HICA

Kirkgate House - Care Home

Inspection report

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Date of inspection visit: 14 November 2014
Date of publication: 26/01/2015

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

Overall summary

Kirkgate House provides accommodation for up to 28 people who need support with their personal care. The service provides support for people with a learning disability. The service has been designed to house people in units and each unit has its own kitchen, lounge, activities area and bathroom facilities. There are also two self-contained flats.

This inspection was unannounced and took place on 14 November 2014. During the inspection we spoke with the four people who used the service, two visitors to the service, three staff and the registered manager. 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.

The last inspection took place on 18 September 2013. At that inspection we found the provider was meeting all the essential standards that we assessed.

Although people told us they felt safe in the service, we found they were not fully protected from the risks of

Summary of findings

infection. We found problems with the cleanliness and hygiene of some parts of the service. There were no unpleasant odours in the service, but some aspects of the environment required cleaning and the lounge / dining room carpets on two of the four units were stained and unsightly. This meant people were not provided with a clean environment in which to live.

People told us that they felt safe living in the service. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

Staff told us that they were happy with the training provided for them and the training records evidenced that staff took part in a variety of training that would equip them to carry out their roles effectively. People who used the service, relatives and health care professionals told us that staff were effective and skilled.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the service. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the service. People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

We observed good interactions between people who lived in the service and staff on the day of the inspection. People told us that staff were caring and this was supported by the relatives we spoke with. People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

People who lived in the service, relatives and staff told us that the service was well managed. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to protecting people by maintaining the service to a clean and hygienic standard. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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

Some aspects of this service were not safe.

People who lived in the service were placed at risk because some areas of the service were not cleaned to a hygienic standard.

Staff were recruited safely and trained to meet the needs of people who lived in the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Staff employed by the provider knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people.

People told us that staff explained procedures and treatment to them and respected their decisions about care. Healthcare professionals told us the staff interactions with people who lived in the service were positive.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable and staff said they were approachable.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Kirkgate House - Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 14 November 2014. The inspection team consisted of an adult social care inspector and a second inspector.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. And we contacted local commissioners of the service, GPs and community nursing teams who supported some people who lived at Kirkgate House to obtain their views about it.

During our inspection we spoke to the registered manager and three care staff. We spoke with four people who used the service and two relatives. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes.

We spoke with people in private and looked at the care records for three people, three staff recruitment records and records relating to the management of the service. We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with staff about their experience of the induction training and on-going training sessions.

We did not use the Short Observational Framework for Inspection (SOFI) because almost all of the people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People who used the service were not safe because they were not protected against the risk of infection.

We found problems with the cleanliness and hygiene of some parts of the service. There were no unpleasant odours in the service, but some aspects of the environment required cleaning and the lounge / dining room carpets on two of the four units were stained and unsightly despite regular cleaning.

As we walked around the service with the registered manager we discussed the issues that we found. These included tiles that were cracked or needed grouting in the bathrooms and shower rooms, sealant around the baths which was dirty or missing, wooden boxing for pipe work that was broken or missing. The floor edging strip in one bathroom was coming away from the edges and bath hoist seats were found to be dirty. One bathroom had limescale on the toilet seat and another had limescale discolouring the flooring.

The lounge and dining room carpets on two of the units were stained despite regular cleaning, and on one unit there was black mould covering two of the kitchenette windows. Another kitchenette had a work top that was broken in places and some of the dining room chairs had splits in the seat covers. All of these problems meant the staff could not clean these areas effectively.

We saw that the provider employed cleaners on a daily basis and those we spoke with understood about infection control and told us about the colour coded system they used for cleaning. This ensured that contamination from one area such as toilets and bathrooms did not spread to another, for example the kitchenettes, because different coloured mops, buckets and cleaning clothes were used in each area.

We spoke with the registered manager about our concerns regarding infection control. The maintenance person was asked during our inspection to take immediate action with regard to some of the concerns we found, but others required authorisation from the provider's estates team.

We saw records that showed the carpets had been cleaned in October and November 2014. We also saw the environmental audits completed by the registered manager in 2014, which identified some of the issues in the communal areas. These audits were checked by the area manager on their monthly visits to the service. We saw that the provider had not taken action following these audits to ensure people were provided with a clean environment to live in.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living in the service. One person said, "The staff have told us about keeping ourselves safe and all about abuse. I would tell the staff straight away if I had any problems or go to the police if there were no staff around." Another person said, "I feel safe here and I would speak with the registered manager if I had any concerns. The staff come quickly when you call them so I think they would sort things out."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk analysis tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk analysis tool had been used, when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with three staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegations seriously and would investigate. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. The training records we saw showed that all staff were up-to-date with safeguarding training.

We observed that people who used the service were very comfortable and relaxed with the staff who supported them. People were able to freely move around the environment and the garden area. We saw that the front door of the service and the door at the top of the main staircase had key pad locks which opened using a key fob

Is the service safe?

carried by the staff. We noted that some people who used the service were also issued with these fobs, but not everyone. The staff told us that this was assessed on risk and wherever possible people were given the fobs to aid their independence.

We saw that the kitchen and dining room area on one unit was kept locked when staff were not in the room. The registered manager told us that some people were not able to access the kitchen without staff support because of potential risks to their health and welfare. During the inspection we saw people were supported by staff to use the kitchen to make drinks and snacks in line with their individual care plans and risk assessments.

Staff told us, "Risks are managed on a daily basis. Risk assessments are found in every person's care file, these are reviewed and updated constantly" and "Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training."

Relatives who spoke with us said, "I think safety and risk is very well managed here. I spend a lot of time in the service and they have all the fire doors and systems which I have heard being checked. Everyone knows what to do if the fire alarm sounds."

During our inspection we noted the fire door and door jamb to one bedroom was badly damaged by the person whose room it was, this meant the door did not close properly and could be a risk in the event of a fire. The registered manager told us that they would ask the provider to repair this immediately.

We spoke with the maintenance person and looked at documents relating to the service maintenance of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems such as fire safety and nurse call, moving and handling equipment such as hoists and slings, portable electrical items, water and gas systems and the passenger lift.

There was a fire risk assessment in place. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and employment terms and conditions. This ensured they were aware of what was expected of them.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were adequate staff on duty to support people safely and enable them to take part in activities . The staff team consisted of care staff, domestic and laundry assistants, administrator, activity co-ordinator, catering staff and maintenance personnel. We observed that the service was busy, but organised. Staff worked in and around the communal areas throughout the day and we found that requests for assistance were quickly answered.

We asked people if they were happy with the staffing levels. Relatives told us, "Sometimes there are enough staff, but at other times there are only a few staff about. They are always busy." People who used the service felt there were enough staff on duty. One person said, "Staff come quickly when you call them" and another said, "I think there are about 30 staff here which is enough. You do not have to wait long before they help you."

The staff told us, "There are sufficient staff on duty to meet people's needs" and "Staff tend to stay and are dedicated to the people who use the service, even staff who have left employment here. Staff come in on their day off at Christmas time to see everyone. We have a good team of staff who are able to fall back on each other for support and cover."

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of

Requires Improvement

Is the service safe?

appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We observed staff giving out medicines at the lunch time meal. Staff communicated effectively with people, even those who could not say if they were in pain or in need of anything. Staff told us, "We know the people who use the service. We look at their posture, their facial expressions and the majority of people can use gestures to let us know how they are feeling." Two people said the staff gave them their medicines and that they were very happy with this arrangement.

Good

Is the service effective?

Our findings

People who used the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs.

Staff were able to give us information about people's needs and preferences which showed they knew people well. Relatives told us, "They are a good bunch of people (the staff). They look after the people in the service and are always cheerful. They know what people want and give them the support they need to get the best out of life."

People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

People were supported to see specialist healthcare professionals when needed. One person whose care we looked at saw a dementia specialist every three to four months to assess their health and mental wellbeing. Two people saw the epilepsy nurse and another two had regular input from the diabetes nurse. Two people who used the service told us, "I see my GP regularly and I usually get an appointment easily."

Feedback from health care professionals on the effectiveness of the care was positive. We were told, "The staff have worked well with my client and have always been engaging and keen to help with any issues. Their files are always up to date and the staff are willing to change the way they work in order to provide effective care" and "I have always found the management and staff to be approachable and knowledgeable about their residents needs, and they work proactively to support people through difficult times."

Staff told us they were confident they had the skills and knowledge to meet the needs of people who used the service. Staff told us they had completed a block induction programme lasting a week prior to commencing in post. This covered all aspects of mandatory training such as SOVA, moving and handling, fire safety, infection prevention and control and health and safety. Following induction training, staff had completed refresher training on these topics. Staff also said they 'shadowed' experienced staff until they were confident about working unsupervised.

We looked at the records around staff training which showed that all staff had completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as moving and handling, infection control, food hygiene and fire safety. In addition, care staff had either completed or were undertaking a qualification in Health and Social Care.

The provider had good systems to record the training that staff had completed and to identify when training needed to be repeated. Each staff member had a file with a personal plan of training they had attended and the certificates that they had been awarded. There was also a spread sheet which clearly recorded when each member of staff had last completed a training course and when the training needed to be repeated. This was then booked by the registered manager as required.

Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as a learning disability foundation course, palliative care, pressure area care, Down's Syndrome and dementia care and conflict resolution. Staff told us, "Some courses are computerised, some distance learning and some face to face."

Records of staff supervisions showed that care staff were observed as part of their supervision in order to provide feedback about their practice. We looked at three staff supervision records. These showed that supervision meetings were held every six weeks. Staff who spoke with us said they found this helpful as they were able to discuss their work and get feedback on their working practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

The registered manager understood the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. At the time of our inspection one person was subject to a DoLS authorisation which had an expiry date of 2 October 2015.

Good

Is the service effective?

The paperwork in the person's care record showed the steps which had been taken to make sure people who knew the person and their circumstances well had been consulted. This ensured decisions were made in their best interests.

Staff had completed training on Mental Capacity awareness and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. Literature about MCA, DoLS, advocacy and SOVA was readily available to staff, people who used the service and visitors as it was on display in the entrance hall of the service.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us, "People have the right to make their own choices about everyday things. For example, people are given a range of choices when they get up; they are told 'It is cold' or 'Raining' and given a choice of clothing to wear by showing them options from their wardrobe." Another staff member said, "Even though some people might not be able to tell you what they want to do, you can always try different ways to find out. We have picture cards to help people make decisions such as what activities they want to do or meals they wish to eat."

When people displayed particular behaviour that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. Three staff told us that restraint was not used within the service. The staff were able to describe what they would do if an individual demonstrated distress or anxious behaviour. Staff said, "You have to know how to approach people. We would talk to them, give them a cup of tea and distract them from whatever was upsetting them. On occasion it is best to walk away and come back a little later and try again." We saw that the provider had a policy and procedure in place, which confirmed that restraint would not be used within the service.

The service was designed to meet the needs of the people who used it. The building was split into four separate units called Bayle, Quay, Mews and Abbey. One unit contained three flats for people who wanted more independence or for people who found it difficult to live with others and preferred their own company. Each of the units had a communal kitchen and dining room and seating areas.

Each person living in the service had their own good sized bedroom which they had been able to personalise to meet their needs. The garden room was the main hub of the building and people used this area to socialise and get together. Information for people was put on notice boards around the service, this was in picture format as well as written format. People had easy access to outdoor space as they could go outside of the service to the sea front or enjoy time in the secure garden area of the service which was equipped with tables and benches.

Everyone we spoke with said they received sufficient drinks and meals that were appropriate to their needs. People who used the service told us, "The food is alright, my favourite is fish and chips. We have supper at night but we can get a drink and biscuits later if wanted" and "The food is lovely here. There is a choice every day." One visitor said, "My relative enjoys their food and is making healthier choices now. They have even lost a little bit of weight which they needed to do for their own health."

In discussion, staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care records we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink.

The service had a four week menu with usually one meat and one vegetable / fish option each day for the main meal. All dishes had a photo in the file for people to choose from. Each afternoon the staff asked people to make their menu choices for the next day. Salads, sandwiches, soup, jacket potato and omelettes were available each day on request. People also enjoyed theme nights each Friday where meals were based on different cuisines such as Chinese or Indian.

Good

Is the service effective?

We observed the midday meal in one of the dining rooms. The meal time was organised and people were quickly provided with a drink and their choice of food. We saw that the mealtime experience offered people a social and stimulating activity that promoted their independence.

People who used the service helped to set the tables and ordered bread and butter. One person changed their mind about their main meal and staff offered and brought them an alternative immediately. One person did not want to go to the table when asked and was left resting (had just woken up from a nap). People were offered a choice of drinks and these were poured for them, leaving the jug on the table for self service. People were spoken to individually and staff made lots of eye contact. One person decided not to have lunch, but ordered a turkey sandwich for later.

Everyone was able to feed themselves with the food in front of them. People were encouraged to, “Eat up” by staff when individuals got distracted. The meal time was calm and unrushed. We saw staff offering to cut up people’s food - when accepted this was done. One person went on to have a third choice of meal having rejected the first two offerings. Gentle encouragement was offered by staff to a number of individuals. Pudding was offered by staff and consisted of peaches and cream or yoghurt. A fresh fruit bowl was also on offer for dessert.

Staff engaged in conversation with people at the end of the meal. Staff asked people if they wanted any assistance to sit back in the lounge and asked them where they wanted to sit. Conversations between staff and people were personal and appropriate (plans for Christmas). People were allowed to take what time they needed to eat their meals (one individual was a very slow eater). Some people helped to clear the tables and helped to brush away crumbs from the floor using a dustpan and brush.

Good

Is the service caring?

Our findings

People who used the service received effective care to support them in everyday activities of daily living. We saw staff offer gentle physical and verbal prompts to assist people who used the service to make drinks and simple snacks. We also observed people going out into the community, some were able to do this on their own and others were supported by staff. Individuals told us "I am going out for a coffee", "I like to go out shopping" and one person said, "It relaxes me being able to get out and about on my own." Staff told us, "We try to encourage people to be as independent as possible. People enjoy baking, doing household tasks and going shopping for personal items as it helps them gain important life skills."

We spoke with visiting health care professionals who had come to check on people who used the service. They made a number of positive comments about the service including, "I love it (the service). It is one that you can go into and it's friendly and they treat people well." We were also told, "The registered manager is very caring and interested in the people who live here" and "Staff are very helpful whatever the time of day." "There is a lot of give and take" and "I have no concerns about this service – I couldn't say anything negative about it".

Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the entrance hall of the service.

We observed that staff displayed kindness and empathy towards people who lived in the service. Staff spoke to people using their first names and people were not excluded from conversations.

We saw that staff took time to explain what was happening to people, when they carried out care tasks and daily routines within the service. Staff spoke with people in a tone and manner demonstrating kindness and respect. We observed that people were comforted when expressing distress. Staff also explored the reasons for the distress such as pain or the individual being upset.

For example, one member of staff spoke with warmth about people who used the service and interacted with compassion and reassurance when one person said they were missing their mum and placed their head on the table.

We asked visitors if they thought staff had the right skills and attitude to carry out their role. One visitor told us, "My relative has become more independent since being here; they can now make their own cup of tea. I find the staff are caring and I have no complaints about this place." Another visitor said, "My relative has risk assessments in their care plan for falling. The staff always inform me if they have had an accident. There is a hoist for lifting my relative and they have a specialist armchair and bed purpose-built to meet their needs, which they purchased on the recommendation from the physiotherapist."

We were also told by visitors, "My relative has been in and out of hospital a lot this year because of their medical condition. However, the staff are supporting my relative to eat a healthy diet now and they are much better. We have arranged a meeting with their diabetic consultant and the care staff and family will attend this together. I visit regularly and I can visit or telephone anytime. The staff are really caring, I have never witnessed anyone being unkind or off hand with the people who live here."

People who lived in the service told us that staff were friendly and they felt staff really cared about them. One person told us, "I like the music", I can play the jukebox when I want" and another person said, "I like living here and the staff are alright. They are kind and they listen. I can make decisions about what to wear, when to get up and when to go to bed." A third person told us, "It is alright here. You can talk to the carers and residents. I can go outside. It's nice people here. Staff are quick to answer the buzzers but I don't usually need them. I am happy with the care here."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were

Good

Is the service caring?

closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with toileting or getting up out of their chairs.

We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the service indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

People enjoyed chatting to each other and staff. There was a visible staff presence in each of the communal areas and the staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions.

Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. People's care records contained a 'map of life' and 'all about me' information. Having this kind of information assisted staff in understanding the person's needs, past history and experiences and in developing individual person centred care.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One visitor told us, "I haven't signed any care plan for my relative, but I do meet yearly with the council to discuss their needs." Another relative said, "If there are any changes to my relative's care plan it is discussed with us. My sister and I are always well informed about our relative's care by the staff."

The three care plans we looked at were written in a person centred way. The format included both pictures and words so that people could understand them easily. We saw that staff reviewed the care plans on a monthly basis and the review notes indicated that this task was carried out with the person who used the service and their input and views formed part of the review. Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff.

In discussion, the registered manager told us that the majority of people who used the service did not find written information very useful to them. Therefore information about activities was produced in a pictorial format that most people understood. We saw there were photographs of social events taking place in the town, for example there was a coffee morning at the local church , and in-house events that were taking place on the day of our inspection. We observed people looking at the pictures and deciding what they wanted to do.

People told us they enjoyed the activities on offer and visitors said they were also included in any events or social activities. Visitors told us, "Our relative does attend activities, Mondays – sports and exercise class, Wednesday – art classes (this seems to have stopped) and I take them out on Tuesdays and Fridays to do shopping. There are plenty of activities going on such as the Halloween party, which I was invited to. I also came to Christmas dinner last year." One visitor told us, "My relative is happy and well cared for whenever I call in. The service welcomes children as visitors and when our nieces and nephews call it makes their day."

One visitor said, "My relative did do activities, but is now not so able. They do go out in their wheelchair and they really enjoy watching television and DVD's, and reading animal books. My relative went on holiday to Blackpool last year and the staff went with them. I often see other people who use the service going for coffee in the town. When the service has parties the people dress up."

One person who used the service told us, "Care is given how I want it to be. I go out alone – sports on Monday and Sewerby on Tuesday. I did go to art class, but it is not on anymore. I do as much for myself as I can and I do have a care plan. I like to visit my friends and relatives." Another person said, "I have been involved in my care plan and it has lots of medical stuff in it. I get to ring my brother when I want to and I see him at his home about twice a year and stay for ten days. Its alright here – I like it."

Staff who spoke with us said, "Activities are organised such as day trips out including horse racing and the Leeds armouries. Generally there are enough staff to enable activities to take place. If not then extra staff are put onto the rota. People are supported to write letters, ring family, buy cards and presents – this is part of the key worker role."

From discussions with people who used the service and carers, everyone knew how to make a complaint. There was a policy and procedure that was available in pictorial format as well as written format. The registered manager kept a record of complaints including the resolutions. Five complaints had been received in the last 12 months. All the complaints had minimal impact on people who used the service.

People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

One person told us, "I would tell the staff if I had a complaint" and another person said, "Staff would listen if I had a concern, if not then I would go speak to the registered manager." One visitor commented, "We do know

Good

Is the service responsive?

who to complain to if there was a need to, but I have never had cause to do this. The registered manager is very informative and has been very good with my relative. They are very hands on."

Staff told us they were confident about listening to and addressing any concerns raised by people who used the service or relatives. We were told, "Complaints are discussed at every residents' meeting and people are aware of this facility. People are usually vocal when they are unhappy about something. For example one person brought up the fact that they were unable to get a hot drink as everything was locked up due to another person's behaviour. Since then the key fobs have been risk assessed and given out to certain individuals so that hot and cold drink facilities are available to them day and night."

Good

Is the service well-led?

Our findings

The service was well led by a registered manager and a team of senior care staff. Everyone asked said the registered manager was approachable and competent. One health and social care professional described the registered manager as, "Very good at partnership working."

Relatives told us that they were pleased with the way the service was run. One relative said, "The management are okay, I would recommend this service to anyone." Another told us, "The registered manager is approachable and will listen to you. They ask you for your views and you can speak with the staff or the registered manager at any time." This demonstrated that there was an open culture in the service and people felt able to talk through any issues with the registered manager and staff.

Staff told us, and the duty rotas confirmed that, there was a team manager on each unit for every shift during the day and a team manager heading the night staff team. The senior staff organised the workloads for each shift and monitored the standards of care, which ensured people received appropriate support and care to meet their needs.

Staff said that they felt well supported and were not asked to do tasks they were not confident about completing. The staff training plan showed that all care staff completed foundation training in learning disabilities and then went on to undertake vocational training courses such as diplomas in health and social care to further develop their knowledge.

We saw that staff had regular supervision meetings with a senior member of staff and that these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff. Our checks of the staff files showed that senior staff documented the minutes of the meetings on the supervision records. These were monitored by the area manager during their quality audits.

Staff told us that communication within the service was good and they felt able to make suggestions. There were monthly meetings for staff and the minutes of these meetings indicated they were an opportunity to share ideas and make suggestions as well as a forum to give information.

One person told us, "We often have meetings and we are asked for our views and opinions. Staff also ask us about what we want and how we are feeling." There were monthly meetings between the registered manager and people who used the service. People were able to discuss their care with their key worker each month when their care plans were reviewed. This meant people who used the service (and staff) were able to influence the running of the service and make comments and suggestions about any changes.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in November 2014 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit.

We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who used the service were not protected against the risks associated with acquired infections because of inadequate maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (1) (2) (c) (I)