Hatzfeld Care Limited

Spring House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The last inspection took place in February 2018 and Spring House was rated as requires improvement in all domains except safe which was rated inadequate. We found continued breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because the service had not kept people safe and was not effectively monitoring the quality of the service. We also found breaches of Regulations 11 Need for Consent, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action and served a requirement notice on the registered provider in respect of these breaches. An action plan was received from the provider to show what actions would be taken to meet these regulations.

This inspection took place on 19 July and was unannounced. A further visit was carried out on 20 July 2018. We undertook this inspection to check that the provider had taken action to meet legal requirements and to comprehensively inspect the service against all of the areas services are required to comply with. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Spring House Residential Care Home' on our website at www.cqc.org.uk.

Spring house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Spring house accommodates up to 21 people in one building. There were 12 people living at the home at the time of this inspection.

The service had a manager who had registered with the Care Quality Commission in June 2018. 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.

During this inspection we found a number of significant improvements had taken place under the leadership of the new registered manager. The provider had taken action and implemented sufficient improvements to their systems, processes and practice which meant they had met the breaches of regulation imposed at the previous inspection. The overall rating has improved to good.

Care planning documentation had improved and focussed on what was important to the individual. People's likes and dislikes were recorded and the staff we spoke with knew people well. Risks to people had been assessed and measures put in place to reduce these risks.

Where people presented with behaviours that placed others and themselves at risk of harm, staff knew how to distract and divert people. The guidance contained in some care plans was not sufficiently detailed on how staff were to manage these levels of anxiety when people became frustrated. For example, what

techniques were to be used to distract people. We have made a recommendation about this.

Further work was needed to embed the correct application of Mental Capacity Act legislation. Some people had assessments of capacity and records in their care files when restrictions were in place, but this was not consistent throughout the service. The registered manager acknowledged there was further work to do and was responsive, assuring us they would implement corrective actions to the concerns we raised. We have made a recommendation about this.

Staff were provided with the support, training and supervision they needed to deliver effective care. More training on how to support people with behaviours which posed a risk of harm to themselves or others had been provided to most staff. We found safeguarding referrals had been appropriately made. People using the service said they felt safe and that staff treated them well. There were policies and procedures in place to guide staff in how to keep people safe from abuse and harm. Staff had received further training in safeguarding adults since the last inspection and understood how to safeguard the people they supported.

The care staffing levels had been increased following the last inspection to support people's dependency needs. Feedback from people, their relatives and staff, and duty rotas we reviewed confirmed these levels had been maintained. During this inspection, we observed the atmosphere in the home was calm and staff were not rushed when responding to people's needs. We were satisfied that there were enough staff on duty. Appropriate recruitment checks had taken place before staff started work.

The registered manager had reviewed and improved activities that were on offer to people.

Improvements had been made to the way that care and treatment of people who used the service was provided. We saw staff were more attentive and people received appropriate care and support in line with their wishes. Staff were visible in the communal areas of the home and promptly attended to people's needs.

Infection control practices had been reviewed and improved. The home was clean and free from unpleasant odours.

People were supported with their health and wellbeing. Drinks were provided throughout the day and a picture menu was provided to support people with a choice of food. People received additional support from diet and nutrition specialists where this was required.

Relatives told us there were no restrictions on the times they could visit their loved ones and that they were always welcomed by staff.

The provider had reviewed systems and processes in place to monitor and improve the quality and safety of the service. The registered manager had made improvements to the overall leadership of the home and both relatives of people using the service and the staff team told us there were opportunities to raise concerns and issues which were listened to.

There was a formal complaints system in place to manage complaints if or when they were received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved to good.

Risks associated with people's care and support were assessed and managed.

Improvements had been made to the control and prevention of infection systems within the service and we found the service to be clean and hygienic.

Staffing levels had been increased and maintained. There was sufficient staff deployed to safely respond to the individual needs and circumstances of people using the service.

Staff had the skills and knowledge required to keep people safe. Staff and the management were clear about their responsibilities in relation to safeguarding people from abuse and incidents had been appropriately notified to the local authority.

Medicines were managed safely.

Is the service effective?

Good

The service had improved to good.

People were supported to maintain their nutrition, health and well-being where required. Staff worked in partnership with other health care professionals to meet people's ongoing health needs.

The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 to make sure people's rights to make choices and decisions were adhered to. We found information was not always recorded to support decisions made in people's best interest following the Mental Capacity Act.

People were supported by staff who had regular access to training and supervision.

Is the service caring?

Good

The service had improved to good.

People's privacy dignity was respected. People were involved in making day to day decisions about their care.

An increase in staffing levels meant that care and support of people who used the service was responsive to their preferences and individual needs.

People and their relatives told us the staff were kind and caring, and we saw examples of positive, caring interactions between people and staff.

Is the service responsive?

Good

The service had improved to good.

Care planning records had improved. Care records were in place for each person and included guidance for staff about how people wished to be supported. Further work was needed to ensure the care plans held relevant information for staff to support people when they showed signs of distress.

Activities had improved and people benefitted from these by having regular social stimulation.

People and their relatives knew how to make complaints. When complaints had been made these had been responded to in line with the provider's policy.

Is the service well-led?

Good

The service had improved to good.

There had been a change in the management team in the last six months and we could see a number of significant improvements had been made.

We received positive feedback from people, relatives and staff about the registered manager, and the changes that had taken place in the service.

The registered provider had governance systems in place to monitor the service. The registered manager identified through their checks and observations when actions were needed to improve the quality and safety of the care delivered.

Spring House Residential Care Home

Detailed findings

Background to this inspection

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

Inspection site visit activity started on 19 July and ended on 20 July 2018. It included visiting the home and speaking with people living at the service, the registered manager and staff. During the inspection we spoke with three people who used the service and one visiting relative. We also observed interactions between people and staff in communal areas of the home. We used the 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 observed medicines been administered and lunch time. We spoke with 11 members of staff, including the registered manager and a visiting registered manager from another of the provider's services, the deputy manager, cook, activity, domestic, laundry and four care staff. After the inspection we spoke with two further relatives over the telephone to gain their feedback on the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A statutory notification is information about important events, which the provider is required by law to tell us about.

We asked the local safeguarding and commissioning teams, and Health watch for their views of the service provided. Health watch is an independent consumer champion for health and social care. We used the feedback we received to inform the planning of our inspection.

During the inspection we reviewed records, which included three people's care plans, three staff recruitment

and supervision files, 16 weeks rotas for the period 2 April to 22 July 2018, medicine and training records. We also looked at documents relating to the management of the service such as meeting minutes, quality assurance systems and servicing and maintenance records.

Good

Is the service safe?

Our findings

At our previous inspection completed in February 2018 this question was rated inadequate. We found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safeguarding matters had not always been addressed in line with local protocols. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 13.

People we spoke with told us they felt safe living at the service. Comments included, "Yes [I feel safe]. Staff are alright" and "Everything is great [at the home]. [Name of staff] helps me with the hoist. Some staff are good and they are trained. Some are not so confident but I still feel safe with them." A relative told us, "[Name] is very much safe there. I feel a nice peace of mind knowing [Name] is in safe hands."

Systems and processes ensured people were protected from avoidable harm and abuse. Since the last inspection staff had completed further training in safeguarding adults provided by the local authority, and when asked, they were able to confirm the types of abuse they would look out for and their responsibilities if they had concerns. Comments included, "I have no concerns about people's safety. If I was concerned I would go and ring the council office or CQC. I would be a dereliction of duty not to report" and "I have done levels one, two and three in safeguarding [training]. There would be absolutely no doubt that I would raise any issues. The home is far better than it was. [Name of registered manager] has taken action if people have not been cared for appropriately."

The registered manager showed us a safeguarding file which included a monitoring sheet that logged any concerns. Information included details of any concerns that had been escalated for further investigation by the local authority safeguarding team and recorded any actions taken. The registered manager told us, "Since the last inspection we have done a lot of training with the local authority. I spoke with [Name of person] at the safeguarding team and arranged for a level two on reporting concerns to be held at the home. I practice zero tolerance in terms of people's safety." Records we reviewed confirmed that staff were trained and overall, any allegations of abuse had been correctly managed and reported following the providers policy.

At our previous inspection completed in February 2018 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not been identified and acted upon, people's behaviours were not managed appropriately and infection control measures were not in place. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 12.

The registered manger told us "Since the last inspection risk assessments in peoples care plans have been reviewed and these are looked at every month, or sooner if needed." Risks to people's health and well-being had been identified and recorded. These included for example, mobility, falls, capacity, medicines, pressure

care and behaviours that may challenge. Associated support plans were in place to mitigate the risks and to help staff deliver safe care and support.

Nine of the fourteen staff that delivered care and support at the home had completed training in managing behaviour that challenged. It was very clear in our discussions with staff that they knew people well, and felt sufficiently trained and knowledgeable to support people who may display levels of physical and verbal behaviour that may challenge. Comments included, "I have just done MAPA [Management of actual or potential aggression] training. One person I know if their facial expressions change they may become upset. If I sit with them this usually works" and "We use distraction techniques like singing and only one person talking to someone at a time. If you rub [Name's] arm they rub your arm back and this helps them to settle. Some people are a lot calmer and we are a lot quicker to react as we have more time." A relative told us, "[Name] used to get upset a lot but they are much calmer and quieter now. I can't praise the staff enough."

We observed the provider had improved measures to control and maintain good infection control practices around the home. Since the last inspection a dedicated member of staff had been employed to complete people's laundry Monday to Thursday each week. The laundry staff told us, "We now have two washing machines. It used to be a 48-hour turnaround for people's clothes to be washed. Now they are done in the same day. New pillows, quilts and bed linen have been purchased for residents."

People and their relatives gave us positive feedback about the cleanliness of the home. Comments included, "Generally speaking the home is clean. Its odour free. I speak with [laundry staff] about what things to get for [Name]. I find it very good [laundry and cleanliness]", "The home always seems clean. There are never any smells and [Name's] room is always clean" and "We have a laundry lady now and she makes sure everything is washed and ironed. The home is much better than it was, it has been decorated and is much brighter." The staff we spoke with confirmed this view, one told us, "It [the home] is definitely cleaner than when I first started. Cleaning rotas are now completed. [Name of laundry staff] has made an amazing difference. People's clothes are better looked after."

We found the home was clean, well- maintained and free from odour. There had been a programme of redecoration in the dining room, communal lounge and hallway. Housekeeping staff were employed to work every day and had clear routines to follow. Associated records we looked at confirmed these routines were followed and recorded. Staff received suitable training about infection control, and records showed that 18 staff had received this. We saw staff used protective equipment, such as gloves and aprons where appropriate to reduce the risk of cross infection. We noted there were several boxes of plastic gloves placed in communal areas around the home; which posed a risk of ingestion. When we brought this to the attention of the registered manager the gloves were relocated in the laundry room which was locked.

At our previous inspection completed in February 2018 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient numbers of properly trained staff available to meet people's needs. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 18.

After the last inspection the provider wrote to us and gave us assurances that staff levels would be increased. At this inspection we saw staffing levels had been increased and there were sufficient staff available to meet people's needs. The registered manager told us six staff were on duty from 7am to 7pm, this included four care staff, one senior member of care staff and a deputy manager. From 7pm to 7am there was two care staff and one senior. We checked 16 weeks of duty rotas preceding this inspection and saw these numbers had in the main, been maintained.

People told us the numbers of staff on duty had improved, staff supported them and were available to respond to their request and monitor their safety. Comments included, "Everything is great and the staff are good. There are enough staff on a night and they come quickly if I press the bell" and "Yes there are enough of them [staff]. They are everywhere." Relatives told us, "We visit weekly and there are enough plenty of staff, there is always someone there" and "The staff were always lovely they were just rushed but now there are more of them on."

Overall, the staff we spoke with told us they were confident they now had time to look after the needs of people and were more able to promote and protect people's safety. We received mixed comments on the levels of staff which included, "I think we could do with a few more members of staff if I'm honest. People are getting the care and support they need", "I think the staff levels are safe. We have a deputy manager supporting constantly now and staff are split into teams and are accountable for individual's food and fluid, documentation and pressure relief, and this is working. People have far more quality time now and are doing things they didn't used to" and "Most days there are six staff. There is always a deputy on which I think is marvellous. One staff member every other day is agency but the company are still recruiting. Morale has improved."

Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken. The records supported that observations were made when people had an accident such as fall and there were records when people had been referred to healthcare professionals.

We reviewed gas safety and electrical installation certificates. Hoists and slings, and the passenger lift had been serviced. Portable appliances had been tested. Hot water outlets were monitored to ensure the correct temperature to prevent scalding. The fire alarm system, emergency lighting and fire extinguishers had been serviced. Each person had an emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Systems were in place to safely manage controlled drugs. Staff were clear about their roles and responsibilities relating to people's medicines. A medicines policy was available for staff to guide them on how to safely manage medicines. Medication Administration Records (MARs) showed that staff supported people to take their medicines as prescribed.

Good

Is the service effective?

Our findings

At our previous inspection completed in February 2018 this question was rated requires improvement. We found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Mental Capacity Act (MCA) Code of Practice had not always been used when assessing people's ability to make some decisions, and staff were not able to demonstrate a clear understanding of the principles of the MCA and Deprivation of Liberty Safeguards (DoLS). During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the criteria for DoLS and had made applications to the local authority where required.

Staff we spoke with clearly understood the MCA legislation and how people required support, and the importance of obtaining people's consent. They could confidently explain to us what it meant to obtain a person's consent and gave us examples of looking at the least restrictive options for people during the decision-making process. Comments included, "People have as much control as possible [of their life]. People choose food and drink, and their clothing. One person chooses not to get dressed until late, they choose when they have their shower and what clothes they wear. [Name] has had a best interest decision made for a low profiling bed" and "Someone is always deemed to have capacity. If a person chooses to make an unwise decision we have to respect that."

The information in people's plans of care had improved and contained appropriate details on their abilities to make day to day decisions. For example, a decision-making matrix contained clear information on how the person preferred to receive information, how they preferred to receive choices and what was a good or bad time for them to make a decision, such as if they were upset or anxious. People's mental capacity had been assessed for some decisions and where peoples were found to be unable to make decisions for themselves a best interest process had been followed.

Not all care plans contained capacity assessments or records of best interest's decisions having taken place. For example, two people had no capacity assessments or best interest decisions for the use of falls sensors used in their bedrooms, and not all people had their capacity assessed to consent to the use of CCTV in communal areas of the home, which may be considered restrictive. The registered manager told us people's families had been sent letters informing them of the installation of CCTV. However, there was no evidence that those relatives held a lasting power of attorney (LPOA) to make that decision. A LPOA is where a legally

appointed person/persons who are given responsibility, can make decisions on behalf of a person in respect of their finances and care.

We recommend the provider and registered manager seek advice and support from a reputable source to ensure people's rights under the Mental Capacity Act 2005 are upheld and recorded appropriately.

We looked at induction, training and supervision records for three members of staff. We saw the details of the service's induction and certificates to show what training staff had completed. Staff we spoke with confirmed they were happy with the supervision provided for them, and completed training essential for their role. Comments included, "I have done every training you can think of. I am just waiting to do some dementia training" and "My induction was full on. I have updated my moving and handling course and am now qualified to 'train the trainer' [where the person is taught how to deliver courses and workshops] level."

Records we reviewed showed staff had completed training which included MAPA, safeguarding, food safety, first aid, infection control, moving and handling, medicines (where required), infection prevention and control and fire safety. Induction records also showed staff were instructed in the service fire procedures. Some staff had completed additional training such as dementia, MCA, pressure care, stroke and falls awareness. The training was in the main completed via e-learning with some face to face training. These measures ensured that people were supported by trained and competent staff so their needs were effectively met.

All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. They told us that in addition to the registered being available to talk to, they also had meetings and supervisions to talk about their role and responsibilities. One member of staff said, "My support is very good. I have regular supervisions, I have just had one. We talk about how I am feeling and the care we give to people." Another told us, "There are regular staff and senior meetings. It's important and this has improved."

People were supported with their nutritional and dietary requirements. One person told us, "The food is okay." Relatives said, "[Name] gets plenty of food and drink and has put weight on. They wouldn't eat anything solid for years just drinks and yoghurts but now they are with assistance eating solid food. [Name] was very thin before they came here [the service]" and "I have been there when [Name] has eaten and they have put weight on."

Records included provision to support people to maintain their health and wellbeing. The provider used a malnutrition screening tool (MUST) to identify people, who are malnourished, at risk of malnutrition (under nutrition), or obese. Everyone living at the service had their food and fluid intake, and their weight monitored regularly. Staff completed a daily handover at the end of each shift which included thorough detail of the type of diet the person needed, what support they required, and their abilities to eat and drink. Any concerns and actions were recorded such as if intake was poor and obtaining urine samples. Where concerns had been identified about people losing weight the service had sought appropriate advice from relevant healthcare professionals. This was recorded within their care plan.

On the first day of inspection we observed several people eating their lunch in the garden as the weather was good. Others chose to sit in the dining area, lounge or their own rooms. Picture menus were visible showing the options for meal times. We observed the chef and kitchen staff spend time in the dining area; they talked with people about the food on offer, gave choices and encouraged people to eat. The chef told us, "I monitor people's food intake. If someone doesn't eat well I let the staff know. I record this and each week I give this to [Name of registered manager]. She monitors this and checks people's weights. If anyone is

losing weight she tells me and I offer more calorific foods like cream, cake and full fat yoghurts."

People were supported by GPs and community nurses, and other health professionals such as physiotherapists and dieticians. All contacts were recorded, to include any advice offered by health care professionals. We saw details of a people's health conditions were included in their care plan.

People's needs were met by the adaptation, design and decoration of premises. Further work had been undertaken to make the environment dementia friendly. The communal areas in the service had been decorated and refurbished in a creative way which considered people's specific needs. The service had a tactile mural painted in the dining room. People living with dementia often like to touch different textures and different decorations, which stimulated their senses. The communal lounge, dining room and hallway had decorated throughout to support people to orientate themselves and find their way around. Door frames had been painted a contrasting colour to walls and clear signage at eye level supported people to identify areas of the home easily.

Good

Is the service caring?

Our findings

At our last inspection in February 2018 this question was rated as requires improvement. This was because people's dignity was not respected, and staff did not have the time to provide people with emotional support.

At this inspection we found improvements had been made. People who used the service told us staff were kind and caring. One said, "The staff are lovely and very caring." All of the relatives we spoke with told us staff were kind and treated their relatives with respect. One relative said, "I am very happy. Spring house is lovely, especially in the last six months there have been lots of improvements. The staff are very nice and I have found they are very nice with [Name] and try very hard with her. They treat [Name] with dignity and respect. She can't tell them but they really take their time with her." We saw a comment that had been made by a relative that said, "My relative received brilliant care and I couldn't have wished for better," and a visiting activity provider had commented, "On the first visit straight away I noticed how lovely the staff were with the residents. Very kind and attentive."

We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During the SOFI, we observed some positive, caring and kind interactions where staff provided proactive care and support that was responsive to people's individual needs.

Staffing levels had been increased since our previous inspection and it was clear the ones on duty during this inspection had time to be attentive to people. This resulted in a calm and relaxed atmosphere around the home. One person said, "They [staff] have names for each other and us [people]. They call me gorgeous and lovely. I am glad [Name of staff member] is caring now as they were always nice to me before." A relative told us, "[Name] always looks content. I am really happy. I couldn't think of a nicer place now they [service] have made a great effort with the décor and the garden. I have got [Name] back." People were never left without care and support for long when they required assistance. People in their rooms had access to a call bell system which they could press to alert staff when they required support.

The privacy and dignity of people was respected by staff. People we spoke with told us that staff were always respectful towards them and took steps to promote their privacy and dignity. One person said, "Staff always knock on our door, everyone does. They give us privacy." The staff team were able to give examples of how they promoted and respected people's dignity and privacy.

We found information regarding people's communication needs was recorded in care plans. The plans contained specific details to guide staff what it may mean if a person did something specific, and what the staff member should do in response. Staff talked about people's individual needs in a knowledgeable way and explained how they gave people information they needed in a way they understood. For example, one member of staff told us, "Some people will nod and use certain facial expressions to communicate. Others can verbally tell you. [Name] uses a mobile phone to speak with people if they want to and [Name] has a landline telephone fitted so they can ring their family."

Staff we spoke with showed concern for people's wellbeing in a caring way. They gave us examples of how they ensured people were offered support when upset or anxious and of responding promptly to people's needs and offering them choices. We observed during the day that interactions between people and staff were positive. For example, during lunchtime we observed a staff member sat with a person using quiet communication and gentle touch to encourage them to eat their meal, which we saw they did.

The registered manager and staff we spoke with understood the importance of treating everyone at the service equally. This was demonstrated from discussions with staff and evidenced in care plans. A relative told us, "[Name] finds it very hard to join in activities but the staff always encourage her." A member of staff said, "All people have different needs. I have never come across any discrimination. There is now always a member of staff in the lounge area so we can observe people. As a staff team we treat everyone the same."

The provider ensured people' personal preferences were supported. One person told us, "They asked me if I wanted a male or female [to attend with personal needs]. I said I didn't mind." Care plans reflected people's diversity and protected characteristics under the Equality Act. For example, they contained people's preferred names, disabilities and significant relationships. We saw in one person plan they liked to be called by their nickname. We saw staff used this nickname each time the person was spoken to.

Reviews of people's needs took place, which involved the person using the service (where possible), their family member and relevant healthcare professionals. Relatives told us staff actively involved them by seeking their views about their care. One said, "They always discuss elements of [Name's] care with me." Another told us, "I was fully involved with [Name's] care plan."

Relatives told us and our observations confirmed people were able to visit their loved ones without any restrictions. Comments included, "I visit and so does my brother in-law. There are never any restrictions."

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. We saw one person had received support from an advocate who had left the following comment at the service, "The staff were very helpful and the atmosphere was pleasant." Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

We saw that any personal information relating to people or staff was stored securely. Some documents were stored on computers which were password protected. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Good

Is the service responsive?

Our findings

At our last inspection in February 2018 this question was rated as requires improvement. This was because care plans were not always detailed, activities for people were not consistent and complaints had not been recorded.

At this inspection we found improvements had been made. The registered manager told us that people's care plans and associated documents had been reviewed. During this inspection we looked at three people's care records. Initial assessments had been completed with people to ensure the service was right for them prior to being accepted into the home. This information formed the foundation of the care plans.

A 'one-page profile' and personal information was included at the front of the plan which contained the person's photograph, cultural needs, medical conditions, likes and any precautionary information, such as risks of absconding. Information was also available should the person be transferred to other services such as a hospital, which helped to ensure they would receive continuation of care and support without unnecessary interruption. Other key information was recorded such as any allergies, nearest relatives and a full description of the person including their height, build, and if they wore glasses.

The care plans contained 16 sections that ensured the person's abilities, preferences and wishes were recorded. Examples included physical health and wellbeing, mental health and wellbeing, diet and nutrition, mobility, social inclusion, risk of falls and pressure damage and inappropriate behaviour. Each section recorded the person's needs and risks, actions and goals. For example, one person's plan said, 'On occasions due to me living with [Name of illness] I may struggle to hold a knife and fork. This will be resolved with my booster medicines.' This provided staff with guidance to ensure they had an awareness and information to support the person in the most appropriate way for their needs.

Assessments had been completed to provide people with emotional support and to improve their wellbeing. This included information that recorded people's behaviours. We found that further work was needed to ensure these plans held the relevant information for staff to support people who showed signs of challenging behaviour. For example, we reviewed a 'personal care guide' for one person which stated the person may become distressed and grab staff. The guide instructed staff to attempt distraction techniques but there were no clear details as to what these were. Another person's risk assessment for the use of 'as and when required' medicines recorded that staff should attempt to de-escalate any presenting behaviours, however there were no measures or guidance for staff to follow to minimise the risk of behaviour escalating. A member of staff told us, "Staff are a lot more observant and responsive to people." Another said, "It's a lot safer now there are more staff and we can do more things. We are more responsive as we have more time to notice if things aren't right."

We recommend the provider and registered manager seek advice and support from a reputable source to ensure documentation contains clear guidance for staff to follow when supporting people during times of distress.

At the time of our inspection the service did not have anybody receiving end of life care. Where people had agreed to discuss their end of life this was recorded in their care plans. Monitoring records we reviewed were accurately completed in relation to specific requirements for people including food and fluid intake and weight. People's records were audited every month to check if their skin was healthy and intact, red or vulnerable in any areas, or broken. Actions were taken from these audits, for example, we saw one person was regularly prompted to elevate their feet and have emollients applied to their skin. One person told us, "[Staff] got me an air mattress which I have on active medium [setting]." People's weight was monitored monthly which included any gain, loss and actions taken in response.

The registered manager told us, "People's key workers complete care plans and reviews. Management complete a monthly audit of these." This was confirmed in records we looked at which showed care plans were evaluated for their effectiveness with monthly reviews evident. This included reviews of each section of the care plan. Records were amended where people's needs had changed.

At the last inspection we recommended the provider research good practice around meaningful activities for people living with dementia. During this inspection we checked and found the provider had ensured activity and stimulation opportunities for people had been developed and improved.

People and their relatives had been consulted with about their areas of interest and this was recorded. We saw information had been gathered during the review of people's care plans about their degrees of interest. For example, one person's plan said they had some interest in DIY, poetry and music.

Peoples care plans contained a section which recorded what wishes and aspirations people held. One person had previously spent a lot of time in bed; we saw their wish had been to go out to the sea front and have an ice cream, and to have a gin and tonic. Staff had worked hard to encourage the person to follow a plan of exercises put in place by an occupational therapist. The person had achieved their wish and had visited the sea front, been on trips out three or four times, and had their gin and tonic. We saw photographs of this during the inspection. The person also loved to read but their vision had deteriorated. The service had arranged for an optician to visit and they were prescribed new glasses. A member of staff told us, "When I go out now I always get [Name] magazines with short stories in."

An increase in the number of staff at the service had resulted in the implementation of an activities programme. One person told us, "Upstairs I do colouring a lot and knitting. If I chose to go downstairs I can do a lot more activities. One of the staff came in a kilt on Burns day just for me and at Easter they dressed up as a bunny." We saw a photograph of this was on display in the person's room. A relative told us, "There are activities. [Name] joins in and enjoys these."

Staff told us, and our checks confirmed that activity had improved at the home. Comments included, "I spend one to one time with people when I return their washing. I do sewing with one person in their room. Last week we held a knitting group in a room upstairs", "We have an activity co-ordinator who sticks to a plan and this is structured better" and "People have far more quality now. [Name] goes to the garden centre as they love the garden, [Name] goes out and has steak lunches that they enjoy and [Name] can go out for more walks which helps when they get unsettled."

We spoke with an activity member of staff who told us, "I do 40 hours here every week, including weekends. If I come in on a Sunday I might take people out for Sunday lunch or a coffee. I plan something every day. One person now goes swimming every week and we have a company car we can use sometimes. We have been to Bridlington for fish and chips and to a local farm."

During the inspection we noted there was music on throughout the first day, this was played through an Alexa [a voice controlled speaker] which had been purchased by the service. We observed people telling the Alexa to play their favourite songs and singing along to them. We observed one person who had a love of Elvis Presley singing songs with staff encouragement, the person had a big smile on their face throughout. Another person was busy tending and weeding the raised flower beds in the garden. We spoke with them and they told us, "We [staff and the person] are going up to the garden centre to get more plants."

People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person said, "I have not complained. If I needed to I would speak to [Name of registered manager] and she would do something." Relatives told us, "I have never needed to complain, but I would speak to CQC or the manageress if needed. She is very good and responsive" and "I would go and see [Name of registered manager] if I had any concerns."

The provider took account of complaints. A complaint's policy and procedure was in place and a complaints, compliments and concerns poster was visible in the entrance hall at the service. Records showed one complaint had been recorded since the last inspection. This related to family contacts and bed linen. We saw each point of the complaint had been appropriately investigated and action had been taken. This showed us the service was open and transparent in handling complaints.

Good

Is the service well-led?

Our findings

At our previous inspection completed in February 2018 this question was rated requires improvement. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not been well led. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 17.

The provider was responsive to the breaches of regulation and concerns identified in our previous report from the inspection completed in February 2018. There was manager in post who had registered with CQC in June 2018. Since the last inspection the registered manager had engaged the assistance of external agencies including Health watch and the local authority who had both provided assistance to ensure processes and systems of improvement were appropriate. The home had been under scrutiny from the local authority and had been on an improvement plan since November 2017. This meant local commissioners were maintaining oversight of the home. The quality improvement officer told us the home had improved.

Effective systems had been developed to monitor the quality of the service delivered and there were clear systems in place which identified improvements required. We saw evidence of a quality assurance calendar for each month, which set out audits completed by the registered manager including meetings with people, relatives and staff, workplace inspections, accidents and incidents and medicines. In addition to this the maintenance completed essential safety checks including fire alarms and hot water checks. Other checks ensured equipment was safe to use and people's home was clean and tidy.

Care plans had been reviewed and evaluated for their effectiveness in maintaining people's health, safety and wellbeing. Monthly audits had been implemented for people's weight, skin integrity and food and fluid intake. This meant the information collated had oversight from the registered manager which ensured any actions were implemented in a timely manner.

The registered manager worked collaboratively with other organisations to ensure people received a consistent service. This included those who commissioned packages of care, safeguarding and other professionals involved in people's care. We saw the local health watch had made a suggestion to introduce a glimpse of brilliance book, which the registered manager had done. This gave staff the opportunity to document observations of good practice within the home. We saw entries which included, 'Thanks to [Name of staff] for explaining the questions on safeguarding I had. I feel much clearer now' and '[Name of staff] went the extra mile for a person today to assist them with a transfer to hospital. They showed compassion and a great knowledge of [Name's] needs.' One member of staff told us, "Everything has changed since the last inspection. The management and care. I wrote [in the glimpse of brilliance book] that I love working here and we are a team."

All of the staff we spoke with told us they were happy with the management in place and found them to be approachable and supportive. Comments included, "[Name of registered manager] has been very supportive of me", "[Name of registered manager] couldn't be more supportive if she tried" and "There is no

divide between domestic staff, care staff, managers and deputy's. Everyone helps. I've never seen this before in nine years."

We discussed the culture of the service with the staff. They told us, "The culture is very open. We have good management now" and "We aim to give people the best possible care we can give. The service is more well led now. We have been open and transparent. Where we are now is a massive transformation."

The registered manager had completed consultations with people living at the home and their relatives. We saw relatives had been sent a letter following the last inspection which set out the actions the service planned to take to improve. Satisfaction surveys had recently been sent out to people's family and friends and these results were sent to us after this inspection. We saw 16 surveys had been sent and three returned. The responses were overall positive.

Staff told us they had been consulted with, and we saw minutes of staff meetings recorded. Discussions included safeguarding and whistle-blowing responsibilities, communication, cleaning and rotas. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home. One said, "They [managers] won't just say no if we raise suggestions. Our vacuum cleaners were large and this was raised and [Name of registered manager] has addressed this."

We asked for a range of records and documents during our inspection. These were well kept, easily accessible and stored securely. Policies and procedures were up to date and provided staff with best practice guidance.

The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. It was clear from our discussion with the registered manager that they were driven and passionate about continuing to improve the service. They told us they received good support from the provider and area manager. They had an active and visible approach within the service.