

Crown Care II LLP

Osborne House

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 

Overall summary

This inspection took place over two days, 18 and 19 February 2015 and was unannounced. This was our first inspection of this service since it registered with us.

This service is registered to provide accommodation for up to 74 older people some of whom lived with dementia. There were 48 people residing at the service during our inspection. Accommodation is provided over three floors; residential care is provided on the ground floor, nursing care on the first floor and dementia care on the third

floor. The home is set in private secure gardens. There is a car park for visitors. The home is situated in Selby close to local amenities. Staff are available 24 hours a day to support people.

The home has 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'.

Summary of findings

Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were cared for by staff who understood they had a duty to protect people from harm. Staff knew how to report abuse and said they felt able to raise any issues, which helped to keep people safe.

People received the care and support they needed to receive. However, we found there were some minor issues with the medication systems in some areas of the home. We have made a recommendation regarding this.

We observed there were enough staff available to support people. Staff knew people's care needs and risks to their health and wellbeing which enabled them to support people appropriately. Training was provided to all staff to help them to develop and maintain their skills.

People lived in a well maintained, clean environment. Bedrooms were personalised with memory boxes placed outside people's bedroom doors to help them find their bedroom. Pictorial signage was provided to help guide people to bathrooms, toilets and lounge areas.

People were offered home cooked food with appropriate fluids to maintain their nutrition. Those who required

prompting or support to eat were assisted by patient and attentive staff. People's dietary intake was recorded and staff gained help and advice if people were losing weight. This ensured that people's nutritional needs were met.

Visiting health care professionals we spoke with informed us they had no concerns about the service people received and they were positive about the help and support provided to people by staff. They confirmed staff acted upon their advice to promote people's health and wellbeing.

People were involved in making decisions about their care. Staff supported people to make decisions for themselves. People's privacy and dignity was respected.

A complaints procedure was in place, anyone wishing to make a complaint could do so. We saw two complaints had been received. There were systems in place to deal with complaints in a timely manner. Some relatives told us they would like to see more activities taking place.

People living at the home and their relatives were asked for their opinions about the service provided. The registered manager undertook regular audits which helped them to monitor and maintain the quality of the service. However, we have made some recommendations throughout the report for the registered provider to consider.

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?

The service was safe. People we spoke with said they felt safe living at the home. We observed that staffing levels were provided to meet people's needs safely during our inspection.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

People were not always protected against the risks associated with medicines. We have made a recommendation about this.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff who had undertaken training which helped them to deliver effective care and support to people.

People's mental capacity was assessed to help to protect their rights.

People's nutritional needs were met. A well well-balanced diet was provided to people.

People were seen by health care professionals, such as GP's, chiropodists and opticians which helped to maintain their health effectively.

Good



Is the service caring?

Staff were caring. Staff knew people's individual needs well; they supported people with care and compassion.

Staff assisted people to be as independent as possible. Staff were observant, they spent time with people to sit and talk or sing and dance with them.

People told us they felt cared for and said they were treated with kindness by the staff.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff reported changes in people's conditions to relevant health care professionals so that they gained advice and support to maintain people's wellbeing.

Complaints procedures were in place for people or their relatives to raise issues.

We have made some recommendations in this section of the report.

Good



Summary of findings

Is the service well-led?

The service was not well led. A registered manager was in place. However we were told by some relatives they felt the registered manager was not always approachable.

People we spoke with told us they were satisfied with the service they received.

The ethos of the home was positive; there was an open and transparent culture and a friendly welcoming environment. Staff were aware of their roles and responsibilities and understood the management structure of the home.

Meetings were held to gain people's views which were listened to by the management team.

Audits were in place however, there were not always effective in highlighting shortfalls in the service.

Requires Improvement



Osborne House

Detailed findings

Background to this inspection

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

We inspected this service on 16 and 17 February 2014 and the inspection was unannounced. The inspection team consisted of two social care inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the risk level for this service. We looked at the notifications we had received and reviewed all the intelligence CQC had on record. We reviewed all of this information to help us make a judgement about this care home. We did not receive a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we looked at all areas of the building including some people's bedrooms, with their permission.

We observed medication rounds and the lunch time experience on two floors. We spoke with staff about handovers. We looked at records. This included five people's care records and records relating to the management of the service including; maintenance records, policies and procedures, quality assurance documentation, staff rotas, recruitment files, staff training and supervision records and the complaints file.

We looked at minutes of meetings that had been held. We spoke with the registered manager, staff and senior management team who were in attendance at the home on the first day of our inspection. We spoke with six staff, the chef, ten people living at the home, nine visitors and eight relatives to gain their views. We also asked three visiting health care professionals for their views about this service.

During our visit we carried out a Short Observational Framework for Inspection (SOFI) where we sat and observed people in the lounge and dining area on the third floor dementia unit. This helped us to observe how staff interacted with people who may have found it difficult to give their views.

We spoke with the local authority's commissioning team prior to our visit to see if they had any concerns about this service. They informed us they had not received any negative feedback about this service.

Is the service safe?

Our findings

People we spoke with told us they felt safe knowing the staff were there to help to support them. They said they felt safe living at this service. A person we spoke with said, "In my honest opinion you would go a long way before finding anywhere better. I feel very secure here." Most relatives we spoke with said that they generally considered the home was a safe environment for their loved ones. Relatives we spoke with said, "They do keep an eye on people." and "The place is clean and they look after X well."

People living at the service and their relatives told us they generally felt the staffing levels were good but said the staff could get busy. One person told us, "Sometimes they could do with some more carers – sometimes the girls are very busy – I'm still looked after though." A visitor told us "Generally speaking staffing levels are okay, usually one member of staff is in and out of the lounge and two more spend a lot of time sitting in the lounge talking with residents, asking if they are okay and reassure them, which is rather nice." Another visitor said on the first day of our visit "I have never seen as many staff in the lounge, usually they are in the bedrooms."

During our two day visit we observed there was enough staff on duty to meet people's needs in a timely way. The registered manager told us how they produced a four week rota in advance to allow any gaps in the rota to be filled by their own staff or to gain agency staff who had worked at the service before. This helped them to provide continuity of care for people. There were separate night staff who had their own rota. Staff told us they covered each other's holiday, sickness or absence and worked as a team to provide effective support to people.

Staff we spoke with told us they felt there were enough staff on duty to meet people's needs. However, one member of staff did say that they could feel pressured but that this was settling down now because more staff had been recruited. They said they sometimes felt that staff did not have enough one to one time with people. Relatives we spoke with on the first day of our visit indicated at times they may have liked to see more staff on duty. This was not the view of people we spoke with on the second day of our visit.

Staff rotas were prepared by the registered manager. They were prepared in advance to ensure staff on duty each day

had the correct qualifications and skills to support people. For instance it was important to ensure staff were on duty who could administer medications. This helped the service to run well.

The home environment had been designed and finished to a high standard to promote people's independence, health and safety. For example; corridors throughout the service were wide allowing good wheelchair access. Bedrooms were spacious which gave staff room to manoeuvre any equipment that was needed to help them to care for people safely, for example, hoists or wheelchairs. Some bedrooms; which were not yet in use, had ceiling hoists which went into en suite wet rooms. This would assist staff to care for people with high dependency needs. There was a secure entry system in operation on each floor of the service which ensured that unauthorised people did not gain entry to the service. On the third floor dementia unit memory boxes were placed outside people's doors where personal items and photographs helped people to find their rooms. Pictures to aid reminiscence were displayed.

There was level access to the building to assist people who may be unsteady on their feet. Secure patio areas and garden areas were provided so that people residing on the ground floor could walk outside if they wished. People residing on the first and second floor had access to the garden areas but would have to be brought downstairs supported by the staff.

The chef told us that the service had been awarded a five star rating from the Local Authority Environmental Health Officer for their food handling and preparation procedures which ensured food safety was maintained.

We inspected the laundry. This was clean and tidy. The laundry staff told us how staff used special red bags for any soiled items which was then washed separately on a 'sluice and sterilise cycle'. We saw hand wash facilities were provided throughout the home with special antiseptic hand gels provided for staff and visitors to use. This helped to maintain infection control.

A nurse call system was in place throughout the service. This could be used by people and staff to summon help. We noted during our visits that if the nurse call alarmed staff were quick to attend to people to help maintain their comfort and safety.

Is the service safe?

We observed on the dementia unit on the third floor that people had open space in the lounge and dining area. There were no obstructions to people being able to take a walk around the unit if they wished. There was pictorial signage in place to help people find their way around.

Staff told us they had received training about how to protect vulnerable adults from abuse. The staff were able to describe the different types of abuse that may occur. All the staff we spoke with told us they would report any issues or concerns to the manager or higher management team straight away so that issue could be dealt with timely to help protect people. Staff were aware they could also raise these issues with the local authority, Police or the Care Quality Commission (CQC). A member of staff said, "I know to report any issues to the manager who would act on it. If she didn't I would raise it higher."

We observed the staff on each floor understood the support people needed to receive to help keep them safe. We saw that staff were observant and we saw staff assisted people to raise from chairs, walk down corridors or ensure people were comfortable and safe in their beds. We observed staff encouraging a person to stand up by themselves. Staff were doing this in a kindly, patient manner although eventually they got a hoist as the person refused to stand up; this was to maintain the safety of all parties. Staff throughout the home assisted people if they looked unsteady on their feet or needed assistance. On the dementia unit we saw that if someone was getting agitated or upset staff were skilled at distracting people which helped to calm them.

Staff confirmed they had received training about what action they must take in the event of a medical emergency or fire. They told us this helped them to safely support people.

During our visit we spoke with three health care professionals. They were all asked if they had ever seen anything which concerned them. All stated they had never seen anything which they had been concerned about. They all told us they felt people's health and safety was protected by the environment and the staff.

We saw that advice was gained from health care professionals to help to protect people's health and wellbeing. For example, we saw from people's care records

advice was sought regarding people's skin care, swallowing, nutrition and general health issues. A health care professional we spoke with said, "I have never seen anything to worry about."

The service had effective systems in place to help them to monitor and manage risks to people's health, safety and wellbeing. For example, we viewed accident records and saw that a monthly analysis of this information took place. The registered manager told us how they looked for any patterns to people falling before corrective action was taken to reduce the risk of similar incidents happening again.

The registered manager told us staffing levels were monitored and reviewed with people's dependency levels taken into account so that there were enough staff provided to make sure people could be supported safely. They told us staffing levels were constantly reviewed to make sure people felt safe and cared for. Some relatives we spoke with on the first day of our visit said they would have liked to see more staff on duty on some occasions. However, we observed the staffing levels provided during our visits appeared adequate to meet people's needs.

We looked at how staff were recruited, we saw evidence that potential staff had to fill in an application form, provide references and undertake a police check to help to make sure that only staff who were suitable to work with vulnerable people were employed. A member of staff we spoke with said, "I called for an application form, went through the interview had a Disclosure and Barring Service check. I provided two references. I thought this was a fair and thorough process."

We looked at the general maintenance file for the service we saw that maintenance service records were in place for lifts, hoists and other equipment in use at the service. Public Liability insurance was also in place.

There were emergency contingency plans in place; staff had access to contractor's details so they could request assistance at the home promptly. Weekly fire alarm tests were undertaken. Staff were aware of the help people needed to receive to get them to safety if a fire occurred. We saw evidence that monthly safety inspections were fire doors, extinguishers and emergency exits and lighting, general lights and light fittings, floor coverings and other electrical items.

Is the service safe?

We looked at the medication systems in operation in the service on the first day of our visit. We spoke with the allocated member of staff who was in charge of ordering medication for the service. They talked us through how the medications were ordered separately for each floor. They talked us through how the prescriptions were checked before they were sent to the pharmacy to be dispensed. There was a robust system in place.

Medication was provided in a monitored dosage system pack for each person. Two staff checked the items in when they were received by the home and the stock received was recorded on people's individual medication administration records (MAR). We checked the balance of controlled medication at the service and found this to be correct.

Medications returned to the pharmacy were signed for to confirm they had been received and were to be destroyed. We saw cold storage was provided for medication that required this to remain effective. Staff monitored the temperature of the cold storage and medication storage rooms.

People were identified by photographs on their MAR. Any allergies were noted so that staff and health care professionals were aware, this helped to protect people's wellbeing. Staff we spoke with told us that they had undertaken medication training which supported them to handle medication safely.

We looked at all four people's medication administration records (MAR) on the third floor, the dementia unit. We saw that there were no gaps on the MARs and they had been completed correctly. On this floor the medication systems in place were effective and robust. We observed the member of staff undertaking a medication round. We saw they were skilled at this and assisted people in a patient and safe way with their medication. We observed the member of staff sitting with people, telling them about their medication, what it was for and staying with them until the medication had been taken. The people living at the service could tell the staff if they were in pain. A pain score was available for staff to use to assess people's discomfort if this was necessary.

On the first floor nursing unit; we looked at three people's MAR charts. We found there were two gaps on people's MAR. We looked into the reason for this. We checked to see if the medication was still in the monitored dosage packs. It was not there so appeared to have been given. We concluded that the gaps on the MARs were due to staff forgetting to sign the MAR in places. Staff who had been on duty on these occasions were asked to rectify this, which they did and the staff were reminded by the registered manager of the importance of signing the MAR charts in a timely way.

We observed the nurse giving out medication at lunchtime. This was undertaken with skill, patience and kindness. They told people what the medication was for and any side effects it may have. If people were prescribed painkillers when they required them a discussion was held to determine if these were required. The nurse then went back to people to check these had been effective and ensure people were comfortable.

On the ground floor; the residential unit; we looked at four MAR charts and each had gaps in the signatures for medicines that should have been given. We looked into this. We saw some medicines had not been given. We saw the medication was still in the monitored dosage containers and there was no reason recorded on the MARs why people had not been given their medication. We also found some medication had been given but staff had not signed the MAR. This was discussed with the staff and registered manager. Immediately a corrective action plan was put into place and the registered manager commenced a review of all MAR charts and medications on this floor. We found no evidence that people had come to harm due to the issues we had found. These shortfalls had been addressed by the second day of our visit in line with the providers medication policy.

We recommend that monitoring and the corrective action implemented be maintained to ensure that the services policies and procedures are followed.

Is the service effective?

Our findings

People who used the service and their relatives told us they received effective care and support. Relatives we spoke with generally told us they felt the care staff did a good job. One person we spoke with said, “The food is okay, it varies but we’ve always a choice – we have a hot meal at night which I prefer.” Relatives said, “The food is generally good” and “The food is okay, X complains, but they are putting on weight.”

We spoke with a visitor who regularly assisted their relative to eat. They said they could see the dining room from where they sat and they said, “The food is fantastic here. I can hear what goes on in the dining room, they (the staff) sit down with people and encourage them to eat.” Another relative who visited at mealtimes said, “They usually ask me if I want something to eat as well”.

Staff we spoke with told us that they received induction training on commencing work at the service. This included working alongside more experienced staff who showed them the level of care and support people needed to receive.

Staff told us that training was on-going in a variety of subjects which included; moving and handling, first aid, safeguarding, infection control, fire training, food safety, health and safety, medication training, basic life support, dementia, Deprivation of Liberty and The Mental Capacity Act 2005. Some staff were provided with training in tissue viability and venepuncture (blood taking). Staff we spoke with told us they were due to undertake or update some of this training, to help keep their skills up to date. The registered manager kept a list of who had undertaken or needed to refresh their training to ensure this was provided in a timely way.

We looked at some staff files we saw staff had individual training records in place. Staff we spoke with said they felt the training provided was effective in developing their skills. The registered manager told us that everyone was supported to undertake nationally recognised care courses which enhanced the staff’s ability to deliver effective care to people. They said everyone was offered a National Vocational Qualification in Care or other courses. A member of staff we spoke with said, “I have been asked if I would like to undertake an extended medication course and a management training course.”

We saw staff received supervision from the senior staff and manager. This gave staff the opportunity to discuss their practice and any further training needs they may have. The registered manager was updating this information. Supervisions for staff were being undertaken and appraisals were just being organised for staff because the service had not open long enough to have already undertaken these.

We observed that GPs, speech and language therapists, respiratory community nurses, chiropodists and mental health workers visited people living at this service. We saw evidence that people were supported to attend hospital appointments for health care professionals to be able to review people’s changing needs, where this was required.

Health care professionals confirmed that staff contacted them appropriately for help and advice if a person’s condition changed. This helped to maintain people’s health and wellbeing. They said staff contacted them in a timely way to gain help and advice about how best to support people and maintain their wellbeing. They confirmed staff referred people appropriately which helped them to support people to gain effectively. A health care professional said, “Staff are very good. On this visit I am visiting a person on the nursing unit. Staff called me appropriately, relatives had requested a GP review staff took on board the treatment prescribed. I receive sensible referrals and I am called for advice when needed.”

A visiting health care professional we spoke with told us they had been approached to provide some training for staff about a certain condition that a person at the home lived with. They said they were going to provide this and it was to be scheduled shortly. They told us how staff had worked with them to monitor the person’s condition and put systems in place to make sure this person received their medication at the correct times to help their condition.

People living at the service had their nutritional needs assessed on admission. This information was reviewed by staff. Information about people’s preferred food and drinks, food allergies, likes and dislikes were known by staff. People were weighed on admission, if their weight was considered too high or low they were monitored by staff and relevant health care professionals to help to effectively maintain people’s nutritional needs.

Is the service effective?

The chef told us a variety of special diets were catered for, such as soft and pureed food. They told us how the pureed food was set out separately on the plate so it looked appetising for people to eat. Diabetic meals were also prepared.

During our visit we spoke with the chef who said, "For breakfast we have hot and cold options available to people. A light lunch is served and the main meal of the day is at tea time. At residents' meetings we ask people for their choices of what they want. We operate a 'fresh food concept', everything is all home made." Herbs were grown outside the kitchen for mint and rosemary. We were informed that the activities co-ordinator was getting a greenhouse so that people could get involved with growing salad, peppers and strawberries.

We observed lunch time on two of the three units. People could choose where they wished to eat their meals, either in their bedroom, the dining room or other communal areas. There was a separate dining area on each unit. Tables were set with one dining area having background music playing for people to enjoy.

The served food looked appetising and nutritious. People we spoke with told us the food was good and they had enjoyed meals. People ordered their food in advance but staff told us they could change their minds and other food was provided. We were informed that supper was not provided although the chef said crumpets, cereals, toast hot milky drinks were always available and people could have whatever they wanted to eat or drink at any time.

At lunch time we saw that meals were served in a calm, relaxed manner with staff communicating quietly between themselves and not shouting over people's heads. We saw staff asked people if they wanted to wear aprons and if they needed assistance with their meals, if they wanted their food cut up, they asked to what size. This was all done in a kindly, non-patronising manner. We observed staff encouraging people to eat and drink. We noted that if people did not want to eat they were encouraged to do so by patient attentive staff.

However, on one floor we saw that people not in the dining room required assistance with their meals. Some staff left the dining room to undertake this. We saw this placed some pressure on the three remaining staff in the dining room. We observed at one point a member of staff was assisting two people to eat at the same time. Another

member of staff was walking between three people to assist them, when necessary. Whilst we observed the level of support was still good and people were assisted with good humour and a lot of social interaction, this meant there was a more hectic, unsettled feel to this meal time. This was discussed with the management team, they told us they would review the staffing levels provided at mealtimes on each floor to ensure people enjoyed this experience.

There was a 'Namaste' care room provided, the registered manager told us this had been provided to look after people's 'spirit' and treat them holistically. Here they used aromas and reminiscence items to stimulate people's memories. People had 'memory boxes' outside their bedrooms with personal items they could remember to help people find their bedrooms. Signage was provided to help people find the toilets, bathrooms and communal areas. The registered manager told us how they implemented learning from reputable sources on board to help people who lived with dementia. Care and environmental issues had been taken into account.

We sat and observed people in the lounge and dining area to see how the member of staff interacted with them. We saw they responded well to people's needs and were skilled at assisting people who may be forgetful. This member of staff understood each person's needs preferences and behaviour. They were seen to be skilled at diverting people's attention if they were getting upset. For example, we heard someone starting to shout, the member of staff approached the person gently talked with them and walked with them which helped to calm them.

Staff throughout the service could describe the care and support people needed to receive in detail.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We saw that everyone at the service had their mental capacity assessed. We were told by the registered manager that one person had a DoLS in place and we looked at the paperwork to ensure it was correct. The registered manager knew what action they had to take to protect people from being deprived of their Liberty. This helped to protect people's rights. Staff we interviewed were aware of The Mental Capacity Act, deprivations of liberty and best interest decisions, which helped to protect people's rights. We saw people gave their consent to staff for care and treatment to be provided.

Is the service caring?

Our findings

People we spoke with said that the staff were caring and felt the staff treated them with respect and dignity. They told us they felt looked after by the staff. One person said, "Staff are very good. Every member of staff, with no exceptions, treats me with respect and understanding which I think is important. Another said, "I feel I have been well looked after. Every member of staff is courteous, polite, patient, respectful, and have a nice sense of humour. If every care home was like this your job would be easy. Everyone is different some people may have other views." Another person said, "They are very good, the carers, excellent in fact, always very helpful."

Relative we spoke with said, "Staff as individuals are absolutely delightful, fantastic" "The girls are lovely – they work very, very hard." "They've got it just about right, people are called by the names they want, I've never seen anyone overriding people's choices." and "The staff are incredibly caring. The staff are exemplary they can't do enough for our relative and us. X always looks cared for, clean and tidy."

However, we received some comments which were not as positive; a relative said "The staff are very nicesometimes with the hoist they are not too caring." Another relative said; "Carers are very good, I'm not critical of them, I'm not convinced the nursing staff are as good." Expanding on this they said "The carers are proactive; the nursing staff don't seem to be. For example if carers see X slouching in a chair they'll move them to make them more comfortable."

There healthcare professionals we spoke with confirmed they had positive experiences of the service and said they felt people were looked after by caring staff.

We observed people appeared relaxed in the presence of staff throughout the service. Staff were seen to spent time with the people and talked with them whilst providing care and support. We observed there was banter between people and staff and this created a friendly atmosphere.

We observed throughout the service that people were asked by the staff if everything was alright for them and if they needed any help or assistance. We saw that staff were able to support people to choose how to live their life. We saw staff encouraging people to do what they could for themselves but observing and giving assistance if this was needed.

Staff appeared to know people's needs in detail and they told us how they wanted to help people to enjoy their life living at this service. All the staff we spoke with told us they enjoyed working at the service, some had worked there since the service opened.

One member of staff had written their own poem to help them to understand and reminisce with a person on the dementia unit. They shared this with us and they told us how much they enjoyed caring for people who may have difficulties remembering things.

We observed staff assisted people with personal care, this was done in private behind closed doors and people's bedrooms curtains were closed during this to protect their privacy. Some people had one to one support from staff. Staff were seen to be patient and kind to people and listened to what they said before acting on it.

The registered manager told us about the local advocacy services that could be provided locally to help support people. No one was currently using this service.

The registered manager told us that the staff team worked to ensure people were cared for. They said staff were flexible and worked hard to support people. We were informed that in an emergency if people needed to go to hospital care would be taken to inform people's relatives and, if necessary, staff would escort people to help to relieve their anxiety.

People residing at the home were able to receive end of life care, nursing staff and district nurses were there to be able to support people and their relatives at this time.

Is the service responsive?

Our findings

People we spoke with said staff responded to their needs appropriately. One person said, “Staff knock on my door. They ask if it is okay to care. Staff are only there if you want them. I am aware if I pressed the buzzer staff come quickly.” Another person said, “I prefer just to sit, I’m a quiet person but they will do things with me, they’d take me shopping if I wanted.”

We received the following comments from relatives about the service; “I spoke with the manager every day, I was kept fully informed all the time. If my relative was down in the dumps staff supported them well, staff were positive, professional, attentive kind and caring.” “The staff are very well trained. X needed their ears syringed, staff got a health care professional to do this.” “The staff are lovely; they make me and my mum welcome.” and, “The home encourages visitors.”

Some relatives we spoke with said they were involved in care reviews. However, others

told us they had not been invited to take part in reviewing care plans. We received the following comments; “I haven’t seen any full care plan that I’ve read or signed.” “I expected it (the care plan) to be updated as it was very cursory when X was admitted –I thought it (the care plan) would be done in depth later on, but that never happened.” One relative told us they had raised this with the Nursing Manager who had said they had not got round to this yet. Another relative told us that in the past they had noted their relative had been given a drink by staff through a straw and they said they had nearly choked. The member of staff had said they didn’t know a straw should not be used. This was discussed with the management team who said they would look into this.

We saw that four out of five people’s care records had been reviewed as people’s needs changed. For the fifth person their condition had changed and their care documentation was not reflecting their current needs. This was discussed with the registered manager who reviewed this information with staff during the first day of our visit so that it reflected the person’s full and current needs.

Care plans in place were individual and contained people’s preferences for their care. This helped to inform the staff to

meet people’s individual needs. Information about people’s lives, family history, mental capacity, likes and dislikes were recorded so that care and support could be personalised for each individual.

People on the dementia unit had a record completed called ‘This is me’ which helped to give staff a picture of the person’s life and lifestyle choices so that staff could reminisce with people and help prompt people to recall their family life and meaningful events in their life.

There was an activities co-ordinator in place who encouraged people to take part in varying activities if they wished to. This included card games, arts and crafts and reminiscence. A weekly programme of activities was produced. Staff provided ‘pampering sessions’ to people, on the morning of the first day of our visit we observed people enjoying manicures. We observed the activity co-ordinator and another member of staff were playing cards with a person. Some relatives commented that they would like to see more activities being undertaken with people. We were told that a local community centre had offered the use of a mini bus to take residents to their Community Centre on a Wednesday afternoon as a social outing and this had been taken up. Unfortunately, some people were restricted from attending because the bus could not take wheelchairs.

The expert by experience gained feedback from some relatives that they would like more activities to be provided. The activities co-ordinator currently worked part time. This feedback was shared with the management team who said they would be more than happy to look at this. They said they would also look at providing training in relation to activities to help support the member of staff and stimulate people immediately.

There was information in people’s care records about their preferred social activities and religious needs. Staff told us how people were involved in different activities for example, people liked to bake buns and biscuits. This was undertaken as an activity and the chef cooked these before people were given their baking back to enjoy. The registered manager told us that local clergy from different religions came in to offer support and to provide services to people living at the home.

We observed people throughout the service were supported by staff to be as independent as possible. We saw staff supported people to take walks and to undertake

Is the service responsive?

activities, such as playing cards, singing and dancing, if they wished. We saw a jigsaw being undertaken and there was going to be a slide show provided about Yorkshire later in the week.

The chef put on different culinary events, for example, pancake day had been celebrated. Themed nights were provided such as a celebration for Chinese New Year. Plans were in place to decorate the dining rooms for this occasion. A menu of chicken chow mein and sweet and sour chicken was being provided. The chef told us other food was available if people did not wish to try this. On Sunday a 'key lime pie' event was taking place. The chef told us that people enjoyed these culinary events.

We saw visitors were made welcome to the home. People were encouraged to go out with family and friends if they were able to which helped people to lead a full life.

Staff knew people's life history in detail so could help people reminisce. Singing and dancing was spontaneous and people enjoyed one to one activities such as hand massage and manicures.

The activities co-ordinator was looking into courses they could undertake to improve their skills. They told us they used to provide one to one activities to people in their bedrooms but currently this had stopped. We were informed by the registered manager that another activities co-ordinator was to be employed.

Links with the local schools had been made and over the Christmas period there had been a musical concert performed and a separate school choir had come in to entertain people living at this service. The registered manager told us how they encouraged people to go to the local social events in Selby if they felt able to.

There was a complaints policy and procedure in place. We looked at the complaints that had been received and that were currently being investigated. We were told about cases where management had responded to relatives concerns. We found there were systems in place to deal with issues raised. We received some mixed feedback about complaints, some people reported the registered manager was available and listened to any issues others said this was not so.

Is the service well-led?

Our findings

We received a mixed response from people who used the service when we asked them about their views on the management of the service. The majority of people expressed satisfaction. The majority of people we spoke with were positive about the service they received. People said they could give their views to staff generally or attend the residents meetings that took place.

One said, "I could recommend the home. I am very happy with the service." Relatives we spoke with said "I am very happy and very impressed. The staff and manager could not have done more for X. The manager is very accommodating. The manager is always welcoming and listens to me and arranges a time that is suitable and that time is for me. She is happy to listen.", "The manager is very approachable. It (the service) is really excellent. There is nothing they are short off." and "I can't fault it at all." However, some people commented about the approachability of the registered manager and said they were not always available and may appear to be abrupt.

One relative we spoke with said "The manager was very abrupt" and that when they had tried to raise an issue with the registered manager regarding the tea trolley not being brought up to the first floor, the response from them was "You've come too high, see the nurse first, put it down in writing if you want." The relative showed us the home's leaflet about complaints pointing out where it said that all complaints, irrespective of how small they may appear should be made either verbally or in writing in the first instance to the manager.

We shared this feedback with the management team. They said they would take this on board and said there had been a resident and relatives meeting held during the first day or our inspection where relatives had aired their views. The management team informed us they were looking at how to implement systems that worked better for everyone.

Staff we spoke with said, "I love working here. I feel well supported." Another member of staff said "This is a beautiful place. I was attracted to it because everything was new, including fresh ideas. It's the team that provides such good care. The manager is supportive and listens."

The staff we spoke with told us how they received an e mail from the registered manager to alert them to new policies and procedures that they needed to read. This helped to keep them informed.

The ethos of the home was to promote people's independence and ensure they gained sufficient help and support to be able to live the life they chose. Staff we spoke with told us they understood the values of the service and management structure in place.

The service had policies and procedures in place to help to inform the staff about the standards of service to be provided. We looked at some of these. We saw they were detailed and the registered manager told us they were reviewed. We suggested the date of their review could be more clearly recorded. The registered manager said this suggestion would be implemented.

The registered manager had an 'open door' policy in place so that people, their relatives or staff could speak with them at any time. The deputy manager and a night supervisor were in place to assist the registered manager to run the service. Staff we spoke with during our visit said they could raise issues anytime and said this could be done by speaking with the registered manager or by attending staff meetings that were held. There was an 'on call' rota in place to ensure for staff to go to if they had queries or questions. This was appreciated by staff.

During our visit a person from the registered providers senior management team visited the home to check the quality of the service provided. The senior management team were seen to be available to support the registered manager and they attended a resident and relative meeting that was held on the first day of our visit. We saw quality assurance surveys were being prepared to be sent out to people and their relatives to gain their views about the service.

The registered manager monitored the quality of the service provided. Audits were undertaken by them and the senior staff, these covered fire safety, water temperatures, health and safety, nurse call systems, nutrition and tissue viability, comments and complaints. Accidents and incidents were monitored monthly and issues were seen to be discussed at staff meetings. Action plans were in place for any issues found.

Audits of people's care records and medication administration were undertaken regularly. The registered

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manager told us any shortfalls found through this monitoring was recorded in an action plan which was then worked through to ensure the issue was resolved. This helped to correct any issues found although we noted this had not been effective in highlighting the issues we had

We found that the registered person had not protected people against the risk of ineffective quality monitoring of the service. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

Staff told us that regular meetings were held to gain their views. We saw there had been a night staff meeting on 3 February 2015 where health and safety, cleaning and medication ordering had been discussed. A heads of department meeting had occurred on 2 February 2015, where catering, housekeeping, activities and maintenance were covered. Other meetings were scheduled to take place to gain the views of the staff working at the home.

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 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected against the risks associated with unsafe care and treatment, by means of an effective operation of systems designed to monitor the quality of the service. Identifying, assessing and managing risks relating to the health and welfare of service users had not been effective. Regulation 17 (1) (2) (a) (b) (c).