Ideal Carehomes (Number One) Limited

Ebor Court

Inspection report

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Date of inspection visit:
05 December 2016
13 December 2016

Date of publication:
17 February 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Ebor Court is a purpose built care home, which is registered to provide personal care and support for up to 64 people. At the time of our inspection 58 people lived at the home. The home is spread across three floors. The Guy Fawkes Unit is on the ground floor, the Dame Judy Unit on the first floor and the George Hudson Unit on the second floor. The George Hudson Unit provided personal care, whilst the other two units specialised in providing dementia care.

The service was previously inspected in December 2015, when it was found to be in breach of regulation with regard to safe care and treatment (managing risk), meeting nutritional and hydration needs and good governance (quality assurance). The service was re-inspected during May and June 2016 to check that improvements had been made. We found that improvement had not been made in relation to good governance (quality assurance and record keeping), so we issued the registered provider with a warning notice, due to the continued breach in regulation. We also found a new breach in regulation in relation to safe care and treatment (medicines management).

This inspection took place on the 5 and 13 December 2016 and was unannounced. During this inspection we checked to see if improvements had been made in relation to the two outstanding breaches of legal requirements.

At this inspection we found that the registered provider had made improvements to the effectiveness of, and adherence to, their quality assurance system. The registered provider used a comprehensive set of monthly audits to monitor the quality of care provided, and since our last inspection these audits had been completed regularly. Most issues we identified during our inspection had already been identified in the registered provider's audits. We saw evidence of action taken in response to these shortfalls and where further action was still required this was detailed in an overall action plan for the home. We found that record keeping overall had improved, and although there were still some areas of further improvement required in order to demonstrate consistent and sustained progress, the registered provider had made sufficient progress to show that they were now meeting legal requirements in relation to quality assurance and record keeping.

We looked at the systems in place to ensure people received their medicines safely. We found some improvements had been made, and the registered provider was now meeting legal requirements. Further improvement was still needed to ensure consistency of practice in relation to the recording of variable dose medicines and ensuring timely supplies of medicine stocks.

The registered provider is required to have a registered manager as a condition of registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was no registered manager in post on the day of our inspection and, as such, the registered

provider was not meeting their conditions of registration. An acting manager was managing the home until a permanent manager was appointed, but they were not registered with CQC.

There were mixed views from people and relatives about staffing levels at the home, but most people we spoke with felt there were enough staff to meet their needs. The registered provider had recruited new staff since our last inspection and had reviewed rotas to provide an additional staff member during the evenings.

There were systems in place to help staff identify and respond to any signs of abuse, to protect people using the service from harm. The registered provider followed safe recruitment practices to ensure the suitability of workers employed.

Staff received an induction in order to carry out their roles but not all staff had received regular formal supervision in the last six months. Some staff were overdue their annual refresher training. Action was being taken to ensure all staff received a supervision meeting, and training had been booked for staff that required it. However, improvement was still required to ensure the consistency of staff supervision and the timeliness of refresher training.

People received appropriate support with their nutritional needs and were able to access healthcare professionals where required. Staff worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us that staff were caring, and respected their privacy and dignity. We observed staff interacting with people throughout our inspection, and found that these interactions were friendly, supportive and respectful. We observed staff chatting and laughing with people on several occasions and people appeared comfortable in the presence of staff. People were supported to observe their religious beliefs, where they wished to.

People had opportunity to participate in activities at the home and we observed some activities taking place during our visits, including craft sessions and a quiz.

Care plans were in place which contained some person centred information and preferences. These had been reviewed regularly since our last inspection and the information was much clearer to follow. However, at our last inspection we made a recommendation to the registered provider to seek guidance on best practice in diabetes care, and at this inspection we found that limited improvement had been made in this area. Care plans in relation to diabetes required further improvement. However, we did not find evidence that people's care had been directly impacted by this, and people received an appropriate diet.

Monitoring records, such as repositioning charts, were not always completed in a timely manner. This increased the risk of recording errors and people potentially not receiving care in line with their assessed needs.

The registered provider had a complaints and compliments policy in place, and records showed that concerns had been investigated and responded to. People and relatives we spoke with said they would feel comfortable raising complaints.

Overall most people and relatives we spoke with were happy with the care 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.

Systems were in place to ensure that people received their medication safely, but further improvement was required to demonstrate consistency of practice.

Risks to people were appropriately assessed and managed, and individual risk assessments were reviewed regularly.

Recruitment processes were robust and appropriate checks were completed before staff started work.

There were mixed views about staffing levels, but most people felt there were sufficient staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received an induction and on-going refresher training in order to equip them in their roles. Not all staff had received regular formal supervision since our last inspection and some were overdue their annual refresher training.

Staff worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to access health care services and received appropriate support with their nutritional needs.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and we observed positive, warm interactions between people and staff.

People were offered choices and these choices were respected.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and care plans were in place. These contained information about people's preferences and were regularly reviewed. Care plans in relation to diabetes care required improvement. Monitoring records were not always completed in a timely manner.

People had access to a range of activities.

The registered provider had a system in place to manage and respond to complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post, which is a condition of registration. Improvement was required to the consistency of management and leadership within the home, in order to drive further improvement and ensure sustained progress. Staff spoke positively about the interim management arrangements in place.

The registered provider had a quality assurance system in place, and audits had been completed regularly since our last inspection.

Ebor Court

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 5 and 13 December 2016 and was unannounced.

The inspection was carried out by three Adult Social Care Inspectors and an Expert by Experience on the first day of our inspection and one Adult Social Care Inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was carried out to check that improvements to meet legal requirements, planned by the registered provider after our May and June 2016 inspection, had been made. Because the concerns at the last inspection spanned a range of areas we conducted a full comprehensive rated inspection, to check all aspects of the service again. Before the inspection we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from City of York Council's safeguarding and commissioning teams.

As part of this inspection we spoke with 12 people who used the service, five care staff, a catering staff member, a member of domestic staff, a deputy manager, the acting manager, and the regional manager. We also spoke with nine relatives and friends of people using the service. We looked at five people's care records, six care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in all the communal areas of the home and made observations throughout our visits of how people were being supported. We carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in May and June 2016 we found that record keeping in relation to the actions taken in response to identified risk was inconsistent. We issued the registered provider with a warning notice for a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

During this inspection we checked to see if improvements had been made. We found that the management and recording of identified risk had improved. People who used the service told us they felt safe. Comments included "I feel very safe, content and secure here," "Yes I feel safe, no reason not to" and "Yes I feel safe. I feel well looked after and everyone looks after each other." Relatives told us, "I know [Name] is totally safe living here" and "Overall we're very happy and never go home feeling worried about them."

We found that the registered provider completed assessments to identify potential risks to people using the service and care staff. These included risk assessments in relation to medication, falls, nutrition and skin integrity. We found that since our last inspection risk assessments had been reviewed monthly in line with the registered provider's policy. This showed us staff were regularly assessing if people's needs had changed and were documenting more clearly the action they had taken to respond to and minimise risk. For example, a falls risk assessment for one person showed that walking aids had been explored during a period of ill health, due to their increased potential risk of falls. Skin integrity risk assessments showed when people required re-positioning to reduce risk of pressure sores developing.

The registered provider had a system for recording accidents and incidents. Records were mostly appropriately completed, including detail of what action was taken in response to each incident or accident. We found examples where medical attention had been appropriately sought for people, but the final outcome of the incident was not completed on the form. The regional manager agreed to remind staff about completing this section of the documentation. Details of all accidents and incidents were recorded on a monthly accident monitoring log. There was also a monthly falls audit, with details of the location and time of day of any falls, to enable the manager to monitor patterns and ensure appropriate action had been taken.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These records showed us that equipment was regularly checked and serviced at appropriate intervals. This included checks on the call bell system, fire alarm and fire extinguisher equipment, hoisting equipment, water safety (in relation to the risk of legionella), and portable appliance testing. Electrical installation and gas safety certificates were in place. These environmental checks helped to ensure the safety of people who used the service.

At our last inspection in May and June 2016, we found the systems in place to ensure people received their medicines safely, and as prescribed, were not always effective. The issues were a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. We observed staff administering medicines safely. This included one staff member who was relatively new to having responsibility for administering medicines. They took their time when checking MARs and medicines and demonstrated they understood the importance of taking care to avoid mistakes. This staff member confirmed they had received training on medicines management and had been observed administering medicines to check their competence, before they had been allowed to administer medicines on their own. Medicines were stored appropriately, although we noted some occasional gaps in the recording of daily fridge and medication room temperatures.

People's care files contained a care plan with details of any support required with medicines. We saw these were reviewed each month, to ensure they were reflective of people's current needs. There were protocols for staff in relation to medicines that were prescribed for use 'as required', including topical creams and pain relief. We looked at a selection of Medicine Administration Records (MARs), and found that these were usually appropriately completed. We checked the stock balance for a selection of medicines, including controlled drugs (those subject to strict legal controls due to their risk of misuse). The stock held by the service corresponded to the MARs.

However, we found some issues that required further improvement. One person whose records we viewed was prescribed two 'variable dose' medicines (one or two tablets could be given). Although entries on the MAR showed that these medicines had been given, there were occasions where staff had not recorded the specific amount given. It is important that clear records are retained in order to monitor the effectiveness of the dose given, and also enable a proper stock balance check to be conducted during management audits. On the second day of our inspection the registered provider was awaiting delivery of some eye drops for one person who had run out of their eye drops two days earlier. A staff handover record from the previous week indicated folic acid for one person had also been out of stock for a day before new stock had arrived. In both cases staff were already aware and had taken action to order the stock prior to us raising this with them at the inspection, but it showed the service still needed to be more proactive in ensuring adequate stocks of medicines were always available.

The manager had identified the issue regarding variable dose medicines in a recent medication audit, as well as the requirement for staff to always record the daily fridge temperature checks, complete medication cleaning room schedules and other reminders regarding documentation. A management team meeting had been held to delegate responsibility for actions identified in the medication audit.

We concluded that the registered provider had made sufficient improvement to show they were no longer in breach of regulation, but further work was still required to ensure that the medication policies and systems in place were always consistently followed by all staff.

Concerns were raised at our last two inspections about staffing levels at the home, particularly on an evening and overnight. At our last inspection in May and June 2016 we could see that some action had been taken, such as the recruitment of additional staff, but there were still some concerns in this area that had not been fully addressed.

At this inspection there continued to be some mixed views about staffing levels but most people we spoke with felt there were enough staff to meet their needs. One person told us, "Most staff come quickly enough" Another told us that when they had been unwell and decided to stay in the their bedroom for a couple of days, staff did not pop in as regularly as they would have liked. They felt that if there were more staff they might have had more time for this.

One relative told us, "There's usually enough [staff]; there seem to be more now. There have been times in the past where I haven't been able to find staff, but there seem to be more now. It's sometimes busy in the morning but it's generally okay." Another told us they had noticed less staff at a weekend. We viewed staff rotas for the four weeks prior to our inspection and these showed us that the same number of care staff were deployed on a weekend, but less management and kitchen staff worked on a weekend.

Staff we spoke with told us there were sufficient staff to meet people's needs safely. Since our last inspection the registered provider had recruited some new staff who worked afternoon/evening shifts, which meant there was additional support during the evening. This was a time of day that had previously been identified as being particularly busy. Rotas confirmed that there was usually one additional staff member during the period between 8:00pm and 10:00pm than there had been at our last inspection. There were also five less people using the service than at the time of our last inspection. The manager told us that the use of agency staff had reduced, and in the two weeks prior to our inspection no agency staff had been required.

Shortly after our inspection a concern was raised with us about staffing levels on one of the units providing support to people with dementia. We asked the registered provider to investigate this concern and they responded to us promptly with the information we requested and confirmed the support available. They also provided assurance they would continue to monitor and review staffing levels on an on-going basis and adjust staffing levels if required, in particular if the current occupancy levels increased.

We looked at recruitment records for four staff. We saw that appropriate checks were completed before staff started work. These checks included seeking references, identification checks and interviews. The registered provider also completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. All staff received safeguarding training and the staff we spoke with were knowledgeable about how to report any concerns. A log was held of all safeguarding issues, and this showed us that incidents had been appropriately dealt with and reported to the appropriate authorities.

The registered provider had an infection control policy and cleaning schedules were in place to ensure the home was kept clean and hygienic. We looked around the home, including communal areas, bathrooms, the two medication rooms and some bedrooms, where we had people's permission. We found the home was generally clean and free from malodours. Staff managed a recent outbreak of diarrhoea and vomiting well enough to prevent it spreading to the other two units of the home. Monthly infection control and housekeeping audits were completed. The most recent infection control audit in November 2016 showed that the manager had identified a number of issues which they were addressing in an action plan. These included putting each room on a deep cleaning schedule, making sure cleaning schedules were fully completed and adding a requirement on to the night time cleaning schedule to clean and disinfect hoists daily. We noted that at the time of our inspection the night time cleaning schedule had not yet been amended to include the daily hoist cleaning and disinfecting.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in May and June 2016 we found that records in relation to people's nutritional and fluid intake were poor and it was not always clear from documentation what action had been taken in response to weight loss. We addressed these record keeping issues as part of the warning notice we gave the registered provider for a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

During this inspection we checked to see if improvements had been made in this area. We looked at care records in relation to nutrition and hydration. We found that significant improvement had been made with regard to the detail recorded in food and fluid intake charts for people who required their nutritional intake monitoring. These records included the amount of food and fluid people had consumed, which helped the registered provider effectively monitor strategies to promote nutritional intake and ensure that people were getting sufficient food and drinks. Fluid intake records showed that people received regular drinks, although we noted that the volume of fluid consumed was not always totalled at the end of the day to ensure that people's target fluid intake had been reached. When we spoke with the registered provider about this they accepted that this section of the documentation was not always completed, but also confirmed that at present everyone who was assessed as requiring food and fluid intake monitoring was being monitored due to nutritional or weight loss concerns, rather than specific risks around hydration levels.

Care files contained information about people's nutritional risks, needs and preferences. In most cases, this had been reviewed monthly since our last inspection. A list of people's dietary requirements was available in the kitchen. People had also been regularly weighed and the manager completed a monthly weight loss audit to monitor patterns and ensure appropriate responsive action was been taken as a result of weight loss. Referrals were made to relevant health professionals where people had lost a significant amount of weight.

One person who used the service told us, "There is a very good menu and nice food." Another person felt the portions were too large for some people who didn't want to eat much and said smaller more attractive portions would be better. A third person told us they had asked repeatedly at residents meetings if they could have cheese and biscuits and these had now been put on the menu.

Throughout our inspection people were offered regular drinks and snacks. We observed mealtimes in different units of the home and saw that food appeared appetising and was served hot. People were offered a choice from two main meals and there was a relaxed atmosphere in each of the dining areas. People could eat meals at their own pace and were offered assistance where this was required. We observed staff communicating with each other about which puddings were for people on special diets, to ensure people received food which was appropriate for their needs.

This showed us that people were supported to have sufficient to eat and drink.

One person who used the service told us, "The carers are very good, they do anything for you." However,

another told us that, "Some of the younger ones don't appreciate the needs of the older person." A relative told us, "Staff seem well trained and approach people in the right manner."

New staff completed a two week induction programme when they started in post. This included training in relation to safeguarding vulnerable adults, dementia awareness, pressure area care, health and nutrition, managing challenging behaviour, infection control, food hygiene, health and safety, first aid, the Mental Capacity Act 2005, medication awareness, end of life care, communication, moving and handling, person centred planning and equality and diversity. Staff we spoke with confirmed that they completed this induction training. One member of staff told us, "I've done my induction training. It gave me the information I needed to do the job."

We reviewed the training matrix used to record the training completed by each staff member and when this needed to be updated. We saw that staff usually received annual refresher training to update their knowledge and skills. However, at the time of our inspection 11 out of the 51 staff at the service were overdue some their refresher training, by up to five months. Refresher training was booked for these staff.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Staff told us, "I've had two supervisions since February. I generally feel well supported but with the manager leaving it makes it difficult" and "I've had no supervision for six months. I still feel well supported though, there's an open door policy so you can discuss any concerns."

We found that since our last inspection, staff had not always received formal supervision in line with the frequency required in the registered provider's policy. We were told that recent changes in management had impacted on the number and frequency of supervisions meetings. An audit in November 2016 showed that 41 staff were due a formal supervision and 13 were due an annual appraisal. The acting manager told us that ensuring formal supervision meetings were up to date was a current priority for the management team. We could see that supervisions for 10 staff had taken place recently. This demonstrated that the registered provider was taking action to resolve this issue. However, at the time of our inspection not all staff had received regular supervision and further work was needed to address this.

We saw one supervision file which showed that the manager had addressed an issue with a staff member regarding manual handling practice. We asked the regional manager whether competency observation were completed, in order to check staff practice in particular areas, especially where concerns had been raised and addressed in supervision. The regional manager confirmed that currently no formal competency observations were recorded, other than for medication administration, but told us that they planned to introduce annual senior carer competency checks in all areas of practice. The regional manager told us this would provide the manager with templates they could use to assess competence in specific areas, including when any concerns had been raised.

We concluded that although there was evidence of staff supervision, support, training and team meetings taking place, improvement was required to ensure the consistency of staff support, so that staff had the skills and support they needed to deliver an effective service.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained mental health and capacity assessments. Application had been submitted to the relevant authorities where a DoLS authorisation was required, either to prevent the person going outside of the service unescorted or because they were under constant supervision to ensure they were safe. The manager kept a log of DoLS applications submitted and the date that any DoLS authorisations were granted and expired, so they knew when applications would need to be re-submitted as necessary.

Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions, information about this was recorded in the person's file and in a central log in the office. The registered provider sought evidence in relation to people's LPAs and copies of LPA documentation was still being sought for some people at the time of our inspection. This ensured the registered provider could verify who they should consult in relation to decisions on people's behalf. Staff completed MCA training and the staff we spoke with were able to demonstrate the importance of gaining consent before providing care to someone.

This showed us that staff sought consent to provide care in line with legislation and guidance.

We looked at the support people received to maintain good health and access healthcare services. We found evidence in care files of regular input from healthcare professionals, such as contact with the district nursing team, podiatrists, community psychiatric nurses and GPs. People were able to see the GP for any non-urgent issues when they came for their regular weekly visit.

One relative told us, "They always let me know if [my relative] has had a fall or any problems."

There was a health and well-being care plan in each person's care file, with details of any health conditions the person may have. Up to date information printed from the NHS website about these health conditions was also held on file for staff reference. This generic information was referenced in the person's care plan, but in some instances we found that the information could be improved further by including more personalised detail about how the condition affected that person specifically, especially in the care files we viewed for some people who had diabetes.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for and that staff were kind and caring. People's comments included, "All the carers are lovely here," "Everybody is very friendly" and "They're [Staff] lovely."

Relatives told us, "The staff seem nice" and "The staff are lovely. I haven't had any concerns about any of them." Another relative told us, "My concerns are the continuity of staffing and communication, but the care is very good." One person told us that they had two relatives who lived at the home and felt it was really nice that staff had managed to get them rooms next door to each other, because they had always been used to living near each other and having rooms together brought them familiarity and comfort.

We observed staff interacting with people throughout our inspection and found that these interactions were friendly, supportive and respectful. We observed staff chatting and laughing with people on several occasions and people appeared comfortable in the presence of staff. We noted that staff were able to adapt their communications to suit different personalities. For example, we saw a staff member demonstrating a patient and caring approach when supporting someone who was initially reluctant to take their medicines. Their approach meant that the person became reassured and eventually agreed to take their medicine. On another occasion, we observed a staff member reassuring someone who was evidently confused and anxious about their whereabouts. The staff member acknowledged the person's perception of their whereabouts and was then able to positively re-direct their attention. We could see by the person's response that this had provided the reassurance they needed at that time. We also observed a staff member had brought a Christmas musical toy in from home (a singing turkey) to share with people. The staff member said they had brought it in because they thought people may find it fun. We observed that whenever staff played the musical toy, it caused great amusement and engagement from people. One person started dancing and another, who had previously been sat very quietly and disengaged from others, started laughing heartily. Examples like these throughout our inspection showed us that staff had positive relationships with the people they supported and demonstrated a caring approach.

We found people were able to get up and go to bed when they wanted and we observed staff offering people choices throughout our inspection. For example, what they wanted to eat and drink, whether they wanted to join activities and where they wanted to take their medicines. People's choices were respected. This included people who were not easily able to articulate their choices verbally. In these instances, staff demonstrated patience in trying to understand people's wishes through their body language and expressions.

People told us that staff respected their privacy and dignity. One person said, "Yes, they do respect privacy and dignity, knock on my door and ask when I want a bath, which can be a bit difficult but they are always kind and respectful. I can have a bath when I want to." We observed staff knocked on people's bedroom doors and waited before entering.

We discussed with staff how they met people's needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Most people

who used the service could potentially be at risk of discrimination due to age or disability, but we saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. Staff completed equality and diversity training. People who wished to practice their religious faith were supported to do this and there was a regular visiting church service. A staff member told us about a recent carol service held at the home, with a visiting choir, and how surprised and pleased one person they supported was that they had been able to remember the words to the carols.

Most people who used the service had contact with relatives or friends, some of whom visited regularly. One relative told us, "We're always made to feel welcome and we visit regularly." They told us that because the environment was "Lovely" and there was plenty of space, there were always areas of the home you could sit separately for some privacy if you wanted.

Requires Improvement

Is the service responsive?

Our findings

The registered provider completed an assessment of people's needs before they moved to Ebor Court, to ensure the service would be able to meet people's needs. The assessment involved the person, their family and any relevant professionals. Some files also included information about people's life history. One relative we spoke with confirmed to us that they were asked about their relative's likes and dislikes prior to admission and said they were fully involved. They told us, "They came to the home and did a full assessment."

The registered provider then developed a care plan for each person when they moved to the home. We found care plans included information about people's needs in relation to; health and wellbeing, mobility and falls, medication, continence, memory and understanding, mental health and capacity, communication, skin and pressure care, nutrition and sleep. The care files also contained records of multi-disciplinary visits from other professionals. Most care plans were detailed and contained person centred information and preferences. We found some evidence that people had been involved in discussions about their care plan and reviews of their care, although most people we spoke with were not sure about the contents of their care plan or whether staff had recently discussed it with them. The registered provider used a care agreement and review form to record when family members had been asked for their views and feedback about their relative's care.

We found improvements had been made in relation to the consistency with which care plans were reviewed and since our last inspection care plans had been evaluated monthly. Care plans were also easier to follow because staff now recorded more clearly the chronology of any issues or concerns affecting the person. Some monthly evaluations were still quite brief but care plans generally reflected people's needs. This meant staff had more up-to-date and clearer information available to guide them on how best to meet that person's needs than they did at our last inspection.

However, we looked at the care files of two people who had diabetes and found that some of the information was not clear. Not all staff we spoke with were able to demonstrate a good knowledge about diabetes, although they knew who was on a diabetic diet and told us they would seek advice immediately if they had any concerns about someone or thought they looked unwell. At our last inspection we raised concern that staff did not receive training in diabetes awareness and recommended the registered provider sought advice from a reputable source about best practice in diabetes care. Whilst we did not find any evidence at this inspection that people had been adversely affected by the issues we identified about diabetes care plans or staff training, the registered provider had made limited progress on our recommendation. The regional manager said they planned to include diabetes training as part of staff induction.

The registered provider used a 'floor management folder', in which staff kept daily records, monitoring sheets and various communication records. Monitoring records showed that care was being delivered in line with people's care plans. We found evidence that staff sometimes completed support tasks, such as repositioning people and supporting with meals, but did not record this straightaway and instead waited

until a quieter period of the day to complete monitoring records for people. For example, on the first day of our inspection we looked at a repositioning chart for one person who required re-positioning every two hours. At 5:00pm we saw that the last documented entry was at 12.00 noon, yet staff confirmed the person had been repositioned twice since that entry. This significantly increased the risk of misunderstanding and people potentially not receiving care in line with their care plan, due to records not always being completed in a timely manner. The area manager told us they were disappointed about this, because the timeliness of completing monitoring records was something that staff had already been regularly reminded about and had significantly improved prior to our inspection in their opinion. They accepted though that further improvement and monitoring was needed in order to ensure consistency.

At our last inspection we were told that the registered provider had developed a new care plan format which was shortly being introduced into all the company's homes, and that care plans at Ebor Court would be re-written in this new format in due course. We found that work to transfer people on to the new care plan format had not yet been completed.

There was a range of activities available at the home. The registered provider held social committee meetings with people who used the service and we saw from meeting records that ideas for activities had been discussed. One person who was on the resident's committee, however, told us that "It takes a while for things to happen." The registered provider did not employ dedicated activities staff within each home, because care staff were responsible for engaging people in activities as part of their role. In addition, the home used external facilitators to run some activities at the home, such as a regular arts and crafts group.

During our inspection we observed activities taking place. For instance, on the first day of our inspection a group of people were being supported to make Christmas wreath decorations, which they appeared to be really enjoying. There was also a Tai chi exercise class, which people from all floors of the home were invited to attend, and a quiz that eight people took part in. On the second day of our inspection the weekly arts and crafts group was being held, attended by eight people. There was also a film being shown, for those who were interested in this. Where opportunities arose, staff chatted to people on an individual basis about things of interest to them. Newspapers, crosswords and word-searches were available in the home. One person told us they enjoyed knitting and crosswords and said, "We have a lady who does nails and a good hairdresser." A relative told us, "There's always activities going on but my [relative] doesn't always get involved."

There was an activities board on display on the ground floor of the home, showing activities for the week, but we were told this was not always up to date or reflective of the activities actually happening each day. One person said, "The activities schedule downstairs means absolutely nothing." This meant that opportunities to keep people fully informed about activities were sometimes missed and could cause potential frustration or disappointment. However, comments from people and relatives showed us that there were regular opportunities for people to engage in social and leisure activities if they wished.

There was a complaints policy and procedure in place. We viewed the registered provider's complaints and compliments log, which showed that complaints had been investigated and a response given. The log showed that formal written complaints and informal verbal concerns were recorded. In some instances the outcome of the complaint had not been clearly recorded to document that the complainant was satisfied with the way the complaint had been handled. The manager agreed to address this. People and relatives told us they would be comfortable making a complaint if they were unhappy about something. There was also a suggestion box in the main entrance to the home, which people could put comments in if they wished. This showed us that people had opportunity to raise any concerns and there was a system in place to respond to complaints.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was no registered manager in post on the day of our inspection and, as such, the registered provider was not meeting the conditions of their registration. Since our last inspection a new manager had started, but they were only in post three months and then left approximately two weeks before our inspection. An acting manager was covering the post until a permanent manager was appointed. This was the same acting manager who had been covering the acting management position at our last inspection in May and June 2016, so they were familiar with the home.

At our last inspection we found that the registered provider had a quality assurance system, but this was not being used effectively. The concerns we identified throughout that inspection, including poor record keeping in relation to people's care and nutritional needs, gaps in audits and ineffective medication systems, showed us that elements of the service were not being managed effectively and the systems used to monitor the quality of the service and drive improvements were not sufficiently robust. This was a breach of Regulation 17 (2)(a)(b)and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the registered provider with a warning notice, with a requirement that they must be complaint with this Regulation by 30 September 2016.

At this inspection we found that the registered provider had made improvements to the effectiveness of, and adherence to, their quality assurance system. The registered provider used a comprehensive set of monthly audits to monitor the quality of care provided, and since our last inspection these audits had been completed regularly. These audits covered topics including falls, care plans, accidents and incidents, medication, pressure sores, finance, infection control and activities. Action points were developed from these audits where required.

Although we identified throughout this inspection that further improvement was still required in certain areas, such as the regularity of supervision meetings and elements of medication practice, we could see that these issues had been identified in audits and action was underway to address them. A new regional manager had come into post since our last inspection and they had completed a comprehensive audit the month before our inspection. This audit highlighted that there were still a number of areas for improvement across the home and because of this an overall action plan had been developed to drive progress. The area manager had a clear vision in relation to the improvements required and their expectation of staff in delivering this. They told us that they, and a quality support officer, would be visiting the home on a weekly basis, until a permanent manager was appointed and they were satisfied with progress. They would then be able to review the frequency of their visits.

One area of concern we identified during our inspection in relation to staff knowledge and care planning documentation about diabetes, had not specifically been identified in recent internal audits. This also showed that the registered provider had not been proactive in following our recommendation from the last inspection and we discussed with the acting manager about the importance of addressing this in the home's action plan. However, other than this, audits were generally effective in identifying issues, and there

was evidence of action taken in response. Where issues were still outstanding or required further monitoring to ensure consistency of staff approach and drive improvement at a faster pace, this was included in the home's action plan. This, alongside the general improvements we noted in record keeping at the home, showed us that the registered provider had made sufficient improvement to demonstrate that they were now meeting legal requirements in relation to Regulation 17(2)(a)(b)and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager recognised that the appointment of a permanent registered manager would be crucial in providing the home with stability and driving further improvement. We spoke with people, relatives and staff about leadership at the home. Most of the relatives and some of the people we spoke with told us they were unaware who the current manager was but were aware there had been significant changes and disruptions to management. Two relatives commented that they had not been introduced to the previous manager, but another told us they had. This showed us that communication about management changes could be improved.

Some staff told us that changes in management had been unsettling for staff but did not believe they had negatively impacted on people who used the service. One said that having three different managers had been "Quite difficult. You feel like you're making progress then it all changes. Nothing is discussed with staff." Staff told us they were supported by the acting manager. One said, "Any problems we can go straight to [acting manager], whether it be personal issues or work related. If there is a problem it will get sorted." Staff also told us, "We're a good team. The staff are brilliant" and "Staff look out for each other. Nobody ever says 'That's not my job'. There is a positive culture. Yes, we're busy, but we help each other. It's nice to work somewhere without negativity."

We saw from minutes of the last staff meeting, held in November 2016, that staffing and management changes had been discussed, along with the findings of the home's most recent quality audit and action plan. Reminders were given to staff about practice in a number of areas. The topics discussed at two staff meetings held in September 2016 included staffing updates, new rotas, the introduction of set staff on each floor to improve continuity, medication practice reminders and the introduction of new communication books on each floor.

The registered provider's policy was to conduct monthly resident satisfaction surveys to get feedback on a variety of topics. These had not always been conducted monthly since our last inspection and this had been identified in the home's action plan for immediate attention.

There was generally positive feedback from relatives about the overall quality of the service. One relative told us, "I've noticed a big improvement. [The service] used to be a bit chaotic; not enough staff, people not shaved, that sort of thing. There's been a reorganisation and it's much calmer now. One thing I don't like is that the younger carers have capital radio blaring out all the time. I think that's for their benefit not the residents." However, other relatives told us, "Overall I'm very happy with the care" and "Everything is really good. I feel comfortable I can walk away and know [my relative] is cared for. I think we hit it lucky." Comments from people who used the service suggested they were satisfied with their care and one person told us, "I would recommend this [home] to anybody."