Mrs F C Robson

Overstone Retirement Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 18 October 2016 and was unannounced. Overstone Retirement Home is a residential care home based in Hexham, Northumberland, which provides care and personal support for up to 15 older persons, some of whom are living with dementia.

The requirements of the provider's registration currently do not require a registered manager to be in post. However, the provider told us they had changed their legal entity to that of a limited company, and as such they planned to amend their registration with the Commission imminently, which would require the appointment of a 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. We will monitor that the relevant applications are made to alter the provider's legal entity and we will ensure that this matter is addressed promptly.

We carried out this inspection to check whether improvements had been made since our last inspection in July 2016 at which multiple breaches of Regulations 12, 13, 17 and 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 were identified. In response to our findings at that time, we took enforcement action against the provider. At this inspection we found that improvements had been made but some minor shortfalls remained. The provider had achieved compliance with all five of the regulations that were previously breached, but a new breach was identified.

People told us they felt safe and they had no concerns about how they were treated. They described staff as kind and caring and said they felt completely "at home". Previous failings with the management of safeguarding incidents and medicines had been addressed. Staff had been retrained since our last visit to the home and the provider was clear on their personal responsibility to report and progress matters of a safeguarding nature.

Improvements in how safely medicines were handled had been made and effective auditing of medicines processes and procedures had been undertaken.

Environmental risks had been addressed and window restrictors had been fitted throughout the home to help people remain safe. Water temperature checks had been undertaken to ensure they remained within safe limits to prevent the development of legionella bacteria in the water supplies within the home. General health and safety checks had been reviewed by an external company and personal emergency evacuation plans (PEEPs) were in place. Emergency planning had been considered and a file containing information for staff to refer to was being developed.

Accidents and incidents were managed well and people received the attention and support they needed to remain safe.

Staffing levels were consistently maintained. Staff training was carried out in key areas, such as medicines management and safeguarding, and also in areas specific to the needs of the people supported by the service, such as nutrition awareness. Staff supervisions were carried out and a new annual appraisal system had been introduced and had commenced.

People said that staff met their needs. The healthcare professional we spoke with reflected that any requests they received for support or input into people's care, were both proportionate and appropriate. People were supported to maintain their general health and wellbeing and attend appointments, for example, with their dentist and opticians. When people were ill, records evidenced that GP's were called.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty. Applications to deprive people of their liberty lawfully had been made to prevent them from coming to any harm where they lacked capacity. The provider and senior care worker advised us that no best interests decision making had taken place in the service since our last visit in July 2016. They told us they routinely assessed people's capacity when their care commenced and on an on-going basis, and they would include people's families in decisions where relevant, and appropriately record any decisions made.

People were supported to eat and drink in sufficient amounts to remain healthy and although no person was being monitored for their food and fluid intake, tools were in place to facilitate this should it be necessary. People spoke highly of the quality and variety of home cooked food that they were served.

Staff and people enjoyed good relationships with each other. We observed staff treated people with respect and people told us that their dignity was maintained at all times. People were encouraged to be as independent as possible and they told us they made their own choices. Several people accessed the community on their own, or with friends and family. People pursued activities of their choosing. There were limited activities within the home but they were in line with people's needs. A large selection of films, games and books were available. People told us they enjoyed regular film nights put on by the provider.

Care records were person-centred and provided staff with information about people's dependencies, needs and the risks they faced in their daily lives. Care records were regularly reviewed. The care people received was individualised and specific to their needs. People and their relatives told us they had not had any reason to complain about the service and records reflected no complaints had been made. People told us they had choices about how they lived their lives and they were supported to be independent by staff.

Governance systems had been reviewed and staff meetings introduced which staff said they appreciated and found useful. Auditing was in place but in some areas such as infection control and health and safety, further developments were needed. The provider had also not identified through their own quality assurance systems the shortfalls that we identified with recruitment procedures. We have made a recommendation about this which states, "We recommend the provider continues to develop their quality assurance and governance systems and processes further, to ensure that any shortfalls or issues are identified and addressed promptly and that improvements within the service are sustained".

Recruitment processes were in place but we found shortfalls existed. Previous employment histories had not always been explored, the content and results of interviews were not recorded and the results of verification checks, such as references and Disclosure and Barring Service checks (DBS checks), had not always been received before staff started working for the service.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 19, Fit and proper persons employed. You can see what action we told the provider to

take at the back of the full version of the report.

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 always safe.

Recruitment procedures were not as thorough as they needed to be or in line with best practice guidance.

Medicines were managed safely and improvements had been made.

Staff and the registered provider understood their personal responsibilities to report matters of a safeguarding nature.

Staffing levels were appropriate.

Risks that people were exposed to in their daily lives and within the environment had been assessed and mitigated against.

Is the service effective?

Good

The service was effective.

People's needs were met and they were supported to access medical care when needed.

Nutritional support was available to those people who needed it and people spoke highly of the food they were served.

Staff were supported with appropriate training, supervision and appraisal.

The registered provider understood their responsibilities in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People and staff enjoyed good relationships.

People were treated with dignity and respect and they were supported to maintain their independence as much as possible.

Advocacy services could be arranged for those people who needed this support.

Is the service responsive?

Good

The service was responsive.

People and visiting healthcare professionals told us that staff were responsive to their needs.

Suitable records were maintained about people's care and their needs.

Care was appropriately monitored to support continuity of care and identify any concerns promptly.

People knew how to complain but said they had not needed to. Feedback about the service was gathered via questionnaires.

Is the service well-led?

Requires Improvement

The service was not always well led.

Reporting structures in the service were being reviewed to ensure appropriate management oversight.

We received positive feedback about the provider and their approach.

Staff welcomed the introduction of monthly staff meetings to feedback their views.

Governance systems had undergone some improvement but needed to be further developed to ensure the operation of the service was effective monitored and any shortfalls identified promptly and addressed.

Overstone Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 was a comprehensive inspection and was carried out to check that improvements had been made by the provider to meet legal requirements, following the findings of our last inspection and subsequent enforcement action that we took.

This inspection took place on the 18 October 2016 and was unannounced. The inspection was carried out by one inspector and an inspection manager.

Prior to our inspection we reviewed all of the information that the provider had sent us since our last inspection to evidence the steps they had taken to achieve compliance with those regulations previously breached. This included evidence submitted to the Commission, in the form of reports and statements. We also contacted the local authority safeguarding and contracts and commissioning teams, to obtain their feedback about the service. We used the information that they supplied to inform the planning of this inspection.

During our inspection we spoke with the registered provider, senior care worker, five members of staff, six people in receipt of care from the service and one visiting healthcare professional. We also reviewed a range of records related to the management of the service including five staff training, recruitment and supervision records and other quality assurance and maintenance documentation.

Requires Improvement

Is the service safe?

Our findings

The procedures followed in respect of the recruitment of new staff were not robust. New staff who had been employed since our last inspection had commenced employment with the service in advance of the results of verification checks, such as Disclosure and Barring Service checks, and references being received. Some new staff had clear gaps in their employment histories and these had not been explored by the provider. In addition, where references had been sought and received for some new staff, these did not always include feedback from previous employers. The senior care worker told us that interviews were held but records about the content and results of interviews were not maintained. This meant that appropriate measures were not in place to protect vulnerable people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations entitled Fit and proper persons employed.

At our last inspection we identified that some elements of the service were not safe, including the management of medicines and the safeguarding of vulnerable adults. At this visit we found that improvements had been made in these areas. Staff had completed training in safeguarding via e-learning since our last visit and they had also had a refresher session about safeguarding delivered by Northumberland Safeguarding Adults team. A face to face training course in safeguarding was due to be delivered in late November 2016. Staff were able to explain about the different types of abuse that people may be exposed to and they understood their personal responsibility to report matters of a safeguarding nature to the senior care worker and provider. Following our previous inspection and actions taken by Northumberland safeguarding adults team in response to an on-going safeguarding case, staff told us they were confident that in the future, matters of a safeguarding nature would be progressed and dealt with appropriately by the provider and local authority safeguarding team. We discussed the safeguarding of vulnerable adults with the registered provider. She was clear about her responsibilities to protect people from harm and abuse and she confirmed she would always ensure this happened when safeguarding incidents were reported to her, or came to light. Staff confirmed that there had not been any safeguarding incidents within the service since our last visit to the home in July 2016.

People told us they were comfortable and felt safe living at Overstone Retirement Home. One person said, "Of course I feel safe in this home - look at me!" Another person told us, "The staff are great and I feel totally safe living here".

Medicines management was in line best practice guidance and auditing related to medicines was in place to highlight any shortfalls to be addressed. The registered provider had accessed support from a local pharmacist and the NHS Northumbria Healthcare community pharmacy team to bring about positive changes to how medicines were handled within the service. This support was on-going and further input into the service was planned in coming weeks. The majority of staff had been retrained in the safe handling of medicines since our last visit and where needed further dates were planned. Staff said they welcomed this training and would like more training, such as workbook based training, in order to develop their confidence and skills further. The service's medication policy was under review at the time of our inspection and some

improvements to this policy had already been made.

We reviewed the management of controlled drugs (medicines liable to misuse) within the service and how they were booked in and accounted for. We identified no concerns. The storage of medicines that needed to be refrigerated was not in line with best practice but this was rectified promptly after our inspection. The disposal of medicines, and the recording of the administration of medicines, was appropriate. Where people self-medicated risk assessments were in place. Topical medicine administration records had been introduced and also accompanying body map diagrams which informed staff about the application of these topical medicines for each individual. Topical medicines are medicines such as creams and ointments that are applied to the surface of the skin to treat aliments such as rashes and specific skin conditions. Detailed information was also available to staff about medicines which people took on an 'as required basis', such as medicines required for pain relief or bowel function. This meant staff had a clear picture of when and why a person may take an individual medicine, alongside the personalised signs which may indicate they need to be offered it, for example, when they displayed a particular behaviour or adopted a particular physical position.

Environmental risks that had existed previously had been addressed and measures put in place to mitigate these risks. Window restrictors had been fitted to each window where there was a risk of a person falling from height and these restrictors met British safety standards as defined in guidance issued by the Health and Safety Executive about health and safety in care homes. Legionella control measures in the form of checking that hot and cold water temperatures fell within safe limits had commenced. Personal emergency evacuation plans (PEEPs) had been introduced for each person to indicate the level of assistance that they would require to evacuate the home, should an emergency situation arise.

Fire safety and general health and safety matters within the premises had been reviewed and external input had been sought from Northumberland Fire and Rescue Service and a health and safety management company. Refresher fire safety training had also been arranged for staff to ensure their skills remained up to date. A business continuity plan and relevant reference material was being compiled at the time of our visit. Contact details for plumbers, electricians, doctors and other relevant professionals and skilled workmen/workwomen, were available to staff on a wall in the office, should they be needed in the absence of the senior care worker or registered provider. New weekly checks on the call bell system had been introduced to ensure they remained in good working order and people could summons assistance when they needed it. Infection control policies and procedures within the service had also been developed with support and guidance obtained from Northumbria healthcare community infection control team. The senior care worker had also signed up to attend local provider link meetings, arranged and facilitated by the healthcare team, about up to date best practice related to infection control. This meant the service had access to up to date guidance from the local authority infection control healthcare team and could apply what they learned to practices followed within the service.

Accident and incident records were thorough and showed that appropriate steps had been taken to obtain medical attention where people needed it and to put measures in place to prevent repeat events. Details of the date, time and people involved and circumstances of each accident or incident were maintained. A monthly analysis of accidents and incidents was retained on an individual basis in people's care records and included a graph which plotted a visual pattern for review.

At our last inspection risks that people were exposed to in their daily lives in respect of their own care needs, had been assessed and measures were in place to reduce these risks as much as possible. These risk assessments continued to be reviewed regularly. For example, people had risk assessments in place related to falling and skin integrity.

Staffing levels were appropriate to meet the needs of the people using the service. There were four care workers on duty during the day plus the registered provider who on an ad hoc basis supported staff with the delivery of personal care. Some staff shared care and administrative duties, as did the senior care worker. People who used the service told us they felt there were enough staff and that when they called for assistance staff came promptly. One person commented, "When I ring my bell for attention they come very soon". We witnessed this on the day of our visit. Some new staff had been recruited recently to replace a turnover in staffing.

Good

Is the service effective?

Our findings

In their conversations with us, people reflected that they received an effective and satisfying service. They spoke very highly of the staff team that supported them. One person told us, "It is lovely here. They help me with anything and everything I need". Another person said, "It is a marvellous place here. I cannot speak highly enough about it. The food is high quality. This is my home and it is everything that I would wish for". Other comments included, "They look after me very well here" and "I have never had any fault to find with Overstone or the care that I have had here".

We observed that staff were both willing and able to assist people in any manner necessary. Staff appeared knowledgeable and happy in their work. Where people needed assistance with moving and handling care was delivered effectively and safely. Staff were knowledgeable about individual people's needs and how to support them effectively. They relayed information about how to support specific people whom we asked them about, and this information tallied with their care plans and our own observations.

People's general healthcare needs were met and we found evidence people were supported to access routine medical support, or more specialist support, for example from an occupational therapist, whenever this was necessary. A visiting healthcare professional told us, "They (staff) have very good relationships with people and they understand their care positions. They (staff) can always answer any questions I have about people's care. They (staff) always act on any instructions that we give and when they call us it is always appropriate".

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 so that they can 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 or authorisations to deprive a person of their liberty were being met. The registered provider and senior care worker told us that since our last visit, they had not needed to instigate any best interests decisions, in line with the principals of the MCA 2005. People's care records showed some assessments of their capacity levels had been carried out, but this was an overall assessment of capacity and not a capacity assessment that was decision specific. The registered provider explained to us how she involved people's families in minor care based decisions and would continue with this approach, including relevant healthcare professionals where necessary, if any best interests decisions needed to be made in the future. 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were in place, where people had consented to these. Where they were unable to consent a communal decision, instigated by a clinician, had been made. Applications to lawfully deprive people of their liberty (DoLS) had been made to the local authority DoLS team in accordance the legal requirements of the MCA and these were currently being assessed. The

registered provider had revisited and understood their legal obligations in line with this Act.

People's nutritional needs were met and managed well. The senior care worker told us that when needed, food and fluid charts were used to monitor that people ate and drank in sufficient quantities to remain healthy. People were weighed monthly or more regularly if required, to ensure that any significant fluctuations in their weight were identified promptly and investigated. Any weight losses and gains were clearly recorded and the senior care worker took appropriate action to mitigate the risk of any weight changes.

Adapted equipment, such as drinking cups with handles either side, was available where people needed support to maintain their independence whilst eating and drinking. We saw that people who were enjoying time in their bedrooms had drinks within their reach. People spoke highly of the food they were given. One person commented, "On the whole, the food here is very good". There was a choice of two dishes at each mealtime and people told us if they didn't like what was on the menu, an alternative meal would be prepared for them. The cook told us they were kept informed by staff about any changes in people's dietary requirements and a file was maintained in the kitchen with details of people's nutritional needs and preferences.

Staff had completed training in key areas such as infection control and moving and handling. Staff had also received some training in areas relevant to the needs of the people they supported, such as dementia awareness and nutrition awareness. Since our last inspection the registered provider had arranged for staff to receive refresher training in fire safety, the safe handling of medicines and safeguarding, to ensure that their knowledge and skills were up to date and they were focused once more on applying what they had learned. A basic induction package was in place and there were plans to embed the Care Certificate, which was introduced in April 2015, into the induction programme.

Records were available which evidenced that staff received regular supervision. A new appraisal system and related documentation had been introduced and we could see the registered provider was working through appraising each member of the staff team. Supervisions are important as they are one to one meetings between staff and their manager, that are held regularly, in which performance is discussed, plus any training requirements and any other matters of a personal or professional nature. Appraisals are similar in nature but are an overview of the staff members performance annually.

Staff told us that communication in the service had improved and they felt they were kept suitably informed about important messages and changes in people's care needs. A communication book was retained in the office and used to relay messages. In addition, handover meetings were held 15 minutes before the end of each shift. Healthcare professionals told us they had no communication issues with the service.

Good

Is the service caring?

Our findings

People spoke very highly of the staff team who supported them and their kindness. One person said, "The staff here are very kind. They speak to me very respectfully". A second person told us, "I have no fault with any of the staff". Other comments made included, "The staff are excellent - without exception" and "The staff are really wonderful; they are exceptionally kind, willing and thoughtful".

People described a "lovely", "happy" and "warm" atmosphere within the home and we observed care that supported these descriptions. Staff appeared happy in their roles and people welcomed them when they attended to their needs. We saw staff exchanged pleasantries with people and asked them how they were and how their day had been. People told us they were spoken to with respect and we observed this during our visit. One person commented, "They (staff) use my first name when they speak to me and I am happy with that". This showed that staff respected how people wished to be addressed. People were given explanations about the care that was to be delivered by staff in advance; this meant they were informed and involved in their care.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. Each person's care needs were diverse and individual to them. Some people attended the local church and, for those who struggled to access the community, church services were held within the home regularly. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff had also received training in equality and diversity and they were knowledgeable about how to apply what they had learned.

People told us staff supported them to maintain their privacy and dignity when delivering care. We observed one person being supported with personal care and saw that a staff member knocked on the door and announced who it was before being invited to enter and assist. One person told us, "Staff always knock on doors and they leave me in privacy in the bathroom if I want them to". People told us they chose where they spent their time when they were in the home and in doing so they were able to have whatever privacy they wanted.

People were also encouraged to be as independent as possible and many people living at the home were very independent. Some people had adapted drinking cups to enable them to hold the cup independently and take drinks themselves. People had walking aids which enabled them to move around the home freely. Several people were able to walk down into the local town to shop independently, whilst others enjoyed time out and about in the community with support from family and friends.

The provider told us that no people living at the home at the time of our inspection had a formal advocacy arrangement in place. She said that people's relatives tended to advocate on their behalf. An advocate is a person who supports the rights and decision making process for another person, should they need support to make their voices heard.

Good

Is the service responsive?

Our findings

People told us that staff and the registered provider were responsive to their needs and any issues that they raised. One person commented, "It is a joy to live here. It is a marvellous place. They (staff) help with anything I ask for and I have nothing to complain about". Another person told us, "It would be hard to think of anything that I am not happy with or that they (staff) have not responded to. If I was not happy with something I would talk to them (staff)". A person told us that they had a particular medical problem that had arisen that day and that they were waiting for a healthcare professional to visit whom the staff had called on their behalf. This showed that staff responded well to people's care needs when they changed.

Visiting healthcare professionals told us they found the service and staff to be responsive to people's needs and proportionate in their approach. One visiting healthcare professional said, "They (staff) have very good relationships with people. We are called in to see to people appropriately and in line with what I would expect. Staff are responsive and helpful to our instructions".

Records about people's care and their needs were detailed and had continued to be well maintained since our last visit. They were individualised and contained information for staff to refer to about how best to support people. They were personalised with information about people's life histories and their likes and dislikes. Pre-admission assessments had been carried out before people started using the service to determine their level of dependency and any risks associated with their daily living. We discussed how risk assessments could be expanded to include more detailed information and the senior care worker told us that this would be addressed. A summary of people's daily routines split into morning, afternoon, evening and bedtime had been discussed with them and then recorded. Care plans and risk assessments were regularly reviewed and updated to ensure that instructions about the care people needed to receive remained current. People had care plans and risk assessments in place for a range of needs including personal care, mobility and dexterity, continence, social activities, oral health and communication.

Care monitoring tools were used by staff to ensure that any changes to people's conditions, presentations and their needs were promptly identified and addressed. No one currently living at the service was subject to any monitoring of their food and fluid intake, but forms were in place for this to be carried out should it be necessary. People's weights were taken regularly so that any progressive or sudden weight losses or gains could be identified and acted upon. Personal care charts were maintained and completed daily to demonstrate what personal care had been delivered to each individual, such as cleaning spectacles, brushing teeth and hair. A record of how often people were bathed was used to ensure staff offered and assisted with this element of personal care regularly. In addition to these tools, staff used daily notes, a communication book and night logs to record care delivered and pass messages between changing staff teams. They provided accountability for staff also as they had to sign and date forms, notes, logs and the communication book to evidence they had recorded and read what was written. The care monitoring tools that were in place within the service helped to support continuity of care.

The care people received was person centred and people told us they lived their lives in the way that they wanted to. One person said, "I am not yet up this morning but it is my choice". Another told us, "I can go

downstairs for any meals that I want to, but usually I have them up here in my room". A third person commented, "I could lie in if I wanted to. We are completely free to do whatever we want to". We saw people made their own choices during our visit and choices around food were offered at mealtimes. We saw that where people chose to remain in their rooms, staff regularly visited them to promote social inclusion and some people spent time with others in their rooms talking together.

Records showed staff were responsive to people's needs and they involved GP's and specialists in people's care when needed, for example when they presented as ill. Activities on offer within the home were limited, but many people told us they were happy with the level of activities because they were independent and told us they engaged in their own hobbies and pursuits. Several people accessed the community regularly, either on their own or with visiting relations or friends. A film night was held each evening in the lounge and people said they enjoyed and appreciated these. Some people said they preferred to stay in their own rooms and it was their choice not to socialise with others.

People told us they were fully aware of the complaints procedure within the service, but all said they had not had any reason to raise a formal complaint to date. One person commented, "I have got absolutely nothing to complain about". A complaints policy was in place which contained guidance about how complaints could be made and how they would be handled by the service. There was a complaints book in the home but this had no entries in it and the provider and senior care worker confirmed that no complaints had been received since our last visit to the service.

The provider had a system in place to gather the views of people and their relatives. This involved issuing questionnaires to people and their relatives on a six-weekly basis. The most recent questionnaire results showed that the feedback received was very positive about the staff, their approach and the food served in the home.

Requires Improvement

Is the service well-led?

Our findings

The provider is registered with the Commission under the legal entity of an individual who is in day to day charge of the service and as such there is no requirement for her to have a registered manager in post. However, the provider informed us after our last inspection that she established a limited company some time ago that is operating the home, but she had not informed the Commission of this change. This means that some elements of the provider's registration are not currently correct. We discussed this with the provider and she confirmed she is clear about the steps that need to be taken to rectify this omission and correct her registration status with the CQC. We will monitor that the relevant applications are made to alter the provider's legal entity and we will ensure that this matter is addressed promptly.

At our previous two inspections in February 2015 and July 2016, we found breaches of relevant legislation. At this inspection we found the provider had, with support from the senior care worker, taken action to address the majority of areas where shortfalls existed and improvements were required. The provider confirmed that she wanted to step away from her day to day management role and take a more hands on approach to the service as well as retaining some oversight as the overall responsible person. She advised us that she was in the process of reviewing the reporting structures within the service, with a view to employing a new manager who would provide effective leadership and support to the wider staff team.

At our last inspection we found the provider was not compliant with Regulation 18 of the CQC (Registration) Regulations 2009, as they had not notified us of all relevant incidents that had occurred at the service. During this visit we did not identify any omissions in reporting and we were satisfied that the provider was now aware of their responsibilities under this Regulation. We also confirmed that the provider had appropriately displayed the rating from our previous visit in July 2016 within the foyer of the home, in line with Regulation 20A of the Health and Social Care Act 2008. The provider was in breach of this regulation at our last visit and they had taken steps to address this. The 'Service user band' of 'Dementia' had also been added to the provider's registration following feedback given at our last inspection, to reflect more clearly the people to which the service delivered care.

People gave us positive feedback about the provider and their approach. It was clear that the provider sought to ensure people enjoyed a homely atmosphere and environment and we could see they knew people well. One person told us, "The lovely atmosphere in here comes from (provider's name). She is approachable, all the time and any time. I hold (provider's name) in the highest regard". Another person told us, "(Provider's name) who is in charge is kind and considerate". The provider visited the home daily and engaged with people and staff. She took a 'hands on' approach to the service and often prepared meals for people, in addition to carrying out elements of personal care when necessary. The provider had a mission statement which read, "To provide a homely and caring environment in which residents can and will be encouraged to determine the pattern of their lives". We found this was achieved and people felt very "at home" living at the service. We saw people were encouraged to make their own decisions about their lives and they lived as independently as possible.

Staff told us that since our last visit they felt supported and appreciated a more structured management

approach to the operation of the service. Staff meetings had been introduced which had been received positively by all staff. The first meeting had been held in September and there were plans to hold these on a monthly basis. Topics discussed included medication, safeguarding, recruitment, training, care plans and feedback from people using the service. A new management meeting had been introduced where the provider and senior care worker would meet prior to the staff meeting each month to discuss any issues or concerns within the service and to plan any matters that they wished to take forward to the staff monthly meeting. One member of staff said, "It is much better now. We used to ask for help and not always get it, but management are more keen to help now. It is a better atmosphere between the staff team and I have found the staff meeting we are having monthly very useful". Another member of staff said, "Things are a lot calmer now. We are all mature enough to take things on board and it has been a wake-up call". Staff told us the provider was an approachable person and said that the morale amongst the staff team was generally good.

Governance structures within the service had been revisited and improvements made. A governance/assurance framework had been developed by the senior care worker which covered auditing, medication, documentation and health and safety. Since our last visit a health and safety inspection by an external company had been undertaken and recommendations made and implemented. Improvements in the areas around health and safety that we identified at our last inspection had also been made, including the fitting of window restrictors and regular monitoring of hot and cold water temperatures. The provider's medication policy had been revisited and they had sought, and taken on advice from their supplying pharmacy and also Northumbria Healthcare community pharmacy team, in order to drive through improvements within the service. Some development was still needed around auditing and action planning, in particular related to infection control and internal health and safety auditing. Audits in infection control and health and safety were still under development. In addition, there were some shortfalls in recruitment processes for new staff that had not been identified through management oversight. Medication competency assessments, supervisions and appraisals were in place, to oversee staff performance and competencies in care delivery.

We recommend the provider continues to develop their quality assurance and governance systems and processes further, to ensure that any shortfalls or issues are identified and addressed promptly and that improvements within the service are sustained.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not robust. Appropriate checks and references were not always obtained before new staff started working at the home. Regulation 19(1)(2).