

Gainford Care Homes Limited

Lindisfarne Ouston

Inspection report

Front Street
Ouston
Chester-le-Street
County Durham
Tel: 01914922891
Website: www.gainfordcarehomes.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 15 and 16 December 2015 and was unannounced. This meant no one from the service knew we were carrying out the inspection.

At our last inspection in August 2015 we rated the home as inadequate. The home was placed in special measures. There were a number of breaches of regulations. We found the registered provider had breached Regulation 9 and had failed to do everything reasonably practicable to ensure people received person centred care which reflected their need and personal preferences. The registered provider had also breached

regulations 12 and 17. In relation to regulation 12 we found the care and treatment of people was not provided in a safe way; risk assessments did not give staff clear guidance on how to ensure risks were mitigated and people's topical medicines were not being managed in a safe way. With regard to regulation 17 we found systems and processes required by the registered provider had not been implemented by the registered manager. The registered manager had also failed to assess, monitor and

Summary of findings

mitigate risks to people and records were not accurate, complete and were not kept contemporaneously. During this inspection we found the registered provider had made improvements.

Lindisfarne Ouston is registered to provide accommodation for people who need nursing and personal care. No one in the home at the time of our inspection required nursing care. Nursing tasks were completed by the local district nursing service. The home can accommodate up to 56 people. At the time of our inspection there were 31 people in the home. Following the last inspection the registered provider had entered into a voluntary agreement with CQC not to admit any more people to the home until improvements had been made.

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. At the time of our inspection the home had a new manager who expressed their intention to register with the CQC.

People who used the service and their relatives were complimentary about the care provided at Lindisfarne Ouston. They told us the staff were helpful.

There were insufficient numbers of staff on duty at night in order to meet the needs of people using the service. Following the inspection the registered provider told us they would put another member of staff on duty at night.

Since our last inspection the registered provider had not recruited anymore staff. Existing staff had received supervision and appraisals and had also received updated training on care planning, infection control, moving and handling and the Mental Capacity Act 2005.

The service was working within the principles of the Mental Capacity Act 2005 and had applied to the appropriate supervisory body to deprive people of their liberty. We saw mental capacity assessments had been completed for people and best interest decisions had been made.

We found the registered provider supported people's human rights and in particular supported Article 8, the right to respect for private and family life, home and correspondence. Relatives told us they could visit the home at any time.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals were planned.

We found the building required further work to support people with dementia type conditions to remain independent. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

We found the staff approach was consistently caring irrespective of what the member of staff was employed to do.

During our inspection the activities coordinator was away from the service. The home did not have in place a programme of activities.

All of the care plans had been reviewed and brought up to date. Each care plan was reviewed on a monthly basis and the reviews addressed what was in each plan. We found that whilst people's care plans were up to date further work was required to ensure all documents were contemporaneous.

The registered provider had a complaints policy in place. The manager had investigated complaints and had given an outcome to each complainant.

PRN is a type of medicine which is given as and when required. We found the plans in place for PRN for people with dementia type conditions explained why the medicines should be given but did not give guidance to staff about the behaviours people might display should they be in pain. We fed this back to the management team at the end of the inspection. The management team acknowledged our comments.

The registered provider had a quality audits system in place to measure the quality of the service. However not all of the audits had been carried out. The manager explained that following the previous inspection the

Summary of findings

revision of people's care planning documents had to be a priority. We saw these and people's medicines had been audited. Actions had been outlined and followed up from the audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were insufficient numbers of staff on duty at night in order to meet the needs of people using the service. Following the inspection the registered provider told us they would put another member of staff on duty at night.

We found the registered provider supported people's human rights and in particular supported Article 8, the right to respect for private and family life, home and correspondence. Relatives told us they could visit the home at any time.

We found in a number of bedrooms the en-suite extractor fans were not functioning. This meant there was a risk of odours lingering in people's bedrooms. We found wardrobes and cabinets needed to be secured to walls to prevent accidents and fed this back to the management team.

Requires improvement



Is the service effective?

The service was effective.

The service was working within the principles of the Mental Capacity Act 2005 and had applied to the appropriate supervisory body to deprive people of their liberty. We saw mental capacity assessments had been completed for people and best interest decisions had been made.

Since our last inspection we found diet notifications to the catering staff had been put onto a board in the kitchen. Catering staff demonstrated to us they were able at a glance to understand how many people had diabetes in the home and who required weight enhancing or weight reducing diets.

Good



Is the service caring?

The service was caring

We found the staff approach was consistently caring irrespective of what the member of staff was employed to do.

People told us staff were helpful.

We witnessed a number of positive and supportive interactions between the staff and people in the home during the course our inspection

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

The registered provider had a complaints policy and procedure in place. The manager had investigated complaints and had given an outcome to each complainant.

The service had assessed people's needs for a wheelchair and made fourteen referrals to a wheelchair agency. Thirteen people had been accepted as needing their own personalised wheelchair.

We saw other professionals had been called into the home to by staff responding to people's needs. For example we found GP's, community matrons, occupational therapists, Speech and Language Team and Ophthalmology specialists had visited the home.

Is the service well-led?

The service was not always well led.

The registered provider had a quality audits system in place to measure the quality of the service. However not all of the audits had been carried out. The manager explained that following the previous inspection the revision of people's care planning document had to be a priority. We saw these and people's medicines had been audited. Actions had been outlined and followed up from the audits.

A new manager had been appointed to the service. They expressed their intention to apply to the CQC to become the registered manager.

We found that whilst people's care plans were up to date further work was required to ensure all documents were contemporaneous.

Requires improvement



Lindisfarne Ouston

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 December 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, an adult social care bank inspector and a specialist advisor to the CQC. The specialist advisor on the inspection team had a background in nursing and occupational therapy.

Prior to the inspection we reviewed the information we held about the service. This included notifications sent to us by the registered provider and weekly action plan updates, which told us about the actions the registered provider had taken to improve the service.

During the inspection we looked at seven people's care records. We also looked at 10 people's weight records and food and fluid intake charts. We carried out observations of people who used the service and spoke with five of them. We also spoke with four relatives and three visiting professionals

We spoke with the registered provider, the regional manager, the area support manager, the manager, the deputy manager, one senior care staff and six care staff, and three catering and domestic staff.

During the inspection we spoke with people about what the service was doing well.

Is the service safe?

Our findings

We found the home to be clean, well-lit, uncluttered and spacious. On the day of our inspection staff had cleaned the carpet in the upstairs lounge; people had been moved into the sensory room whilst it dried. One person said, “They are always cleaning.” We received information from the Prevention and Infection Control Team which stated their recent audit of the home had resulted in a number of actions to be taken. The registered provider had a plan in place to address the actions. This meant the registered provider had taken on board the outcome of the audit and had begun to address its findings to prevent the spread of infections in the home.

We looked at staff recruitment and found since our last inspection no additional care staff had been recruited. A member of the support staff was new to the service and appropriate checks had been carried out to ensure they were suitable to work in the home. We found the registered provider had a robust recruitment procedure in place which included prospective staff being required to complete an application form to demonstrate their suitability for employment. This was followed by an interview, the provision of two references and a Disclosure and Barring (DBS) check to check if the person was suitable to work with vulnerable people.

We found the premises had in place regular safety checks. We sampled a number of bedrooms to check for example if there were window restrictors in place, if the central heating was working and if the taps were working. Overall we found people were being kept safe by the maintenance checks carried out. However we found in a number of bedrooms the en-suite extractor fans were not functioning. This meant there was a risk of odours lingering in people's bedrooms. The manager told us they would speak to the handyman about the fans. We found wardrobes and cabinets needed to be secured to walls to prevent accidents and fed this back to the management team who acknowledged our concerns.

Entry to the premises was via a locked door and all visitors were required to sign in. We observed staff checking who had rang the doorbell before allowing them access to the premises. This meant there were checks in place to access the home and keep people safe.

In one person's bedroom we found a wound solution which was a potential risk to a person with dementia should they choose to drink it. The manager advised us the solution belonged to the district nurses and they would advise them to remove it.

The registered provider had in place risk assessments for the building and the service had revised people's individual risks in line with their care needs. For example we saw risks had been reviewed for people at risk of falls and choking. We found the registered provider had identified people's risks and put in place actions to mitigate the risks.

Accident and incidents were reported by staff using an accident reporting book. Following the inspection we analysed the accidents from 3 September 2015 to 12 December 2015; there were 47 accidents. Twenty one of these accidents had occurred during the nightshift period in people's bedrooms between staff checks. A further 19 accidents occurred during the day time shifts in lounges or in corridors, of which eight were unwitnessed, and it is unclear from the records if the remaining 11 were also witnessed by staff. Explanations for the accidents included, 'Found sitting on the floor' or 'Found on floor after trying to mobilise independently'. The accidents involved a range of people in the home. This meant staff are reporting unwitnessed accidents during the day time in the communal areas of the home.

In our last report we recommended the registered provider review the amount of staff they have on duty over a 24 hour period. As a part of this inspection we visited the home early in the morning. We found there were four staff on duty during the night including a senior carer who was responsible for the home. This meant if the senior carer was required to carry out tasks specific to their role three staff were left to cover two floors of the home with people who used the service required two staff to support them. We found there were insufficient night staff on duty to meet people's needs. Following our inspection the registered provider wrote to us and said they were putting an additional member of staff on night duty.

At our last inspection we found the registered provider was in breach of regulation 12 – Safe Care and Treatment in relation to people's topical medicines. In the staff meeting following our last inspection held on 13 October 2015 staff were advised to check and ensure there were no topical medicines in people's bedrooms. The minute's record, 'Need to check if there are no creams in the bedrooms and

Is the service safe?

there shouldn't be... other than district nursing creams, seniors should be administering them. District Nurses creams should be in the clinic or locked in the trolley.' Whilst in one person's bedroom we found two topical medicines, one for the person and another for someone else.

PRN is a type of medicine which is given as and when required. We found the plans in place for PRN for people with dementia type conditions explained why the medicines should be given but did not give guidance to staff about the behaviours people might display should they be in pain. We fed this back to the management team at the end of the inspection. The management team acknowledged our comments.

We spoke with the manager about the disciplinary procedures. They demonstrated to us a good understanding about the procedures and they updated us

on the recent actions they had taken. We noted from staff files the registered provider had used the disciplinary process in managing staff. The manager told us there were no outstanding whistle-blowing issues.

We saw in the staff training information staff had been trained in safeguarding. The registered provider's new training programme included training on safeguarding. The registered provider had in place a safeguarding policy and staff told us if they had any concerns they felt able to report them to the manager.

Relatives we spoke with told us they felt able to visit the home at any time and spend time with their family members. One person said, "I come every day". We looked in one person's room where a family member explained they had brought in a settee so they could sit with their family member in private. This meant the registered provider supported people's human rights and in particular supported Article 8, the right to respect for private and family life, home and correspondence.

Is the service effective?

Our findings

The registered provider was in the process of implementing a new e-learning training programme for staff and had devised a checklist to show which roles required what training. For example a maintenance member of staff required learning about legionnaire's disease and first aid but not food safety or tissue viability. This meant going forward the registered provider had in place a clear training plan. Since our last inspection we saw staff had been given training in infection control, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), fire training and moving and handling. We checked to see if staff who were administering medicines had been assessed as competent, out of the four seniors we checked all had been assessed as being competent. As no new staff had been appointed in the same time frame we did not review the induction process to check if it was effective, however we saw the policy on induction training was under review. We saw the new draft induction policy set standards for the induction process.

At our last inspection we found staff had not been given supervision and appraisal in line with the registered provider's current policy. A supervision meeting takes place between a supervisor and a supervisee to discuss work progress, any concerns and training requirements. Work had started to revise the supervision policy and staff had been supervised.

Following the last inspection an action had been put in place – 'Deputy Manager and Senior Care Staff to complete care plan training.' We saw this action had been carried out and people's care plans had been re-written using updated care plan formats. Staff told us they found the new formats easier to use.

Since our last inspection we found diet notifications to the catering staff had been translated onto a board. Catering staff demonstrated to us they were able, at a glance, to understand how many people had diabetes in the home and who required weight enhancing or weight reducing diets. Catering staff showed us in date cream and cream cheese which they used to fortify the diets of people who needed to gain weight. We found people had a choice of menu and observed people being given a choice of deserts as alternatives which were not on the menu. Information about people's diets was readily available to staff on each floor. Lists were provided for staff about who needed what

type of diet. Staff were therefore able to see at a glance who required what type of food intake. One relative told us their family member had gained weight and 'Really enjoyed their food.'

People were being regularly weighed in the home and their weights were being recorded to check if they were losing or gaining weight. The home used the Malnutrition Universal Screening Tool (MUST). The tool measures the level a person is at risk of malnutrition and actions are put in place to ensure the risks are reduced. In addition during our inspection the manager held a meeting to implement the County Durham and Darlington NHS scheme focussing on nutrition in care homes. This meant the registered provider was looking at further steps to improve people's nutrition.

The home had introduced new food and fluid charts. Staff were asked at their meeting on 13 October 2015 how they found these documents and told the manager chairing the meeting they were more complex. In November 2015 we found the regional manager had sent a memo to staff to remind them of the importance of completion of the food and fluid charts. Since our last inspection, we found these had improved. Staff were adding up people's fluid consumption against a target fluid level about how much each person should be consuming in a day.

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)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had carried out assessments of people's capacity and had made the appropriate applications to the supervisory body. A manager explained that authorisations were slow to come through, however we saw there had been two

Is the service effective?

authorisations made and notifications to the CQC had been followed up. In our last inspection we commented, 'Staff despite training do not appear to understand DoLs and MCA'. The registered provider had responded to our comments and provided additional training for staff. Staff confirmed they had received the training and demonstrated their understanding.

We found one person had MRSA identified in their notes, together with the guidance that protective clothing needed to be worn by all staff and visitors seeing the person. We did not see any obvious information in their room or on the bedroom door to indicate this. We asked a staff member about the person and their condition which was not drawn to our attention, at our request we were provided with an apron and gloves. This meant staff and others entering the room were not alert to the risks associated with MRSA.

We saw there were signs on toilet and bathroom doors which guided people to the purpose of the room. We found

further improvements could be made to the corridors to provide a more stimulating environment for people with dementia type conditions. The management told us they had provided funding to the activities coordinator to develop themed corridors and create an improved environment.

Communication methods in the home included a handover sheet between shifts and a diary where people's medical appointments were detailed. Daily records including daily notes and diet sheets to ensure staff were up to date. Visiting nurse professionals recorded their visits in their own files. The manager had daily communication with staff on their walk around the home. We observed communication between staff about people's needs. This meant the provider had arrangement in place whereby information about people's needs could be passed between relevant people.

Is the service caring?

Our findings

One person told us, they had just had a cup of tea and a biscuit and said, “They look after you.” A relative told us their family member was, “Well looked after” and they “Could not find any faults.” A visiting professional told us the staff have a hard job to do but they always found them, “Very helpful” and told us they were always offered support from the staff.

We found the staff approach was consistently caring irrespective of what the member of staff was employed to do. For example we saw maintenance, administration and cleaning and catering staff approach people, check on their well-being and offer support to people who did not know where to go.

We witnessed a number of positive and supportive interactions between the staff and people in the home during the course of our inspection. One person told us the staff were kind and caring towards them and that they were able to go out with their family when visited. Another person told us they were well cared for and said, “Look at me, I am clean.” A number of people were unable to verbally communicate with us. We observed their interactions with staff and found staff did not exclude these people from conversations but engaged them in a group setting. We also observed people did not show signs of distress when coming into contact with staff. One person who was described as likely to show distress had detailed plans about how staff should move the person and provide explanations. We saw staff carried out the plans, provided the person with an explanation of the transfer from a wheelchair to a chair and gave reassurances throughout the move.

During our inspection we sat with staff and people who lived in the home for a period before lunch in the sensory room. People had been moved into the sensory room due to carpets being cleaned in the lounge. We observed staff were chatting with people and they supported people to tell a member of the inspection team about their past and what they liked to do. Staff provided people with snippets of information to trigger memories which would stimulate discussion. This meant staff knew about people’s histories

and were able to engage them in a meaningful way. We saw people were smiling and happy to engage in conversation. One member of staff said how much they “Loved their work with the residents” and had stayed for over 3 years now.

We observed relatives approaching staff and advocating on behalf of people living in the home. One relative said, “You only have to ask and they will do anything for you.” We also saw the registered provider had worked with independent mental health advocates when they had applied to the appropriate authority to deprive people of their liberty.

In people’s care documentation and accident records we found people’s relatives were informed if their family member had an accident or injury. One relative confirmed they had been contacted when their family member had fallen out of bed.

We found staff treated people with dignity and gave people privacy. For example staff knocked on doors before they entered people’s rooms. They closed toilet doors when people needed to access the toilet and people were guided to their rooms in conversation when they needed to be changed. Staff also gave the inspectors time and privacy to talk to people and their relatives. However we saw incontinence pads were on display in people’s rooms, and their dignity could have been better protected if these were out of sight.

The registered provider had in place a form for people to sign if they wanted their relatives to have access to their care documents. Relatives were also asked to sign if they wanted to have access and the frequency they wanted to have updates of their family member’s care. People had signed these forms without the appropriate sections being deleted. We therefore found the wishes of people and their relatives to be unclear about how they wanted to be involved with the service.

At the time of the inspection the manager told us there was no one on end of life care.

We observed some people had photos of themselves on their bedroom doors which were current and which they may not recognised as being themselves. We saw the home required further development to support people living with dementia to retain their independence. The regional manager told us funding had been sourced and given to the activities coordinator to theme the corridors and support people’s orientation.

Is the service responsive?

Our findings

We found since our last inspection people's care plans and risk assessments had been re-written and brought up to date. The home had introduced a new standardised framework for care planning. All of the care plans we looked at contained a person's photograph. We reviewed these plans and found they had been drawn up to reflect people's individual needs and were therefore more person-centred. Staff were able to demonstrate to us a good knowledge of the person centred plans. However we found further refinement of the care plans and supporting assessment information was required. For example one person with a long standing history of mental illness was not having their mood noted. There were conflicting opinions given as to the general status of their mood i.e. 'it's stable' vs 'it's up and down' without a reference framework in place to enable staff to monitor. The management team acknowledged the care planning continued to be work in progress.

The plans were reviewed on a monthly basis. We saw the reviews directly related to the original plans and were therefore focussed in the execution. For example where a person required glasses and hearing aids to aid their communication these had both been referred to in the review. This meant staff were appropriately reviewing the care plans.

Fourteen people had been assessed by the staff as requiring their own wheelchair and referrals had been made to the wheelchair service. Out of the 14 referrals made by the home to the wheelchair service 13 people had subsequently been assessed as requiring their own wheelchair. This meant the service had responded to people's needs and taken action to ensure people's individual needs were met.

We found one person had displayed challenging behaviour to staff on a number of occasions including shouting, kicking and punching staff. We saw for some people behaviour and mood recording was being made using a Behaviour / Mood chart with half hourly observations. We found that whilst these charts had been completed there was no analysis carried out. In one person's case we expressed concerns about the types of exhibited behaviour. The manager told us the person had only recently started to display a type of behaviour and agreed to arrange for a reassessment of their needs to be carried out.

We saw the registered provider had in place a complaints policy. Relatives were aware of how to make a complaint and told us they would speak to the manager. We looked at the complaints made about the home and found the manager had carried out an investigation into each complaint and informed the complainant of the outcome including the details of any action taken. This meant that comments and complaints had been listened to and a response was provided.

During our last inspection we raised concerns about a person and their placement at Lindisfarne Ouston. The registered provider had carried out a reassessment of their needs involving the person, family members and other professionals who concluded the placement was appropriate.

We saw other professionals had been called into the home by staff responding to people's needs. For example we found GP's had visited the home alongside community matrons. There was evidence that referrals were being made to professionals outside of the unit for example to occupational therapists, SALT and Ophthalmology.

The service employed an activities co-ordinator who was not working on our inspection days. The activities coordinator had coordinated a fundraising Christmas Fair. During our inspection we observed people were not engaged in or invited to join activities. Some people were listening to Christmas music and we heard a member of staff apologise to people for not noticing the music had stopped. They immediately remedied the situation and put other music on. In the absence of the activities co-ordinator there was little sign of any structured activities taking place during our visits and there was no clearly displayed information to indicate what should be happening on that day.

Since the last inspection the registered provider had in place a voluntary agreement with CQC not to admit any more people until they had made improvements to the service. This meant we were not able to measure any transitions into the service. Whilst we found there were no hospital passports in place the registered provider had called paramedics to the home and given the emergency service information about people's conditions and presenting behaviours. Paramedics had then made

Is the service responsive?

decisions to transfer people to hospital who had been accompanied by a staff member. This meant people's transitions to hospitals were made with staff who had some knowledge of the person concerned.

Is the service well-led?

Our findings

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. At the time of our inspection a new manager had recently been appointed and they expressed their intention to submit an application to CQC to become registered.

Since our last inspection support had been provided to the home by the registered provider, the regional manager and the area support manager. The area support manager had supplied CQC with weekly updates on the progress made in the home, this included staff training, care planning, people's weights and audits of the service. This meant there was a plan in place to improve the service and the improvements were being tracked. By sending CQC a weekly report the registered provider was also meeting their registration requirements.

We found the manager had conducted a daily walk around the home and was able to demonstrate their findings and what action had been taken to put issues right.

Since our last inspection we saw a number of audits had not been updated. The manager explained to us there had been a need to prioritise the work and the first priority was to ensure people's care plans were updated and relevant. We saw care plans had been updated and these had been audited by members of the management team with feedback to the staff who wrote the plans. The plans were then signed off once all actions had been completed. We also saw the manager had carried out medicines audits and actions had been identified and followed up.

Staff told us they felt they were now better managed. One person said, "I am happier coming to work." Another staff member told us they liked the new manager.

We saw the service records had improved. Each person had a contemporaneous care plan in place; however we found some of these records required further refinement to ensure there were no contradictory pieces of information in the person's file. For example we found information in one person's file which gave different information about their mobility needs. We also found whilst the main care

documents had been brought up to date other information required similar attention. For example a document giving information about a person entitled, 'This is Me' was out of date.

In the light of our findings during the last inspection the regional manager had adapted the weekly report for home managers and increased the information required for monitoring purposes. We saw the manager had completed the weekly risk monitoring reports which included reviewing people with pressure damage, weekly weight changes and serious changes in their health. The manager was also required to report on DoLS, infection control, complaints and deaths. This meant the manager was accounting for issues within the home and they were also describing what actions they had taken.

We spoke with professionals who visited the building during our inspection. They reported to us staff were working well with them. A visiting professional explained they visited daily, had a list of people to see, including new referrals, and thought that the home referred people as quickly as possible and as necessary. This meant the home was open to the involvement of other professionals.

Prior to the manager starting the area support manager held a staff meeting and commented on the poor attendance. The staff were asked to feedback on some of the changes in the home. Some staff were able to make comments in the meeting. We found this engagement of staff and seeking feedback was a change in the culture of the home and an attempt to engage staff in more open dialogue.

We saw the registered provider had held a meeting with relatives on 10 November 2016 and spoke with the relatives about the findings of the recent inspection. One person in the meeting had commented inaccurately on the number of pages in the CQC report. In the spirit of transparency and openness it was disappointing to note during the inspection the registered provider had not shared the summary report with the relatives.

The regional manager told us the registered provider had recently employed someone to review and where required rewrite the policies and procedures for Gainford care homes. They showed us for example the latest draft of the staff training and development policy which included guidance on staff qualifications and induction training. This meant the provider was reviewing their practice.

Is the service well-led?

The registered provider had carried out surveys to measure the quality of the home. Only four staff responded to the survey which meant the registered provider was unable to measure the quality of the service from the staff perspective. The responses from relatives had been largely positive.

Following our last inspection the registered provider entered into a voluntary agreement not to admit any more people to the home until improvements had been made.

We found the registered provider had adhered to this agreement and no one else had begun to live in the home which meant the provider had scope to carry out the improvements. Following the conclusion of this inspection the registered provider wrote to CQC and stated having made the improvements they were intending to withdraw from the voluntary agreement. The CQC did not object to this.