

North Yorkshire County Council

North Yorkshire County Council - 5 Whitby Road

Inspection report

5 Whitby Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We undertook this inspection of North Yorkshire County Council – 5 Whitby Road on 17 November 2016.

Our previous inspection of 5 Whitby Road took place in August 2015, when the service was given an overall rating of requires improvement. There was no registered manager at that time and improvements were required to ensure that systems and processes were operated effectively to assess, monitor and improve the quality of the service and risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance, and we required that the provider made improvements. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. This said that the required improvements would be completed by April 2016

North Yorkshire County Council – 5 Whitby Road is registered to provide personal care and accommodation for up to 40 people. The home focuses on providing care to older people. At the time of this inspection the home was providing care to 33 older people.

The service had a registered manager, who had registered with us during December 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their relatives told us people were safe at the home. Risks to people living and working at the service had been assessed by the manager since our last inspection, to help keep people safe.

Staff knew what to do if they had concerns about someone's welfare or suspicions of abuse. Safeguarding alerts had been made appropriately when needed.

There were enough staff on duty to support people safely and the manager had flexibility to change staffing in response to increases in dependency, occupancy or to facilitate outings. The registered provider's recruitment process reduced the risk of unsuitable staff being employed.

People's medicines were stored and managed safely. Staff competency checks and medicine audits took place. However, we have recommended that the provider considers making improvements to records relating to 'as required' medicines and the administration of creams, taking into account the latest guidance.

Staff received training and support relevant to their roles. This included encouragement to complete formal qualifications and regular supervision and appraisal. People spoke positively about the staff and their approach.

Staff worked within the principles of the Mental Capacity Act 2005. The manager knew how to seek authorisation under the Deprivation of Liberty Safeguards to deprive people of their liberty when needed.

People received a varied choice of meals, snacks and drinks throughout the day. Nutritional needs were screened and people's weights were monitored. Staff supported people to eat if needed and equipment was provided to help people remain independent.

Staff supported people to access other healthcare professionals to maintain and improve their health. This included the involvement of specialist healthcare professionals when needed.

People and their relatives spoke positively about the care they received. Staff were described as kind and caring. Staff knew people well and chatted to people in a friendly way. There were no restrictions on visiting, other than individual arrangements specifically requested and agreed by a person using the service.

People and their relatives had been involved in reviewing their care needs and care plan. Records included information about people's wishes and preference and decisions they had made about their care.

A varied programme of group and individual activities took place, including trips outside of the home. These were facilitated by three members of staff, who provided support with activities and social interaction seven days a week.

A complaints procedure was in place and people and their relatives said they would feel confident raising any issues if needed.

People who used the service, relatives and staff spoke positively about the registered manager. There was a pleasant, warm atmosphere at the home and people told us they were satisfied with the care provided.

Audits and checks took place and there were plans for further improvements to the environment and care planning systems. People had been consulted and asked for feedback about the service.

The registered manager had informed CQC of significant events by submitting notifications in line with legal requirements. The provider had also clearly displayed their inspection rating since the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements had been made to the assessment of risk and how to keep people safe, but feedback from healthcare professionals suggested that pressure care awareness was an area that could still be developed further.

Medicines were stored and administered safely. Improvements could be made to records relating to 'as required' medicines and the administration of creams.

People received safe care and staff understood how to report concerns about people's welfare.

Recruitment processes ensured staff were suitable to work with vulnerable people. Enough staff were employed and on duty to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training, supervision and support.

People had a choice of varied and nutritious meals, snacks and drinks. Nutritional needs were monitored.

Staff implemented the principles of the Mental Capacity Act (MCA) and people were involved in decisions about their care.

Is the service caring?

Good 

The service was caring

The staff were caring in their approach. We saw examples of positive and pleasant interactions between people and staff.

People were treated with respect and staff understood the importance of maintaining people's dignity while providing care.

End of life care was provided in accordance with people's wishes

and with support from relevant health professionals.

Is the service responsive?

Good ●

The service was responsive.

People were happy with their care and were involved in planning and reviewing their care needs.

People enjoyed a variety of activities and events, including trips and outings.

A complaints procedure was in place and people felt able to approach the management if needed.

Is the service well-led?

Good ●

The service was well led.

A registered manager was in place and feedback about their impact was positive.

People were consulted and asked for feedback about the home.

Improvements had been made to risk assessment systems since our last inspection, with further improvements planned.

Statutory notifications had been submitted and the provider had clearly displayed their inspection rating.

North Yorkshire County Council - 5 Whitby Road

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.

This inspection took place on 17 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone with personal experience of using or having a relative who used social care services.

Before our inspection we reviewed all the information we held about the home. We reviewed our previous inspection report, the provider's action plan and information they had provided to us following our last inspection. We also reviewed the notifications and any safeguarding information or concerns we had received. A statutory notification is information about important events, which the provider is required to send to the Commission by law.

We also looked at the provider information return (PIR) which the provider had completed and returned to us. A PIR provides us with information about the home, including what they do well and what they want to improve.

During our visit we spoke with ten people who used the service and six of their relatives or friends. We also spent time observing the care and support provided to people during our visit. This included observation of meal times, activities and how people were supported throughout the day.

We spoke with six staff including the registered manager, deputy manager, care workers and an activities worker.

We looked at documents and records that related to people's care and the management of the home. This included training records, medicine records, quality assurance records, policies and procedures. We looked at three care plan records and three staff files.

After our inspection we contacted two healthcare professionals for feedback about their experiences of working with the home.

Is the service safe?

Our findings

At our last inspection in August 2015 we recommended that the provider look at good practice guidance and training for staff around risk assessment and management plans in relation to people's health and wellbeing.

We spoke with the manager about the actions that had been taken since our last visit in relation to this recommendation. They showed us the work place risk assessments that they had completed and put in place to ensure that people who lived and worked at the service were safe. We discussed the individual risk assessments that were included in people's care records. These included assessments around manual handling, falls, skin integrity and nutritional wellbeing. We also saw examples of risk assessments relating to individual conditions and the impact these had on people and their care. For example, we saw information for one person related to breathlessness due to heart failure and the advice provided by a specialist healthcare professional. Improvements had been made. However, the feedback we received from healthcare professionals told us that staff awareness of skin integrity and pressure care could still be developed further. This feedback was not about serious concerns relating to any individual's care, more an area for further development that the professional felt would be beneficial in ensuring consistent and high quality care."

All the people we spoke with who lived at 5 Whitby Road told us they felt safe living there. Comments from people who live at the home included, "I feel very safe and comfortable here, the staff look after me really well". Comments from visitors and relatives included, "I am so relieved that [relative] is somewhere safe and well looked after," and, "Seeing how [relative] is cared for here gives me peace of mind".

There were policies and procedures to guide staff on the action to take in response to allegations or suspicions of abuse. Staff had received safeguarding training and knew what to do if they had concerns about anyone's wellbeing or treatment. A notification made since our last inspection showed that staff had recognised and reported potential abuse appropriately.

Most of the people we spoke with told us they thought there were enough staff to meet their needs. Comments from all of the relatives we spoke with also supported this view. One person mentioned that, "Sometimes I have to wait a while for the buzzer to be answered, but generally the staff are very good." Another person said, "They [staff] answer the call bell quickly." One of the relatives told us that whenever they visited, "There always seems to be enough staff on duty".

Our general observations around the home on the day of the inspection showed that staff were available when needed and dealt with people's needs in a timely way. We saw that people were allowed to take things at their own pace and we observed staff taking the time to chat with the people who used the service.

The deputy manager described how staffing levels were guided by the number and dependency of people living at the home. They told us how they could increase staffing if occupancy or dependency levels increased. For example, they told us how they had increased staffing when several people had required 'end

of life' care at the same time. They also described how they were flexible with staffing to enable one-to-one outings and events to be organised. Staff recruitment was an on-going process and a prospective new staff member came to look around during our visit. This helped to ensure sufficient staff were available.

Rotas and discussions with staff showed that there were usually five care staff and a senior care worker on duty during the day, three care staff and a senior care worker available in the evening, and a care worker and senior care worker on duty overnight. We questioned the manager about the relatively low staffing ratio at night and the potential effect on people's safety in an emergency. They were able to describe how the available staff would implement the home's fire evacuation policy and showed us how the home's emergency plan included the contact details for staff who lived nearby and could be called on for assistance.

There were safe recruitment and selection processes in place, to reduce the risk of unsuitable staff being employed. The manager was supported with staff selection procedures by the provider's central human resources department. The recruitment records we viewed contained a completed application form, which included details of past employment. This meant the provider was able to follow up the reasons for any gaps in people's previous employment. All staff had attended an interview, and two references and Disclosure and Barring Service (DBS) checks had been obtained prior to the member of staff starting work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Employment records were not all kept at the home, but online human resources systems meant that the required documentation could be accessed when requested.

The people we spoke with told us their medication was given to them by staff. People said this was done when it was needed and without any problems. One person said that previously their medication had been late on occasions, but that had now been resolved. Staff we spoke with were able to describe how some people needed their medication at particular times and showed us the arrangements that had been put in place to support this.

The deputy manager acted as the lead staff member for medicines management at the home. They completed monthly audits, competency assessments and observations of staff practice, and the monthly change-over of medicines delivered by the dispensing pharmacist. We found that medicines were stored safely, with a refrigerator available for medicines needing cool storage. Room and fridge temperature monitoring ensured medicines were stored within the recommended temperature ranges. Arrangements were in place for the safe storage and recording of controlled drugs. Controlled drugs are medicines that require increased monitoring due to the risk of their misuse. We checked a sample of medicine administration records [MARs] against medicine stock and found that these were correct. This showed that medicines had been administered in accordance with prescribing instructions. Safe systems were also in place to monitor the administration of transdermal patches [medicines applied to the skin and absorbed over time] and the use of warfarin [a medicine that requires careful monitoring].

Individual written guidance for medicines prescribed 'when needed' or 'as directed' was not always available to guide staff on their consistent and safe use. For example, how to make decisions about when and how often these medicines were needed. Some prescribing instructions for these medicines, including topical medicines [medicines applied externally], were unclear. For example, 'use as directed,' with no other written instructions apparent. The deputy manager explained how they tried to follow up these issues with the prescriber so that more detailed information was available and was able to tell us how these medicines should be used. They also explained how most people living at the home had capacity to make their own decisions about when they required their medicines. However, sufficient information should always be available to support staff in the consistent and safe administration of medicines. We also found that records

relating to the administration of prescribed creams needed to improve, so that there was a clear audit trail of these medicines being administered in accordance with prescribing instructions.

We recommend that the provider and manager review how records relating to medicines prescribed 'as required/as directed' and the administration of creams are maintained, with reference to the latest guidance.

The service had an up to date fire risk assessment. The fire file included clear information about each person living at the home and their personal evacuation plan. There was evidence that fire drills and fire training had been undertaken. This helped to ensure staff knew what to do in the event of a fire.

We looked at a selection of maintenance records. These showed that the service's premises and equipment had been serviced and inspected appropriately. For example, arrangements were in place to manage the risk of Legionella [a serious, water born infection]. Up to date service and inspection records for fire equipment and manual handling equipment were also available.

The corridors were wide with no obstacles and there were clear lines of sight so it was easy for the staff to identify if people needed assistance. There was evidence that an on-going programme of renewal and redecoration was taking place. The manager was able to show us work that had been completed and described what the next planned improvements were. The communal areas and rooms we saw were clean and there were no unpleasant smells. One of the visitors commented that, "Whenever we visit it is always very clean". Overall the environment was a safe and comfortable place for people to live.

Is the service effective?

Our findings

All of the people who lived at the home and the relatives we spoke with were content with the care and staff at Whitby Road. Comments made by people who lived at 5 Whitby Road included, "The lasses [staff] are brilliant," and, "The staff are very good to me". One relative told us, "They look after [relative] very well and we have seen an improvement in her general wellbeing since she has been here, the girls [staff] manage to get her to eat which we couldn't when she was at home". Another relative said, "I can't speak highly enough of the staff."

Staff we spoke with felt supported by management and had the training they needed to do their jobs. Staff also told us they felt they could approach the management if they had any concerns or troubles.

We spoke with the manager about training arrangements and looked at training records. All new staff completed an induction when they started in their role. This was based on the requirements of the care certificate [minimum standards that should be covered as part of induction training of new care workers] and helped to ensure staff had the right value and knowledge base for their role. Staff then completed training courses covering relevant topics. For example, first aid, fire safety, safe moving and handling, mental capacity, food hygiene and infection control. All staff members were also encouraged to complete a formal qualification, such as a diploma in health and social care, in addition to their mandatory training and updates.

Records showed that all staff had completed an annual appraisal during April 2016. Staff had also received formal supervision sessions since their appraisal. Supervision is a formal discussion between staff and their manager about their role and performance. The manager showed us how a computer system was available which provided a management tool to help them monitor staff training and ensure staff training and support was kept up to date.

People we spoke with told us they could get access to their own GP or the nurse if they needed to be seen. A relative told us, "They always tell us about dentist appointments etc." We saw evidence in people's care records of the involvement of healthcare and other relevant professionals. For example, we saw that two people had recently seen their doctor and district nurse. One person had benefited from the involvement of a specialist nurse to help with the management of a long term health condition.

After our inspection visit we contacted two healthcare professionals for feedback about 5 Whitby Road. Feedback was positive about the care people received. The professionals felt that staff reported things to them, were open to their suggestions and support, and followed things through.

We saw that people's nutritional needs and risks had been screened and people's weights were monitored. When asked about the food they received people told us they were happy and content. For example, one person told us, "The food is lovely." We observed lunch time at 5 Whitby Road. The dining room was clean and spacious and the atmosphere was pleasant. 25 people ate in the dining room, two of whom needed some support to eat their meal. Three people ate their meals in their rooms and two people ate their lunch

in the lounge. This showed that people could choose to eat where they wanted and felt most comfortable.

People were able to choose what they wanted to have for lunch when they sat down for their meal. They did not have to pre-order in advance and all had a choice between two main courses and three desserts. We observed that people were allowed to eat at their own pace. Where appropriate people were offered clothes protectors and several had adapted cutlery, plates and cups to enable them to eat independently. When people had finished their meals staff asked if they had eaten enough and if they had enjoyed their meal. We observed additional portions being served if people wanted them. Staff seemed to be aware of resident's likes and dislikes and pleasantly encouraged them to eat if necessary. We saw that hot and cold drinks and snacks, such as biscuits and cakes were available between mealtimes.

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 visit no-one living at the home was subject to a deprivation of liberty authorisation. The manager informed us that all of the people living at 5 Whitby Road at the time of our visit had capacity to make decisions about their own care and welfare needs. However, the manager and deputy manager were aware of the process for requesting a DoLS authorisation if one was needed and indicated that they had done so appropriately in the past.

The manager showed us that the home had an 'open door' policy, with no restrictions on people being able to come and go as they pleased. The manager and staff were aware that people had the right to leave if they wanted, but did ask people to let staff know when they left the building and when they would likely return, so that staff could monitor their safety.

Is the service caring?

Our findings

People who lived at 5 Whitby Road expressed the view that they were well cared for. Comments included, "The staff are very caring and kind," "They always knock on the door before they come in," and, "The staff are lovely, they are always smiling." When asked if staff really cared about people, one relative told us "[Relative] couldn't be in a better place, the staff are great."

We observed how staff interacted with people while providing care and support throughout our visit. Staff were polite and sensitive to people's needs. This included knocking on doors and asking to come in. Staff also helped people around the home, including taking them to the dining room or resident's lounges. During interactions we noted that staff would talk to people about their families and where they used to live. It was clear that staff knew about people's lives and their likes and dislikes. We saw staff treating people in kind, pleasant and encouraging ways. People appeared comfortable in the presence of staff and there was a pleasant and warm atmosphere apparent in the home.

Friends and relatives were able to visit at any time. Relatives told us they felt welcome and felt they had a good relationship with the staff. We observed visitors coming and going freely during our inspection. Relatives also said they were involved in decisions about the health and welfare of their loved ones. For example, one relative said, "We are kept well informed." One person had requested staff support them by placing certain agreed restrictions on their arrangements for having visitors. The person's wishes and decisions about this, and the support to be provided by staff, was clearly recorded in their care plan. The arrangements had been made to support the person's wellbeing and in accordance with their wishes.

People confirmed that they could choose when to get up and go to bed and whether to spend their time in their rooms or in the communal lounges. One relative said, "It takes (relative) a long while to wake up in a morning and she prefers to have breakfast in her room. The staff are aware of this and give her plenty of time". We saw that people could choose whether to have their bedroom doors open or closed whilst they were in their bedrooms. Corridors were wide and kept clear so that people could move about easily. For example, we saw people moving about freely and independently during the day, including independently using walking aids or electric wheelchairs to get about.

All staff were required to undertake training on equality and diversity as part of their routine training with North Yorkshire County Council. Training records confirmed this. We found that staff were aware of different individuals and their views. Care plans contained information about people's life histories and preferences. This meant that staff had an understanding of people's histories and lifestyles, which helped them respond appropriately to people's needs.

A keyworker system was in place. A keyworker is a named member of staff allocated to work closely with a particular person. The named worker had responsibility for ensuring that the person's needs were met and to highlight and help resolve any problems. This included helping the person access relevant information or additional support [such as advocacy] if needed. During our visit we observed how one keyworker encouraged a person to review their care plan and discuss their care and support with them.

The home worked closely with a local hospice to enable people to stay at 5 Whitby Road and receive 'end of life' care if this was their wish. We spoke with a specialist healthcare professional who worked with the home and supported people receiving 'end of life' care. They told us, "They [the home's staff] do really well for a residential home with end of life care." The professional told us that there was good continuity with staff and that staff knew the people they were supporting well. They also felt that they had a good relationship with staff, who sought and implemented their advice well. This helped to ensure that people could remain in their home and receive appropriate care at the end of their lives.

We also looked at the care records for someone receiving 'end of life' care at the time of our visit. We saw that the person had been involved in decision making and planning their care. For example, their decisions about resuscitation and how they wanted to be cared for were clearly recorded. Relevant health care professionals had been involved in supporting the person and anticipatory medicines had been obtained so that they would be available straight away if needed.

Is the service responsive?

Our findings

The people we spoke with who lived at 5 Whitby Road were happy that staff knew what care they needed and expressed satisfaction with their care. For example, one person told us, "The staff will do anything to help you." All of the people we saw during the inspection day looked clean and were wearing appropriate clothing and footwear. Many of the ladies had just had their hair washed and dried by the hairdresser, who visited twice a week. People looked as if they were well care for and supported appropriately.

People told us they had been involved in planning their care. Relatives we spoke with had also been involved in reviews of care plans. During our visit we observed a member of staff encouraging someone to go to their room, so that they could go through their care plan and review the person's care together.

Each person who lived at 5 Whitby Road had a care record. This contained their assessments, risk assessments, care plans and care records. The records we looked at contained person centred information about the person, their background and preferences.

We saw example's where staff had responded to people's care needs and changes to their wellbeing. Where people had particular health needs information about these, and any professional healthcare support provided, was available. For example, one person was receiving 'end of life' care and had a particular health condition affecting their care. We could see that the person and relevant professionals had been involved in discussing key aspects of their care. Information was in their records from a relevant specialist healthcare team, to help staff understand this aspect of the person's care and respond appropriately. The doctor had discussed and recorded their wishes regarding resuscitation, showing the person had been involved in this important decision. Staff had also responded to the person's wishes and needs regarding visitors, with clear plans in place to support the person and their decisions relating to this. The care plans we looked at had been reviewed recently to ensure the information in them was up to date.

Risk assessment tools had been put in place to assess risks that were relevant to people using the service. For example, we saw that assessments were in place for falls, skin integrity, nutritional wellbeing and manual handling. We also saw risk assessments for specific individual needs, such as exhaustion and 'end of life' care. These assessments helped ensure that staff responded to people's needs in a consistent and appropriate way. However, there were some variations in how well these risk assessments were completed and how often they were routinely reviewed by staff.

We discussed this inconsistency with the manager, who explained what they were doing to help improve the consistency and quality of care planning. This included providing evidence of the care plan quality checks they were now undertaking. The manager also told us how a new, provider level, approach to assessment, risk management and care planning was being implemented early in 2017. They expected further improvements to be made as a result of this.

The activities co-ordinator undertook group and individual activities with the people depending on their individual needs and preferences. They were supported by two other staff who had an interest in providing

activities and social events. This meant that there was support with activities available in the home seven days a week. Several people told us that they were able to go out to the local shops or would be taken by a member of staff if they needed assistance. One of the relatives told us, "They encourage [relative] to be independent and take part in activities and to move around in the home."

On the day of the inspection activities included games of dominoes and flower arranging. There were also details of forthcoming trips on the notice board that people could sign up for. Staff told us about recent outings, such as taking the train to Whitby, visiting the sea-life centre and a theatre trip that was being planned. After consultation with people who used the service they had also started 'fish and chip' trips to celebrate people's birthdays. One staff member told us, "We do try to find out what people like to do and find them an activity."

None of the people we spoke with had needed to or wanted to make a complaint about their care, but they told us if they had a problem they would speak to the manager. The home had a complaints procedure and kept a record of any complaints or commendations they received and the actions taken in response. There had been no complaints since our last inspection, but three commendations had been received. There was information available about how to make a comment, compliment or complaint and we saw this displayed at the home.

Is the service well-led?

Our findings

During our last inspection in August 2015 we identified that risks to people had not always been clearly identified and appropriately detailed risk management plans were not always in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance, and we required that the provider made improvements. Before this inspection we reviewed the action plan the provider had submitted in response to our last inspection. This said that the required improvements would be completed by April 2016.

During this inspection the manager showed us the work place risk assessments they had completed and put in place since our last inspection. These included general risk assessments, staff specific risk assessments and the control of substances that can be hazardous to health (COSHH). This helped to ensure that people who lived and worked in the home were kept safe. We saw individual risk assessments in people's care records. These included assessments around manual handling, falls, skin integrity and nutritional wellbeing and the impact individual's health conditions had on their care needs. The provider also had plans to introduce a new care planning format in early 2017, which would further support staff in risk assessment, management and care planning. Overall we found that improvements had been made.

At the time of our previous inspection in August 2015 the home did not have a registered manager. The service now had a registered manager, who had been registered with the Commission since December 2015.

Relatives and the people who lived at 5 Whitby Road knew who the manager was and felt they could approach them with any problems or questions they had. For example, one relative said, "They are very approachable, whatever you ask they will tell you what is happening." Feedback made to us during this inspection included that the manager was supportive, approachable and had made a positive contribution to the home.

We noted that the manager interacted politely with people who lived at the home and people responded well to her. They knew the names of people and their relatives and was able to speak about them in some detail. Overall the atmosphere in the home was positive and pleasant. The people who lived there were calm and content. Visitors were warmly welcomed. Everyone we spoke with said they would recommend the home to friends or relatives. For example, one relative said, "I would definitely recommend this place, it has everything."

The manager provided leadership to staff and was supported by senior management within North Yorkshire County Council. The manager had received formal supervision from the Care Service's Manager [their line manager], who visited the home regularly.

A service development plan was in place for the current financial year. The home's staff had access to North Yorkshire County Council's corporate policies and procedures which were online. Staff had access to their own online account and the manager had developed a process to ensure that staff were aware of any

changes made to policies and procedures.

Managers of homes from across North Yorkshire County Council held regular meetings to share good practice ideas and learning. The care staff within the service also had staff meetings in order to discuss work related issues and share information.

During the summer of 2016 the views of people who used the service and their families had been sought using a questionnaire. The manager explained how initially there had been a low survey return rate, so they had implemented the survey for a second time to maximise the feedback available. Responses to this survey were mainly positive and we saw that action had been taken in response to issues that had been raised. For example, people had commented on a lack of pictures in the lounge, which had now been redecorated and refurbished.

Audits had been completed in different areas. Examples of these were infection control and mattress audits, medicine audits and competency observations, and care plan checks. These identified areas for improvements and action plans had been developed. Where staff performance issues had been identified we saw that appropriate actions had been taken to address the issues and support staff. Contracts were in place to ensure that routine maintenance and safety checks were kept up to date.

Notifications about certain events and changes must be made to the Commission in accordance with legal requirements. Since our last visit we had received notifications about appropriate events at the home. The manager was aware of notification requirements and able to describe when they must submit a notification.

It is a legal requirement for providers to display their current inspection rating. Before our visit we checked that the provider was displaying their rating clearly on their website. The website showed the rating and a link to our most recent inspection report.