure staff used appropriate words in people's care records.

We found there was a delay in gaining a health care professionals response regarding gradually introducing new medicine for one person. This was because the health care professional was on leave and staff were having to wait for them to return. For the same person we found a prescription had been ordered a week ago and had not yet been received. Staff followed this up during the inspection.

We also found one person who had a new wheelchair chair provided did not have this information in their current mobility care plan. A risk assessment for the use of a lap strap was required. These issues were addressed straight away.

After our inspection a health care professional we spoke with shared examples where some people had received care and support which, it was felt had not met some people's needs. The issues raised were discussed with the registered manager and we were assured corrective action had been taken.

We found further work was required to make sure people's care records reflected their full and current

needs.

People told us staff responded to their need, activities and social events took place and the food was good. We received the following comments, "The staff have brought me back, I was extremely ill", "The staff pop in and say hello. The food is nice. My family were invited at Christmas. In January I went to a Butlin's chalet, I loved it", "I am hoisted, this is done well" and, "Good food and choice. I ring my bell if want a drink and staff will bring me one".

We saw people's care records were personalised and contained information about their preferences for their care and support. They included specific information where extra care was required, for example about skin care, nutrition, mobility and methods of communication and behaviours that may challenge people or the service. People's records contained information about their next of kin, supporting health professionals, past medical history, life history and goals people wished to achieve. This helped the staff provide appropriate care and support. People's care records were reviewed monthly or as their needs changed.

Staff told us the new electronic care record system had been difficult for them initially but now it was helpful, although more time was needed to get everyone onto this system.

When equipment was assessed as being required this was provided for example individual wheelchairs made for people to increase their independence and comfort. Risks to people's health and wellbeing were audited by the staff, management team and provider and this was on-going.

Before people were offered a place at the service their needs were assessed over a period, which made this process less stressful for people. People were encouraged to visit the service and have a meal or gradually stay overnight so they could ask questions and see if this was the right place for them. Staff tailored people's introduction to the service to make sure this process was individualised to each person's needs. The registered manager considered how a new person may fit in with other people living there. A place was only offered if it was appropriate for all parties. Information was gained about people's needs from relevant health care professionals, local authority care records and from discharging hospitals. Staff used this information to start to create people's care records.

We saw people had opportunities to be involved in social activities that interested them, both in the service and in the community. People were seen going shopping, going to the Mosque or taking walks locally or in the grounds. Staff told us about people's preferences for activities and what they liked to take part in. One to one activities took place, this included staff talking with people and supporting them to go out. Group activities were provided, such as baking and drawing. Outings occurred, to the cinema, Cleethorpes boating lake and to Thorpe Park. People were assisted to go on holiday. We saw photographs of events that had taken place, for example trips to the pub and meals out. Events, such as the Royal Wedding had been celebrated. Visitors to the service were made welcome at any time. People were supported to maintain their relationships with family and friends, where they wished. The registered manager told us a person had contacted a parent after having no contact for many years, they were able to spend quality time together. The provider was recruiting an activities co-ordinator for the service.

The provider had a complaints policy which, was provided to people in a format that met their needs. It advised people how to make a complaint and how issues raised would be investigated and the timescales for this. People living at the service said they had no complaints but would raise issues if necessary. One person said, "I'm happy here, no complaints." Complaints received were acted upon to improve the service.

End of life care was provided. People had their wishes recorded for their end of life care, where they wished

to consider this information. Staff told us they would work with relevant health care professionals to support people at this time.

Is the service well-led?

Our findings

At the last inspection of this service in June 2017 the service was rated requires improvement, due to shortfalls in the domains safe and well-led. In safe we had found staffing levels were not always sufficient to support people in daily living, social and leisure activities. One to one hours were not clearly identified and documented to show they were used by the individual. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations, Regulation 18 staffing. There had been a failure with good governance and quality monitoring of the service, because this had not been effectively identified.

In April 2018, concerns were raised with us through safeguarding notifications and by the local authority that the service may not be meeting people's needs. We attended meetings with the local authority and with relevant health care professionals who were working with the provider and registered manager to create and complete an action plan to address the issues found. All the people living at the service had a review of their care undertaken. Monitoring of some people's wellbeing by health care professionals was on-going when we inspected. The support provided by the local authority and health care professionals enabled us to monitor that improvements were being made and allowed us to inspect the service at a later date. The provider assured the local authority all issues would be addressed. A suspension on admissions to the service was put in place by the local authority. Prior to our visit we were informed by the local authority good progress had been made.

During this inspection we looked at the provider's current action plan, and saw there were only eight areas still requiring work to be undertaken. The management team were open and transparent with us and confirmed everyone had worked hard to improve the service provided to people. During our inspection we found people's care records required further work and this was recognised by the management team. We also received mixed feedback from health care professionals about the service with regard to infection control issues and quality monitoring systems.

We discussed these with the regional manager and have asked they consider the feedback we received and act upon it.

We have therefore rated this domain as requires improvement. The management team and provider require more time to complete the action plan and demonstrate all the improvements made will be sustained over time. We will look at good governance in more detail at our next inspection of this service.

People we spoke with told us the service was well-led and confirmed things had improved over the last few months. One person said, "It is better here now." They confirmed their views were asked for, and were acted upon.

The registered manager was supported by a regional manager and team at the provider's head office. A deputy manager was now in place to support the registered manager. The provider's senior management team visited the service regularly to support the registered manager, review the service provided to people and share good practice ideas and discuss any challenges. The registered manager had an 'open door'

policy in place so people, their relatives, staff or visitors could speak with them. Staff understood the management structure in place.

The registered manager had staff 'champions' in place to promote areas of practice such as dignity and safeguarding. The champions monitored and promoted these subjects with staff.

A new electronic care record system had been introduced and staff told us people's records were being maintained whilst everyone's care records were changed to this system. The management team told us the new system gave staff more time to spend with people and helped staff ensure people's care records were kept up to date, because the system alerted staff when care reviews were due.

A programme of checks and audits had been implemented to monitor the service. The results were checked by the regional manager and head office. Where issues were found an action, plan was put in place and this was reviewed by the management team.

Regular staff meetings were held to gain the staff's views and inform them of good practice ideas and ways of working. Areas discussed included the providers policies and procedures, staffing levels and results of audit undertaken. Minutes of the meetings were produced which, were available for staff to read if they were unable to attend. A member of staff said, "The meetings support us." A recent staff survey had also been undertaken.

Resident and relative's meetings took place, areas discussed included activities, meals, changes to the service and complaints. Surveys were sent to people living at the service, relatives and health care professionals to gain their views. Feedback received was acted upon. Relatives provided compliments about the service, For example, one stated "I would recommend this care home."

The registered manager provided the Care Quality Commission with information about notifiable events that occurred at the service.

The manager was looking at how the service could be developed further and more links with the community established.