

Rathside Residential Care Home Limited

Rathside Rest Home

Inspection report

41 Gainsborough Lane
Scawby
Brigg
North East Lincolnshire
DN20 9BY

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This unannounced inspection took place on 8 June 2017 and was carried out by one adult social care inspector. This was the first inspection of this location following a change to the registered provider.

Rathside Rest Home is located in Scawby, near Brigg. It is registered to provide care and support for up to 32 people and on the day of our inspection there were no vacancies. Care is provided for older people and for those living with dementia. Accommodation is provided on two floors with communal areas provided on each one. The ground floor is used to provide accommodation for people living with dementia; the first floor accommodates people who require help and support with personal care. There is a small car park at the front of the service for visitors to use.

The service 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.

During our inspection there were some shortfalls found with medicine management, fire safety and infection control. Issues found were addressed straight away. A recommendation has been made in regard to the medicine issues that were found. The quality monitoring undertaken by the management team had not been effective at identifying and rectifying the issues that we found. This demonstrated a breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The management team and staff had developed very good relationships with people who used the service and with their relatives. Staff knew people's individual care and support needs very well. People told us the staff were extremely kind and caring and respected their privacy and dignity.

People were supported to maintain their relationships with friends and family. Comments from people and their relatives were very complimentary about how caring the staff were.

End of life care was provided in a caring way to people and their relatives.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

Staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff were aware of the risks to people's health and wellbeing and knew what action they must take to minimise those risks.

Training in a variety of subjects was provided to staff to help maintain and develop their skills. Staff received supervision to monitor their performance. Yearly appraisals for staff were just being scheduled.

People's nutritional needs were assessed and monitored, special diets were catered for. Staff prompted and assisted people to eat and drink so their nutritional needs were met.

Staff promoted people's independence and choice and encouraged people to make decisions for themselves. They reworded questions or information to help people living with dementia to understand what was being said.

People were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when people lacked capacity and important decisions needed to be made.

The home was inviting and decorated well, a new reminiscence room had been created for people to use. Reminiscence aids were placed around the service to help to stimulate people's minds. Signage was in place to help people find their way around and to locate toilets and bathrooms. People's bedroom doors were numbered, named or had memory boxes present with personal items to help people find their room.

General maintenance occurred and service contracts were in place to maintain equipment to ensure it remained safe to use.

A complaints procedure was in place. People's views were asked for informally by staff and through the use of questionnaires. Feedback received was acted upon to ensure people remained satisfied with the service.

A variety of audits were undertaken to monitor the quality of service provided. These were to be further improved. People's views were asked for and were acted upon to improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found issues with medicine management, fire safety and infection control. These were addressed straight away to help to maintain people's health and wellbeing.

Staff knew how to recognise the signs of abuse and knew how to report issues, which helped to protect people from harm.

People told us they felt safe living at the service. Staff knew about the risks present to each person's health and wellbeing.

There were enough skilled and experienced staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received effective care and support.

Staff were provided with training and supervision to maintain and develop their skills. Appraisals were about to take place.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully, which helped to protect people's rights.

People nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the registered provider, registered manager and staff. People told us they could not fault the patient, kind and attentive management team and staff.

People were supported with care, compassion and dignity. The ethos of the service was about ensuring people felt well cared for.

The registered provider, registered manager and staff were committed to providing care with compassion, dignity and respect.

People's wishes were followed regarding their care and support for end of life care.

Is the service responsive?

Good ●

The service was responsive.

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

Staff responded to people's needs, they listened to and acted upon what people said.

Activities were provided and people were encouraged to maintain their hobbies. Items to help people reminisce were provided .

A complaints procedure was available to people and their relatives.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Issues that we found during the inspection were addressed immediately by the management team. The auditing systems in place were being improved and strengthened in regard to fire safety, medicine management and infection control to prevent further shortfalls in these areas occurring in future.

There was an open and transparent culture in place at the service.

People living at the service and their relatives were asked for their views and these were acted upon.

Staff we spoke with understood the management structure in place and their views were taken into account.

Rathside Rest 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.

The unannounced inspection took place on 8 June 2017; it was carried out by one adult social care inspector.

Prior to the inspection we looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views and we reviewed all of this information to help us to make a judgement about this service.

We talked to six people and with three relatives. We spoke with the registered provider, registered manager, with three care staff and the cook during our inspection.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three people's care records and documentation relating to medicine management. We looked at three staff files including supervision records, staff training records and staff rotas. We inspected the quality assurance audits undertaken, complaints information and maintenance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. 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 were unable to speak with us.

Is the service safe?

Our findings

We undertook a tour of the building. The registered manager and registered provider monitored the environment; water temperatures, gas and electrical safety checks were undertaken to help maintain people's safety. However, we found a door to a lounge diner and to one person's bedroom were held open by inappropriate means. We discussed this with the registered provider and registered manager, immediately noise activated door closures were fitted to both doors to help to maintain fire safety. We also found one bathroom expel air fan, which was not working, this was ordered straight away and we received confirmation this had been fitted.

We inspected the communal bathrooms and looked at how infection control was maintained. We saw a bath hoist seat was cracked in two small areas and the foam arm rest cover was damaged. This may have posed an infection control risk to people using the service. We discussed this with the registered provider and registered manager, straight away a new bath hoist seat and foam arm cover was ordered and we received confirmation these items had been fitted, which helped to maintain people's health and safety.

We observed staff were provided with personal protective equipment, such as gloves and aprons. We found these were stored safely. There was hand sanitizer and hand wash facilities available throughout the service which helped to maintain infection control.

We looked at the medicine systems in operation. This included how medicines were ordered, stored, administered, recorded and disposed of. We found the temperature of the medicine storage room during our visit was above 25 degrees centigrade. We discussed this with the registered provider and registered manager. They contacted the supplying pharmacy to gain advice, the pharmacist stated the medicines that had been supplied would not have been adversely affected by this higher temperature. However, straight away the medicine storage area was moved to another room where more ventilation was present which allowed cooler storage of these items and helped to ensure further issues of this nature would not occur. The medicine storage fridge was not in use because the service had no items requiring cold storage, we noted a new thermometer was required and this was addressed straight away.

We checked a random selection of people's medication administration (MAR). We found that a member of staff had not signed three people's MAR for a recent medicine round. We checked to make sure these medicines were not present in their monitored dosage packages. We were able to clarify these medicines had been given to people, as prescribed. The registered manager immediately reminded all the staff they must sign people's MAR as soon as people took their medicine to help to prevent this issue from occurring again.

We checked the balance of one person's controlled medicines. We found the person had three boxes of pain relieving patches. However, there were ten patches in one of the boxes that should have contained five. This meant staff had placed five patches in a box that did not have the correct batch number present. The registered manager immediately reminded staff that all medicines must remain in the box's they were supplied in.

We recommend that the registered provider follows current good guidance relating to the storage and recording of medicines.

People we spoke with told us they felt safe living at the service and the support they received helped to maintain their safety. We received the following comments; "I feel safe. I am quite happy", "I just love it here I have security. I have it all; I could not go back to my flat. The senior staff deal with my medicines. I have no issues" and "I am perfectly safe living here." Relatives told us they had no concerns regarding the safety of the service. One relative said, "[Name] is safe here with the staff. I have no worries."

We saw photographs were on people's MAR to help confirm their identity. Allergies were recorded, which helped to inform staff and health care professionals of any potential hazards. We observed a member of staff undertaking part of a medicine round. They were competent and confirmed they had undertaken a safe medicine management training course to help them understand their responsibilities and to maintain their safe practice.

There were effective procedures in place for protecting people from abuse or harm. Safeguarding and whistleblowing (telling someone) policies and procedure were in place to guide staff about the action they must take if they suspected abuse was occurring. Staff received safeguarding training. They were knowledgeable about the types of abuse that may occur and knew what action they must take to help to protect people. Staff we spoke with said they would report any issues straight away.

Staff understood the risks present to people's health and safety. Individual risk assessments were in place for people which covered a variety of areas, for example, the risk of falls or prevention of skin damage. This information was updated as people's needs changed to help to maintain their wellbeing.

We found staff were knowledgeable about the equipment people needed to use, for example hoists to help move people safely or walking aids. This equipment was provided and checked regularly to make sure it remained in good working order.

We saw that emergency contingency plans were in place. People had personal evacuation plans, which informed staff and the emergency services about the help people required in the event of a fire. Fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff attended fire training to help them prepare for this type of emergency.

We saw audits of accidents and incidents were undertaken. The registered manager told us they looked for any patterns or trends. The call system on the ground floor had additional sensory features to alert staff to people who may be at risk of falling. Corrective action was taken when issues occurred and help and advice was sought from relevant health care professionals to help maintain people's safety.

We saw general maintenance was undertaken and service contracts were in place. We found communal areas were free from obstacles or trip hazards. There was level access provided to the garden areas so people who were unsteady on their feet could access these areas safely.

The registered manager and registered provider monitored staffing levels to make sure there was enough staff on duty with the right skills to support people. Staff we spoke with confirmed there was enough staff provided to meet people's needs. The registered manager told us staffing levels were reviewed if people needed to be escorted to hospital or if there were outings taking place. We found staff covered each other's sickness, absence and holidays which helped to provide continuity of care. We looked at the recruitment processes in place and found these were robust and they protected people from staff who may not be

suitable to work in the care industry.

Is the service effective?

Our findings

People we spoke with told us the staff looked after them and met their needs. We also received comments about the food. One person said, "There are enough staff. They are here twenty four hours a day, seven days a week. This gives me peace of mind." Another said, "There is enough staff to look after you. They have had training and know what they are doing. The food is very good, they vary it. I eat upstairs and I had lasagne yesterday, it was gorgeous."

Relatives we spoke with told us their relations care needs were met. One relative said, "There are enough staff. They know all the client's needs, likes and mannerisms." another said, "The food is nice, mum likes her sweet stuff and has to have a soft diet."

We looked at the staff training records during our inspection. They confirmed regular training was undertaken in a variety of subjects; for example; moving and handling, safeguarding, first aid, infection control, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, food hygiene, pressure area care and dementia awareness. Staff we spoke with told us there was plenty of training provided for them which had to be completed to maintain and develop their skills. A member of staff said, "There is lots of training, the management remind me when training is needed." We saw staff received regular supervisions. The registered manager told us the yearly appraisals were just being diarised for all staff. The supervision and appraisal programme allows staff and the registered manager to discuss any performance issues or any further training needs.

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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that seven applications had been granted and a further eleven applications were awaiting authorisation by the local authority. One person rights were protected by the 'Court of Protection' [appointed legal representation].

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interests meetings occurred. These included relatives and other relevant people were involved in the person's care and treatment. This helped to protect people's rights.

Staff had undertaken training about the Mental Capacity Act 2005 (MCA). They were able to describe how they supported people to make their own decisions. We observed staff asking people what they wanted to do, where they wanted to go and what they wanted to eat and drink. Staff we spoke with told us they offered choices to people and acted upon what was said. We observed this was the case.

We found hoists and special equipment, for example hospital style beds with pressure relieving mattresses were provided for people who had been assessed as requiring this to help maintain their wellbeing.

We saw people had their nutritional needs assessed on admission; this information was reviewed as necessary, to make sure people's dietary needs were met. We found the cook and care staff understood people's dietary needs, this included their preferences likes and dislikes. People chose where they wanted to eat, in either of the two dining rooms or in their room or a lounge. We observed lunch in the downstairs dining room; the food served looked appetising and nutritious. Staff provided gentle encouragement if people were not eating or drinking, and different choices of food and drink were offered. We saw staff monitored if people had eaten their lunch and had a drink; those who required prompting or assistance were helped by patient, attentive staff to ensure their dietary needs were met.

The service was a large house with parking provided at the front, with two secure patio areas and a front garden. There was a lift provided to the first floor. Pictorial signage was provided to help people find their way round. Room doors were numbered or had people's name's present. Memory boxes situated outside people's rooms had photographs and other items present to help people locate their room. We found there was a friendly, welcoming atmosphere at the service during our visit.

We saw there had been a new reminiscence room provided; this had been created after the registered provider and registered manager had undertaken research to help them understand the décor and period items required. They had found items to help prompt people's memories, many of these may have been found in people's homes when they were growing up. We saw there was an old fashioned fireplace, drawers with coloured handles to attract people to open them and have a rummage in their contents, an old singer sewing machine, record player, books, cake plates and ornaments. Relatives we spoke with told us they used this room to take their relation to, which helped them all to reminisce.

Is the service caring?

Our findings

We observed people had strong positive relationships with the registered provider, registered manager and staff. People we spoke with confirmed this and they said the management team and staff went out of their way to care for them. We received the following comments; "The staff are the best there is, they are so very good. I am treated gently by them", "Staff are here 24/7, they ask are you alright, do you want anything? Being here has given me a better quality of life. I have got everything I need. I can have a laugh and bit of fun with the staff, and they treat me like I am family. We are a big family. No one gets treated any better, we are treated so well it is amazing", "The staff on this morning are lovely, this makes the care home", "The staff are very nice, there's a lovely cleaning lady. They are very caring, very good, even (name) the provider", "Thank you all for being so kind and caring." And, "My solicitor visited and they said, 'I've never seen someone look so happy in a care home'. I told them it is because I am so well cared for. I have made a lot of friends with people here and with the staff. I cannot fault them; they are amazing, fabulous, and wonderful. I love it here."

Relatives we spoke with were consistently positive about the caring support their relations received and said they were always made very welcome at any time. We received the following comments; "On visiting, you are greeted with smiling faces and staff are very helpful. Management are very friendly and welcoming. It is like a home from home for residents and they are very well cared for", "The carers really know you and what is going on. There is a relaxed atmosphere. I am very happy, I visit anytime", "Mum is always well cared for by excellent care staff" and "we now have peace of mind knowing mum is being looked after properly, it means so much." We saw the registered provider and registered manager had an open door policy so that people, their relatives or visitors could speak with them at any time.

During our visit we spoke with visiting health care professionals. They told us the management team and staff genuinely appeared to care for people living there. One said, "The male provider sits with another couple of chaps, providing a family atmosphere, which is nice. The service is all about 'family' and standards."

Staff we spoke with told us they loved working at the service because they valued the teamwork and they cared for people living there. Staff said the management team cared about them and the people using the service, their relatives and visitors. A member of staff said, "The provider is very caring. We [the staff] and the people living here appreciate that." We observed a member of domestic staff came to see a person living at the service. They said, "I have just come to say hello to (Name) because I haven't seen them today and I have missed them. I usually come up for a chat and a hug." The person they were visiting told us they valued this member of staff's caring approach.

We found there were notice boards in the main communal area in the service, which provided information about safeguarding people from abuse, complaints, fire safety and equality and diversity. Leaflets about advocates were available in the service. Advocates were provided, as necessary, to help support people to make decisions about their care and treatment.

The service has a strong person centred culture. We saw a statement painted on a wall which said 'Our residents do not live in our workplace, we work in their home.' This was the ethos promoted by the management team and staff. For example, people coming to live at the service were able to choose their own décor and some had chosen their own furniture to make sure they felt at home. We saw correspondence from a person's relative which confirmed this. Upon this person's death the family donated the furnishings to the service in memory of the person who had lived at the home to say thank you for the excellent care and support provided. Another person cared about growing plants and they had been provided with a greenhouse to ensure they continued to be able to do what they loved.

We observed the service was caring and saw people were respected by the management team and staff. We observed people were treated with patience and kindness. We saw many examples of respect and genuine caring between people who used the service and the management team and staff. For example, a member of staff walking with a person sang to them and this made the person smile. They also joined in. We observed staff took their time to talk with people, especially those living with dementia. Staff made sure they gained good eye contact and they used gentle and appropriate touch to reassure people. We found the management team and staff spoke very caringly about the people that lived at the service, which demonstrated empathy and affection for them.

People valued their relationships with staff and they felt the staff went the extra mile for them. For example, staff understood people's life history and were able to understand how their lives had made them into the people they were today. The registered provider told us in great detail about people's lives. For example, a person had been in the armed forces; the management team were looking into how they could support this person by getting in touch with local veterans groups to make sure they could spend time with like-minded people. As a result, this person felt really cared for.

The registered provider told us they had supported the Community Champion Awards in North Lincolnshire. They had attended the awards along with the registered manager and they had taken two people from the care service to the black tie awards event so they were part of this caring award ceremony. The people who had attended felt included.

We saw the service was signed up to the Social Care Commitment. (the sectors promise to provide people who needed care support with a high quality service and a pledge to continually strive to deliver high quality care.) This helped to ensure the public could have confidence in the care and support provided. The registered provider had signed up to training provided by North Lincolnshire County Council regarding 'positive and proactive' care to reduce risks to people's wellbeing. The registered manager told us it was to enhance the care that could be provided to people and work with the local authority to help to promote this.

People were supported to maintain relationships and communicate with their family. People living at the service and relatives we spoke with described the communication between themselves and the management team and staff as excellent. Comments included, "I was even able to keep in touch with mum by face time. I am grateful for that." (Face time is a method of cost free communication). We saw a computer was set up to help two people keep in contact with their relatives abroad so they could see each other when they talked by Skype. This ensured people with relative's miles away were able to see their loved ones on a regular basis. The management team and staff were seen to take their time and go out of their way to speak with people. We observed a lot of positive conversations that promoted people's wellbeing.

We observed staff treated people with dignity and respect and promoted their independence and choice. The staff understood people's likes, dislikes and preferences regarding their care and support. We observed

staff listened to and acted upon what people said. Each person had their own room for use when they wanted personal space and there were quiet areas provided for people to use. We saw staff knocked on people's bedroom doors before entering. Bathrooms and toilets had privacy locks. Staff described how they respected people's privacy to help maintain their dignity.

Staff picked up shifts to cover staff absence and annual leave to maintain the continuity of care to people. The registered provider worked at the service and made sure they were present if the registered manager was not. The management team promoted a friendly, welcoming environment which provided a family atmosphere at the service.

The management team were aware of the importance of maintaining people's confidentiality with regards to people's care records and the staff's conversations. We found records were held securely, computers held personal data and were password protected. Training was provided to staff about confidentiality during their induction, which helped to aid security.

The registered manager and staff were passionate about providing a high quality of end of life care at the service. They told us how important it was to support people who lived there and their family at this time. The service worked with relevant health care professionals to make sure people were supported to receive a pain free, comfortable and dignified death.

We saw people's preferences for their end of life care and support were recorded. We saw evidence which confirmed the management team and staff were compassionate, understanding and enabling when supporting people and their family at this time. We saw information which told us how a person with no local family had been supported. They left very clear and detailed plans about letting people know they had passed away and the funeral they wanted to receive. The registered provider and registered manager followed the person's wishes to the letter. A funeral plan was created, fresh flowers were provided and an afternoon tea using the person's own china was held at the service for all the residents to celebrate their life. Their memorial service was held at the Church requested. The registered manager and provider also attended the grave side. The registered provider told us they were very honoured and humbled to have undertaken this, because they loved and respected this person along with the staff team and they were precious, like 'family' to them.

We saw correspondence from the service to people who had lost loved ones, which demonstrated great empathy and caring. For example, we saw the registered provider had written to relatives to pass on their sympathy and thought and memories about their loved one.

Is the service responsive?

Our findings

People we spoke with told us their needs were responded to and that they could raise a complaint, if they needed to. They also confirmed that a programme of activities was provided. We received the following comments; "I came here from hospital and they have got me back on my feet. If I am not well I just buzz [use the nurse call bell] and the staff are here to look after me", "I am well looked after here. If I was not well I would speak with the provider, he would see what he could do. I join in activities, I like to join in with anything that is going on there are different things every day. I am able to grow my own tomatoes here, it keeps me going. I could make a complaint, but I have never had to."

Relatives told us they were kept informed of changes in their relations needs and were invited to activities. A relative said, "The staff have our contact details. We are included in discussions about mum's care. My brother visits and put's on old rock and roll music in the reminiscence room and I was invited to an Easter egg hunt. It is all quite sociable so I feel part of the 'extended family.'" Relatives we spoke with confirmed they had no complaints to raise. One said, "We have no complaints and for any minor things we speak with the manager and they are sorted, the management team are very accommodating."

We saw people were assessed before they were offered a place at the service. This ensured to their needs were known and could be met. We saw hospital discharge letters and care plans from the local authority were present in people's care records which helped staff understand people's needs. We found staff reviewed people's care on a regular basis, and they had a good understanding of people's needs and prioritised people's care. For example, we saw a person was becoming unsettled; a member of staff went to them straight away and spoke with them, this helped them to feel re-assured and helped to relieve their anxiety.

We found staff monitored people's health and wellbeing on a daily basis and reported issues to health care professionals to gain their help and advice. On the day of our inspection we saw a number of people were seen by an optician visiting the service. People's care records that we looked at confirmed general practitioner's, district nurses, chiropodists, speech and language therapists and dieticians were used by staff to provide appropriate support to people who used the service. We saw people were assessed for equipment to help maintain their wellbeing, for example, walking aids, hospital beds and pressure relieving mattresses or cushions.

During our inspection we spoke with visiting health care professionals. They all gave positive feedback about the service. One said, "The staff listen. The management team always deal with any issues before I leave the building. The senior care staff escort us to attend to people. If the staff are worried they would speak to us promptly, they act appropriately and are well informed." Another said, "The staff are knowledgeable, supportive and follow our guidance. Once the provider asked us why (name) had not received a hospital appointment. They worked with us to resolve the issue, so this was sorted out."

We found there were staff handovers between shifts, where information about people's physical and psychological needs, health and wellbeing were discussed and changes in people's health or wellbeing were

reported. This helped to ensure people received the care they required.

There was a programme of activities provided at the service which included; bingo, arts and crafts, film nights, wine and cheese parties and outings. A hairdresser visited the home regularly to provide a service to people. The registered provider and registered manager delivered newspapers to people which they picked up from the local shop. A 'Grant a wish scheme' was going to be introduced to help people undertake outings and experiences that they would still wish to partake in, so their dreams could be made into realities.

We saw, throughout the ground floor, pictures of items from the past with questions present. These asked what these items were or asked about people's memories of these items from their past. This helped people living with dementia to reminisce.

People's religious needs were known and were provided for. We saw, on the day of our visit, clergy attended to give a person Holy Communion. A minister visits the home monthly to provide a Church of England service.

We found there was a complaints procedure in place which informed people how to make a complaint. The registered manager told us issues raised were investigated and dealt with. People we spoke with and their relatives told us they had no complaints to make. We saw compliments had been received from people, their relatives and visitors about the service that had been provided.

Is the service well-led?

Our findings

During our inspection we found shortfalls with medicine management; the temperature of the medicine storage room during our visit was found to be above 25 degrees centigrade, a member of staff had not signed three people's MAR for a recent medicine round, and one person's pain relieving patches were not stored in the box they were dispensed in. in one box instead of two. There were issues with fire safety; we found two doors were held open by inappropriate means. In one bathroom we found the bath hoist seat was cracked in two small areas and the foam arm rest cover was damaged. This may have posed an infection control risk to people. Even though these issues were addressed straight away. We found the quality monitoring undertaken by the management team had not been effective and these issues had not been identified prior to our inspection. This meant the service was not always well-led and demonstrated a breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

We saw there were a variety of audits undertaken and these covered areas such as; infection control, care records, medicine management, and the environment. We looked at the results of the audits that had been completed and we found action plans were in place to record corrective action that was taken. However, the issues we found had not been identified. The management team told us they were going to review their audits and change them to help prevent shortfalls from occurring in the future.

People we spoke with told us they felt the home was well-led and they said they were satisfied with the service provided. We received the following comments; "They [the management team] have meetings to find out resident's and families views, so we have our say. If I have a problem I go straight to the man who runs things or to the manager. They say, "Come on in and we will have a talk now" and "We are invited to the resident's meetings in the lounge downstairs to give our views."

Relatives we spoke with also said the service was well-led. One relative said, "Everything is great. I am very happy mum is here. If I suggest anything, the staff are straight on it. There are no real issues here. I know the owner, he shakes my hand and the manager, both are family focused that is how they run it [the service]. The company run a good business, providing a lovely environment, with a good layout and a new reminiscence room." Another relative said, "We prefer small family run services. We are invited to meetings."

The registered manager was supported in their role by a management team that included the registered provider and senior staff at the service. They worked together to monitor the quality of the service provided. We saw in reception there was a notice board displaying photographs of the staff team, and their uniforms had their names on them. This helped to inform people about who was supporting them.

We found there was an open and transparent culture at the service. The management team had an 'open door' policy in place so that people, their relatives, visitors or staff could speak with them at any time. The registered provider and registered manager told us they made sure they did not take annual leave at the same time so the monitoring of the service could continue uninterrupted.

General maintenance, servicing and repairs were undertaken and there was an on-going programme of redecoration. This helped to ensure the home remained a pleasant place for people to live.

We found staff meetings took place and minutes were produced, this helped those who could not attend to be informed of new issues or updates. Staff we spoke with told us they did not need to wait for staff meetings to raise issues because the management team were approachable and listened to them if they had suggestions to make.

We saw people who used the service and their relatives were invited to resident and relative meetings that were held. Questionnaires were provided to people, relatives and staff to help them assess the quality of the service provided. We looked at the minutes of the resident and relatives meetings and the latest questionnaire results. We saw feedback from both forums was positive.

The registered manager continues to develop their skills and has achieved accreditation as a 'Dementia Mapper' through Bradford University.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective quality monitoring systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.