

# Express Care (Guest Services) Limited

# Yew Tree Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 15 September and 27 October 2015. At this inspection breaches of legal requirements were found. There were insufficient staff deployed to meet the needs of people who used the service, the management of medicines was unsafe, Staff were not suitably trained and effective governance arrangements were not in place. The registered provider wrote to us telling us what action they would be taking in relation to the breaches.

We inspected Yew Tree Care Centre again on 5 May 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. This was another comprehensive inspection and also to check whether action had been taken in relation to the breaches identified at our inspection in September and October 2015. At our inspection on 5 May 2016 we found that the registered provider had followed their plan and improvements had been made in all areas.

Yew Tree Care Centre provides both personal and nursing care to a maximum number of 76 people. There are four separate units in the service. There are two units in which people living with a dementia are accommodated and cared for, one of which is for people who require nursing care. There is a residential unit in which people who require personal care are accommodated and cared for and there is also a general nursing unit. Units are divided across three floors. At the time of our inspection there were 71 people who used the service.

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

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The registered provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff.

We found that action had been taken to ensure staff completed all of the required training. Although not fully up to date the majority of staff (90 – 95%) had completed all of the mandatory training in health and safety, moving and handling, COSHH, fire and infection control and the nurses were undertaking sufficient training to meet the revalidation requirements. The registered manager was aware of the shortfalls in training and was arranging for this training to take place.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Improvements had been made in the management of medicines to make sure people received their medicines safely, however further improvement was needed in the recording of medicines.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out by the registered manager. We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However, fire drills including evacuation were out of date for many of the staff. The registered manager was aware of this and had been on training to carry out the fire drills with staff.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, choking, falls and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. Where appropriate there was evidence of mental capacity assessments, however, for some people these were not decision specific.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed and nutritional screening had taken place.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people's care plans were written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people and relatives were involved in all aspects of their care plans.

The service employed two activity co-ordinators to plan activities and outings for people who used the service. There was a plentiful supply of activities and outings, however more thought needed to be given to those people who were living with a dementia and were less able.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated with a written response to the complainant.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

People and relatives told us there were enough staff during the day and night to meet the needs of people who used the service. Robust recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Appropriate arrangements were in place in relation to the recording the administration of oral medicines. There was a process in place for monitoring these records regularly to check that they were completed properly. However, records for medicines prescribed when required and the application of creams and ointments by care staff had improved but were still not fully completed.

Good ●

### Is the service effective?

The service was effective but improvement was needed.

The majority of staff had completed training which was considered to be mandatory by the registered provider. Staff had received training in challenging behaviour; however, this training had not equipped them with the necessary skills. Staff had received supervisions and an annual appraisal.

People had access to healthcare professionals and services. Where appropriate, people had mental capacity assessments; however, for some people they were not decision specific.

Staff encouraged and supported people at meal times; however some improvement was needed for the tea time experience for those people living with a dementia.

Requires Improvement ●

### Is the service caring?

The service was caring.

Good ●

People were supported by caring staff who respected their privacy and dignity.

Staff knew the people they were caring for including their personal preferences and likes and dislikes.

People had access to advocacy services. This enabled others who to speak up on their behalf.

### **Is the service responsive?**

**Good** ●

The service was responsive.

There was a plentiful supply of activities and outings; however' some improvement was needed for those people living with a dementia who were less able.

People who used the service and relatives were involved in decisions about their care and support

People and relatives told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Audits of the service were completed to assess and monitor the quality of the service provided.

# Yew Tree Care Centre

## Detailed findings

### Background to this inspection

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

We inspected the service on 5 May 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors, a pharmacist inspector and two experts 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.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 28 people who used the service and 14 relatives. During our inspection we observed how the staff interacted with people who used the service. We looked at how people on the dementia care units were supported by using our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time in all of the communal areas and observed how staff interacted with people.

During the visit we spoke with 14 staff, this included the registered manager, the operations manager, the deputy manager, two nurses, two senior care assistants, a maintenance worker, an activity co-ordinator and five care assistants.

During the inspection we reviewed a range of records. This included eight people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

At our last inspection of the service in September and October 2015 we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not protected against the risks associated with unsafe systems for the management of medicines.

At this inspection on 5 May 2016 we checked to make sure improvement had been made. We saw that improvements had been made as systems were in place for the management of medicines so that people received their medicines safely. However, records for the application of creams were incomplete and the care plans for some people with medicines prescribed when required were not available or had not been updated when the dose had changed.

During our inspection on 5 May 2016 we looked at the arrangements for the management of medicines. Appropriate arrangements were in place for recording the administration of oral medicines. Staff had signed medicines administration records correctly after people had been given their medicines. Records of administration had been completed fully, indicating that people had received their medicines as prescribed. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded. However, for medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Also some improvements were needed in the records kept when medicines were carried forward from the previous month. This is necessary so accurate records of medication are available and care staff can monitor when further medication would need to be ordered. Staff carried out regular checks of medicines records to make sure they were completed properly.

Several people were prescribed creams and ointments. Many of these were applied by care staff when people first got up or went to bed. At our last inspection a system was in place to record the application of creams and ointments by staff when they had applied them however, it was not sufficiently detailed and the records were not fully completed. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them. At this visit the system had been improved to include a body map which described to staff where and how these preparations should be applied. We saw examples of these records; however some were still not fully completed. These records helped to ensure that people's prescribed creams and ointments were used appropriately. Staff told us they were still working on improving these records and ensuring they were always completed.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Eye drops which have a short shelf life once open were now marked with the date of opening. This meant that staff could confirm that they were safe to administer. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people however we found this was not

kept up to date or missing for some people. We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required' and take action to update their practice accordingly.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's medicines administration record (MAR) sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. Arrangements were in place for the safe administration of this medicine.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that whilst a daily system of medicine checks was in place the registered manager was not always notified when discrepancies were identified. These checks helped to identify any issues quickly in order to learn and prevent the errors happening again. We also saw evidence of a regular monthly audit completed on all units medicine audit which had identified some of the same issues found during our visit.

At our last inspection of the service in September and October 2015 we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient staff deployed to meet the needs of people who used the service. We found there were insufficient staff based on the general nursing unit.

At this inspection in May 2015 the registered manager told us staffing levels on the general nursing unit had increased. At the time of the inspection the unit was full with 16 people who used the service. On a morning there was one nurse and four care staff (previously three care staff) on an afternoon this decreased to one nurse and three care staff. During the inspection we spoke with staff who told us having one extra care staff member on a morning had made a big difference. Staff told us they thought there was sufficient staff on duty to meet the current needs of people. We spoke with people who used the service and relatives, (from the general nursing unit) they confirmed that their needs were met and that they thought there was enough staff on duty. One person said, "That extra one has made a difference as I never have to wait very long, if I wait at all."

At the time of our inspection the dementia nursing unit was also fully occupied with 10 people who used the service. Duty rotas confirmed that on the dementia nursing unit there was one nurse and three care staff on duty during the day. At night there were a total of four staff which included a nurse and three care staff that provided care and support to both the general nursing and dementia nursing unit.

The residential unit could accommodate 25 people who used the service at the time of our inspection there were twenty three people. On a morning there was a senior care assistant and four care assistants this reduced on an afternoon to a senior care assistant and three care staff and overnight there was a senior care assistant and one care assistant. The dementia unit could accommodate a 25 people and at the time of our visit there were 23 people who used the service. During the day there was one senior care assistant and four care assistants and overnight one senior and two care assistants.

In addition to this a team leader worked across all units from 8am until 8pm six days a week and the registered manager worked during the day Monday to Friday.

Overall people and relatives told us there were generally enough staff on duty, however one person who used the service who was accommodated on the dementia nursing unit had recently had their one-to-one



staffing taken away and this had made a difference to the amount of time available to other people who used the service. The registered manager was addressing this with the local authority. Other people said, "They are always there when I need help." "They [staff] come as soon as I press my bell." Relatives said, "There always seems enough staff about, you don't have to look for anyone." And "There seems to be plenty of staff." And "There always seems enough staff when we come in."

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I used to live alone so having so many people around makes you feel safe." A relative we spoke with said, "I can leave here knowing [person] is in safe hands[.]".

The registered manager had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said they this had helped them to develop their underpinning knowledge of abuse fully. Staff were able to tell us about the registered provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place.

The eight care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; falls; skin integrity; nutrition and hydration and choking. Risk assessments detailed measures to keep people safe, for example the risk assessment of one person identified they are at risk of choking. The risk assessment detailed the person should have a pureed diet and thickened fluids to reduce the risk of choking. The risk assessments and care plans we looked at had been reviewed and updated regularly. This meant that staff had the written guidance to help keep people safe.

The maintenance person told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers, hoists, emergency lighting and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices for staff were out of date; however the registered manager had been on recent training and was to complete a series of fire drills which included evacuations to ensure all staff had taken part. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most

recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. One staff member said, "I had to wait until my references and DBS check were back before I could start but they didn't take that long."

## Is the service effective?

### Our findings

At our last inspection of the service in September and October 2015 we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not suitably trained to enable them to carry out their role. Overall only 52% of staff were up to date with the mandatory and condition specific training required to be completed by the registered provider. Supervisions and appraisals were not up to date.

At this inspection on 5 May 2016 we checked to make sure improvement had been made and found that action had been taken to ensure staff completed all of the required training. Although not fully up to date the majority of staff (90 – 95%) had completed all of the mandatory training in health and safety, moving and handling, COSHH, fire and infection control and the nurses were undertaking sufficient training to meet the revalidation requirements. The registered manager was aware of the shortfalls in training and was arranging for this training to take place. One staff member we spoke with said, "As part of my induction I was shown around the home, worked with other staff and did other training in dementia care, first aid, moving and handling, infection control and safeguarding. The training was very good."

The registered manager told us 16 staff had attended a three day training event for emergency first aid at work. They told us this included key staff who worked in different work roles to ensure there was 24 hour cover for first aid. They told us other key staff will also complete this training mid June. This included staff such as the registered manager, the deputy manager, senior care staff, nurses, kitchen staff and the activities co-ordinator who are / will be trained to deliver first aid to people. Staff at the service completed training in challenging behaviour every three years.

We observed that one person because of their level of aggression had three staff supporting them. We noted that the manner in which staff were dealing with the aggression was exacerbating the situation. We discussed this with the registered manager who assured us that staff had received training around managing challenging behaviour and break away techniques. However, we found the training was not equipping staff to manage the risk of aggression safely and asked the registered manager to review the content of modules to ensure the training was fit for purpose. We spoke with the registered manager after the inspection who told us they had arranged additional training and in the interim had moved staff around the units to ensure there were always staff who were skilled in dealing with challenging behaviour.

We reviewed the frequency of training and found that staff at the service completed training in first aid awareness and challenging behaviour every three years. This went against the recommendations of the Department of Health and Health and Safety Executive guidance of yearly refresher training as well as the registered provider's contractual agreements. Infrequent refresher training could lead to staff forgetting important elements of their training. We discussed with the operations manager who confirmed they would ensure the frequency of refresher courses was reviewed.

At our last inspection of the service in September and October 2015 we found that supervisions and appraisals were out of date. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. At the inspection on 5 May 2016 we found that the registered manager had

worked hard to address the gaps in supervisions and appraisal. Records confirmed that staff had received regular supervision and staff confirmed this. One staff member said, "I only had my supervision two weeks ago. I find it useful and there is useful discussion."

We looked at records which confirmed that 77% of staff had received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us all staff will have an up to date appraisal by 20 May 2016.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I get all the help I need." Another person said, "I have Arthritis and sometimes I need a lot of help, the staff do help me." A relative we spoke with said, "I come in every day to see [person] at first I was a bit apprehensive, I wasn't used to homes and things but it's a good crack now and there are some real characters in here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us 44 DoLS applications had been applied for of which three had not been granted, 26 of the applications were awaiting decisions of which 11 were people who already had a DoLS authorisation in place but this was coming to an end.

During the inspection we looked at the care records of people who used the service. We saw that where appropriate people had mental capacity assessments; however, these were not always decision specific for areas such as care, health, finances and the administration of medicines. We pointed this out to the registered manager at the time of the inspection who told us they would take action to address this.

We looked at the menu plan. The menus provided a varied selection of meals. People told us there were two choices available at each meal time and in addition to this there were always eggs, soup, jacket potato or salad. Staff were able to tell us about particular individuals and how they catered for them. They told us how they varied portion size depending on the person as a large plate of food could be off putting. At lunch time we saw that food was well presented on plates and people ate well and those people who needed help were provided with this. We saw how one staff member carefully cut up the food for one person who used the service and helped them to eat whilst at the same time telling the person what the food was they were eating. We also saw how staff managed a situation well when one person who used the service living with a

dementia became agitated and wanted to go to bed. They tried to encourage the person to eat, however when this didn't work staff supported the person to their bedroom and provided them with their meal at a later time.

We also observed the tea time meal of those people living with a dementia. People were provided with their tea on their knees or on a small table next to where they were sitting. We asked staff why people were not sitting at the tables; however, they were unable to provide us with an explanation. We saw how some people struggled trying to balance and eat their food, and how some food was dropped on the floor. We pointed this out to the registered manager who told us they would ensure that those people who wanted would sit at tables for their tea.

People told us they liked the food provided, one person said, "The food is good, very good in fact, there is a choice and you get drinks." Another person said, "The food is pretty good really but sometimes the meat can be a bit tough." Another person said, "You always get what you ask for and what you get is good and well cooked."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. On the day of the inspection the weather was warm and we noted how additional drinks were given to people on all units.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, "They get the doctor when I feel poorly." Another person said, "They take me to the optician."

## Is the service caring?

### Our findings

People who used the service told us they were supported by kind and caring staff. One person said, "Oh it's quite good, they look after us, the girls are nice." Another person said, "They [staff] are pretty good really, but there is one in particular who always looks after me very well." This person went on to say how kind and thoughtful the staff member was and how they always made time to sit and talk with them. A relative we spoke with said, "The girls are lovely, they couldn't do more, they are so nice with [person]." Another relative said, "[Person] really likes the girls and they like [person], that makes us happy that when we leave that [person] will be OK."

During the inspection we spent time observing staff and people who used the service on each of the units. Throughout the day we saw staff interacting with people in a very caring and friendly way. At lunchtime one person who used the service reached out for affection from staff and they responded to this by giving the person a hug and a kiss. Whilst one staff member sat next to a person who used the service the person reached out and affectionately got hold of their hand. The staff member responded to this and maintained contact with the person. The person clearly liked this touch as they then placed the staff members hand on their cheek and we could see from the smiles that the person who used the service clearly enjoyed this contact. The same staff member engaged people, some of whom were living with a dementia in meaningful conversation. The staff member showed clear interest as they talked with the people about their past and interests and at the same time showing much respect.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at sometimes people were in need of reassurance and affection and staff provided this. Staff took time to talk and listen to people. This showed that staff were caring. We did observe that some people's finger nails required cleaning and we pointed this out to the staff and registered manager. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. They also told us the importance of enabling people to make choices and encouraging independence. We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One staff member said, "I love my job and the residents. This is a lovely place to work." Another staff member said, "I treat them [people] how I would want to be treated and that is with respect."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their

own. This helped to ensure that people received care and support in the way that they wanted to. .

Staff said that they encouraged people to be independent and make choices such as what they wanted to wear, eat or drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. At lunchtime we saw one staff member support a person with their meal. The staff member helped the person with putting the food on their fork but then encouraged them to be independent at putting the food in their mouth. On another occasion staff asked a person if they wanted to walk over to the dining table or if they wanted to use their wheelchair. The person chose to walk and staff supported them to do this.

At the time of the inspection there were two people who used the service using an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

## Is the service responsive?

### Our findings

The registered manager told us the service employed two activity co-ordinators. One of the activity co-ordinators worked 36 hours a week and the other worked 24 hours a week. We saw a list of activities and outings displayed on all units for the month of May 2016. Activities and outings included a trip to Redcar market, a pub trip, bingo, a walk out, gospel singers, one to one chats, arts and crafts, a pub lunch, newspaper reading, a coffee morning, baking and decorating cakes, holy communion and a church service.

One person told us how one of the nurses had got them into knitting squares to make blankets for children to send to Africa. They said, "I love knitting and have enjoyed doing the squares I have made over 50 squares now."

During the inspection some people living with a dementia engaged in Doll Therapy. Research has shown that older people living with a dementia enjoy cuddling dolls and it can prevent them being distressed and agitated. We saw how one person clearly benefited from this. The home had also obtained a pram and one person who used the service showed contentment as they pushed the pram around the service often stopping to engage with people they passed.

There were some themed areas within the units for people living with a dementia. There was a beach and seaside area at the entrance to the top floor which was accommodated by people living with a dementia and there was a racing themed area on the middle floor. At the time of the inspection the maintenance person was in the process of changing a quiet room into a shop with old fashioned sweets in jars and a shop floor with old fashioned packaging, but this was not yet finished.

The activities co-ordinator told us how they had baskets filled with clean laundry and how people liked to fold these. On the day of the inspection some people living with a dementia did some painting which was age appropriate and they enjoyed. Although activities were ongoing on the day of the inspection they were limited for those people living with a dementia who were immobile. We pointed this out to the registered manager who told us they would meet with the activity co-ordinators to discuss this.

During our visit we reviewed the care records of eight people. The registered manager told us they were in the process of introducing new care records for all people who used the service. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. People and relatives told us they had been involved in making decisions about care and support and developing the plan of care. One relative said, "We were consulted in all the care plans and they let us know if there is anything." Another said, "We were involved in the care plans, they ring us if there is anything."

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. This procedure was also displayed within the service for people and relatives to read. During the inspection we looked at the record of complaints and saw that all complaints had been thoroughly investigated and the complainant had been responded to with the outcome. People and



relatives told us they felt confident in speaking with staff or the registered manager if they were unhappy. One person said, "If I want to speak to anyone I go to the senior and she always sorts it out." A relative we spoke with said, "If there is any problem I just go and see [name of staff] and they sort things, I can't fault it. "

## Is the service well-led?

### Our findings

At our last inspection of the service in September and October 2015 we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.

At this inspection on 5 May 2016 we saw that improvements had been made in relation to governance.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the registered manager understood the principles of good quality assurance and completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. They took these audits seriously and used them to critically review the service. We found they routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed the improvements needed and when this was completed. However, some of the registered providers systems were complicated as there were numerous audits and some of which did not match the current processes in place at the service. For example, to care plan audit did not relate to the new care plan documentation and the documents for overseeing practice did not support the registered manager to demonstrate the actions they had taken. We found the registered manager had identified these difficulties and developed their own systems of audit which allowed them to demonstrate that they critically and comprehensively reviewed the running of the service

The manager of the service has been in post since July 2015 and became the registered manager at the service in March 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

People, relatives and staff told us the culture in the home was good and the registered manager was approachable. One person said, "You can talk to the manager if you need to." A relative said, "We have always found the manager to be approachable and easy to talk to and [manager] does act on things."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "[Registered manager] is always around and available to speak to." Staff told us the morale was good and that they were kept informed about matters that affected the service.

We saw that leadership at the service was good. When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us how they strived to continuously improve the care and services provided to people. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and

organised in a structured way.

The registered manager told us they met with people who used the service and relatives on a regular basis. We looked at the last meeting notes which confirmed that meetings had taken place on three of the units in April 2016; however the last meeting for the residential unit was documented as taking place in September 2015. The registered manager told us there had been meetings arranged for after that date but people and relatives had not attended. A yearly planner of meetings was displayed for people and relatives to see. Meetings had been arranged at different times including evenings and at a weekend when most people received visits from their relatives. The registered manager told us they had an open door policy in which people, relatives and staff could come and see them at any time. After the inspection the registered manager told us they had introduced a 'home managers surgery' on a Tuesday afternoon and would be available to chat with anyone who wanted to see them

We saw records to confirm that staff meetings had taken place on a regular basis. There were regular meetings with care staff, kitchen staff, housekeeping staff and nurses. Staff told us that the meetings provided staff with an opportunity to share their views.