Parkside Residential Homes Ltd

Hambleton Court Care Home

Inspection report

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Hambleton
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 27 January 2017 and was unannounced.

At our last inspection on 14 December 2015 we rated the service as 'Requires Improvement'. There were two breaches of regulation and three recommendations within the report.

Hambleton Court Care Home provides accommodation and personal care for up to 18 older people. The service is provided over two floors and is a converted house located in the village of Hambleton near Selby. There is car parking available to the front of the service and disabled access into the building. People have access to a large garden area to the rear of the building and enjoy a selection of communal spaces within the service. These included two dining areas, a large lounge and a smaller sun room. Both floors of the service have communal bathrooms and toilet facilities. The bedrooms are all single occupancy and twelve bedrooms have a toilet and wash-hand basin en-suite facility.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. 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.

The registered manager monitored accidents within the service to ensure people were kept safe. However, they had not completed an analysis of these to identify any trends or problems within the service. There was a lack of information and evidence to show that feedback from staff, people and relatives was analysed, responded to and used to make improvements. We have made a recommendation about this in the report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes. Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

Improvements had been made to how the service applied the principles of the Mental Capacity Act 2005. People gave consent to their care and their opinions and viewpoints were listened to and acted on.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Improvements had been made to the quality of the care plans. These had been rewritten and reflected

person-centred care needs, which had been discussed and agreed with people and their families. We saw that the care being given reflected that which was recorded in the care plans.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered provider had investigated and responded to the one complaint that had been received in the past year.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Staff had been employed following robust recruitment and selection processes. Sufficient staff were employed to meet the needs of people who used the service.

Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

Is the service effective?

Good

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People told us that care was good and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires Improvement

There was a quality assurance system and processes within the service, but improvements were needed in relation to analysing health and safety risks and responding to feedback from people using the service and staff.

People who used the service said they could chat to the registered manager and relatives said they were understanding and knowledgeable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

Hambleton Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. The registered provider submitted a provider information return (PIR) in September 2016 within the given timescales for return. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered provider, the registered manager and one member of care staff and the chef. We also spoke with one relative and three people using the service. We carried out observations of the lunch-time meal and walked around the whole building.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation pertaining to the management and running of the service.

This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment. We also completed a tour of the entire premises to check general maintenance as well as the cleanliness and infection prevention and control practices.

Good

Is the service safe?

Our findings

People said they felt safe in the service and that staff were very caring and looked after them well. One person told us, "It is lovely, I can walk around the service with my walking frame and go see my friends in their rooms. I have made friends with the other residents." One visitor told us, "I feel my relatives who live here are safe and secure, the staff look after them well." We saw that the entry to the service was controlled by staff and the outside doors used a key code entry system.

The corridors and hallways on the ground floor were busy with staff, visitors and people moving around with walking frames. However, we saw that staff supported people to move around and assisted them in a safe manner. The service was clean and well decorated, bedrooms were personalised and we found the service to be 'homely'.

At the last inspection in December 2015, we made a recommendation in the report that the service reviews its staffing levels to ensure they had sufficient staff available to meet people's needs. Checks of the staffing rota and discussion with people, relatives and staff at this inspection, indicated that some improvements had been made and people's needs were being met.

At the time of our inspection there were 17 people using the service. Four people were living with dementia and one person required two staff to assist them with care tasks. The registered manager told us the service did not use a dependency tool to monitor people's dependency levels and review the staffing levels in the service. However, following discussion about this they said they would look into it as part of their service development. We have commented on this in the Well-Led section of this report.

Everyone we asked told us they thought there were enough staff on duty although sometimes they were very busy. People told us, "I've not had to wait for much" and "Yes they are busy but not too busy to sit and chat." A relative told us, "You get busy periods and people have to wait, but on the whole it is good."

We were given three weeks of staff rotas to look at that showed consistent staffing levels were maintained. We saw that the registered provider had increased the amount of hours for kitchen staff and there was now a cook on duty for the three main meals of the day. From Monday to Friday each day there was a senior care staff and one care staff on duty from 8am to 8pm and the registered manager provided additional cover when needed. Staff told us, "We only have to ask and the manager will come onto the floor to support us at busy times. We are a good team of workers and we can usually manage to cover each other for leave and absences." On a weekend and at night there were two care staff on duty and the registered manager provided on-call cover for emergencies. The registered provider also employed domestic staff for cleaning and a maintenance person.

People were protected from avoidable harm. The registered provider had policies and procedures in place to guide staff in safeguarding adults and they described to us the local authority safeguarding procedures. Our checks of the safeguarding file showed that there had been no alerts raised by the registered manager in the last twelve months. The registered manager and the staff had completed safeguarding adults training in

the last year and this was evidenced in the staff training files we looked at. The staff said they were confident about raising any issues with the registered manager. People and relatives also felt safe and confident that if they raised any concerns with the registered manager then these would be dealt with quickly and effectively. However, no-one who spoke with us had ever had any concerns about abuse whilst in the service.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives. The registered manager monitored accidents within the service to ensure people were kept safe. However, they had not completed an analysis of these to identify any trends or problems within the service. See the Well-led section of the report for more information on this.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, nurse call system, portable electrical items, the lift and hoists, electrical wiring and the gas system. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

We saw that the fire risk assessment for the service was up to date and reviewed yearly. The people using the service each had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We looked at how medicines were managed within the service and checked the people's medication administration records (MARs). One person told us, "I get my medicines on time and when I need them. I used to look after them myself, but I have asked the staff to do this for me now as it is much easier." We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

Good

Is the service effective?

Our findings

At the last inspection carried out in December 2015 we found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to consent. We found the service was not consistently applying the principles of the Mental Capacity Act (2005), although we saw staff routinely sought consent, there was some information within people's care plans which suggested they may not be able to make an informed decision with regard to their care and treatment. We did not see mental capacity assessments or best interest decisions recorded in these instances. Some people were subject to constant supervision without the necessary safeguards in place.

At this inspection on 27 January 2016 we found that sufficient improvement had taken place that the breach had been met.

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 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. Discussion with the registered manager indicated that the majority of people using the service had capacity to make decisions about their day-to-day care needs. This meant there had been no need to make any DoLS applications so far. Where we saw information in the care files to indicate a person lacked capacity we noted that they had a Power of Attorney in place for finances and/or health and welfare. The service ensured that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG).

Three people who spoke with us said they were able to make choices about their daily lives and were supported to be as independent as they wanted to be. One person told us, "The staff understand me and let me potter about at my own pace. They are there if I need them, but I can do most things myself. However, they do help me to put on my socks and shoes."

We saw that the registered manager had updated the care files to include consent forms which were signed by the person using the service and people had signed their care plans to indicate they had read these and agreed with them. One visitor told us, "There is a good level of communication between the staff and our family. My relatives living in the home are consulted about their care and are able to say what they want and what they do not want. The staff listen to them and act on their wishes and decisions."

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. All of them said "Yes." One person told us, "The staff use a hoist to move me from my chair to bed and back. They are very good when they do this and talk to me about what is going on. I ask them to make sure it doesn't swing and I always feel safe in their care."

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around. One person said they felt the staff knew them well; if they were feeling under the weather staff always recognised this and would take them to one side and say, "You're not yourself" and that they would listen to anything that was concerning them.

We looked at induction and training records for three members of staff. These indicated that new staff completed the Care Certificate Induction from Skills for Care and received appropriate training and practice monitoring to ensure they could provide safe care and treatment. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as 'essential'. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid/basic life support, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. The registered manager told us "We use an outside training company to deliver the training and it is refreshed every year."

We asked the registered manager about best practice within the service looking at external awards and research. The registered manager confirmed there were none in place. However, as part of our inspection we looked at diabetic care in the service and found the service did incorporate some elements of good diabetes care into their practice. This included basic care plans about managing diabetes and people living with diabetes were able to access diabetes specialists such as nurses and dieticians. We spent time discussing how this good practice could be developed to include screening of new people on admission (urine testing), the production of a risk assessment tool for diabetes foot disease and availability of hypoglycaemia kits in people's bedrooms (where appropriate). Diabetic training for all the staff would be useful, although the person using the service who needed daily insulin was independent with this care.

Checks of the staff files showed that they received supervision from the registered manager, but this was not planned and recorded on a yearly planner. Staff appraisals were not carried out although the registered manager said this was being developed. This was a recommendation in the last inspection report (December 2015). The registered manager spoke about their progress to date and how they would take this work further to ensure all staff practice was monitored and reviewed to make sure people who used the service received a good standard of care. See the Well-Led section of the report for more information on this.

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We asked people who used the service what happened if they did not feel well

and they told us, "The staff are lovely, they would arrange for us to see our GP or the district nurse straight away." We saw that the chiropodist was visiting the service during our inspection and people also had good access to opticians and dentists as needed. One person who spoke with us said, "My son is taking me to the dentist tomorrow, as my teeth are not fitting properly. It is not affecting my ability to eat but I feel very self-conscious about it."

Discussion with the staff and the registered manager indicated no-one using the service was currently at risk of poor nutrition. There was no dietician input at the time of our inspection and everyone ate and drank well. People were weighed monthly and, those people whose care we looked at had maintained steady weights over the last six months. The chef told us they reviewed people's diets regularly and that daily diets included healthy and high calorie drinks and snacks such as milkshakes, fresh fruit and full fat yoghurts depending on people's needs.

The chef told us that they spoke with new residents about their food likes and dislikes. They told us that they planned the menus and that the menus changed with the seasons. This was confirmed by the people who used the service. People told us, "I like the food, it is always tasty," "I'm very satisfied" and "Yes, the food is really good." We saw that people were offered a choice of meals and people's likes and dislikes were known by the chef and catered to accordingly.

Observation of the lunch time meal showed that people were given a choice of where to sit in the dining room and lounge areas; some people chose to eat in their bedrooms. Portion sizes were adequate and people were given their choice of food, which was served to them by the staff. We noted that each meal met with the person's dietary needs/requests. The chef told us that no-one needed a specialized diet such as soft or pureed food, but they did adapt the meals to meet the needs of those with diabetes.

Good

Is the service caring?

Our findings

People who spoke with us were very satisfied with the care and support they received from the staff and made a number of very positive comments. We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather.

People told us, "The staff are brilliant. You only need to ask for something and they try their best to get it. They always give you time, they never hurry you", "The carers are marvellous" and "The staff are very friendly and have helped me feel settled."

We observed really caring and kind interactions between staff and people using the service. One visitor told us, "This home has been a lifesaver for me. My relatives call it 'The hotel' as they have lovely rooms and there is a great atmosphere here. Staff go out of their way to be helpful and when I leave I can relax as I know my relatives are getting the best care."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person told us, "I am very independent and if I need help I ask." We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

Through our discussions with staff we found there was evidence of staff knowing people's personal tastes, but we saw they also checked with people for confirmation. Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager.

We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed and many had been to the hairdressers, including the males. Finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by people that they could have a bath whenever they wished and one person said "The carers are particularly good, caring and willing."

Visitors were treated with respect and all the staff seemed familiar with the visitors and spoke with them in a friendly manner. All visitors were offered tea or coffee on arrival. Visitors told us they were always made welcome and to feel "Part of the family."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with personal care or getting up out of their chairs. People and visitors confirmed to us that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks.

Those who received personal care told us that they felt dignified while that happened. Individuals said, "They protect my dignity definitely. They make a point of covering me up when doing personal care" and "They always knock on the door." "They're very good at leaving you in peace" and "They take care not to embarrass you when looking after you."

Good

Is the service responsive?

Our findings

At the last inspection carried out in December 2015 we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to person-centred care. We found that although people told us they received a good standard of care we saw some care which was not delivered in line with the person's care plan. We saw some out of date information in care plans. We did not see involvement of the person and their families in the development and review of care plans.

At this inspection on 27 January 2016 we found that sufficient improvement had taken place that the breach had been met.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well.

We saw that people's care plans had been rewritten and updated since the last inspection (December 2015). The registered manager had introduced consent forms for care and treatment and for photographs, which had been signed by individuals using the service or their families. The care plans now focused on the wishes and needs of each individual and had been signed to say these had been read and agreed by each person. People told us, "The staff come and chat to me about my care" and "If I want to change things then I can. I used to take my own medicines but now I have asked the staff to do this for me." We saw that this change to care was recorded in their care file.

One visitor told us, "My relatives and family are involved in the planning of their care and treatment. We are invited to reviews so we can discuss their care with the staff and social workers." We noted that the care files also contained a document titled 'All about me'. This document included personal life histories so that staff had knowledge about what people liked to do, their backgrounds and people important to them. This helped staff converse with individuals and understand how they wanted their care to be delivered.

We saw that the care plans reflected the care being given to people. For example, moving and handling information was documented to show where a person was independent or used a walking aid. One person who relied on staff hoisting them had clear instructions in their risk assessment and care plan for the type of hoist and sling to use. People we spoke with used a variety of different equipment in their daily lives including pressure cushions, pressure mattresses and bed rails. These were all risk assessed and documented in their care plans. This meant there was an up to date record of people's care needs and abilities.

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss

the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) for use when people were admitted to hospital to provide staff with important details about health needs such as mobility and personal care.

We noted that the level of activities in the service was low key and the registered manager told us that the care staff were responsible for carrying out various activities. There were also regular entertainers and external members of the community who came into the service. There was no evidence of an activity schedule, but we saw that staff recorded events and activities in people's care files. People told us there was a quiz on a Monday that they really enjoyed, Tuesday's there was a choir that visited the service and the hairdresser came every Thursday. One service user said that their daughter did their nail care, but others in the home enjoyed manicure sessions on a Friday.

We saw posters throughout the service showing that there was an exercise class each month and a church service on the first Tuesday of the month. One visitor said, "They celebrate birthdays here with a party, cake, cards and high tea." One person had a 'talking book' machine which their family had bought them and they said this brought them great pleasure and they spent a lot of time listening to this. Other people spoke about the library service provided by volunteers in the community. Everyone who spoke with us said they had enough to do to keep them busy and those who were able to walk around the home enjoyed chatting and sitting with friends and staff in the communal areas.

Relatives told us that they felt confident if they needed to they could raise a complaint. One visitor told us that they had never had to raise a complaint, but could speak to the registered manager whenever they needed to as they were always available.

We saw that there was a copy of the registered provider's complaints policy and procedure on display. People who spoke with us were confident about discussing any issues or problems they may have with the staff and registered manager. We saw that the registered provider had investigated one complaint in the last year, and no further action had been required.

Requires Improvement

Is the service well-led?

Our findings

The registered provider and registered manager had made improvements to the service since our last inspection in December 2015. We saw that two breaches of Regulation had been met and they were working on meeting the recommendations within the last report. We saw that new practices had been put into place for staff supervisions and person centred care plans. Staffing levels had been increased in the kitchen to give care staff more time with people instead of covering catering duties policies and procedures had been reviewed and updated. However, there remained some areas of the service that needed attention. These had a very low impact on people using the service and were of low risk.

We saw that the registered provider had introduced a new quality assurance process, but it did not capture all the work being done within the service. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service. However, we discussed with the registered manager the fact that a lot of things that they did to monitor and assess risk in the service was not being documented fully. For example, although there was a record of accidents taking place within the service, there was no evidence the registered manager had completed an analysis of any incidents or accidents to look at trends and patterns and prevent further reoccurrence where possible. This meant the registered provider could not easily evidence that identified risks to people using the service and others was continually monitored and appropriate action taken where a risk was identified.

Appraisals still needed developing and implementing for staff, to ensure their work performance was monitored and reviewed. Supervisions were beginning to take place regularly, but there was no overall plan to evidence how often these took place or where any gaps might be.

We also spoke with the registered manager about using a dependency tool to look at staffing levels and ensure these were sufficient to meet people's needs; as the level of need within the service could rise and fall over time.

We were told by the registered manager and the staff that meetings took place weekly to discuss care, the service and staff practices. The staff told us these were open discussions and they felt comfortable talking about issues with the registered manager. However, these were not documented and this meant there was no evidence about what was discussed or the action taken by the registered manager on any feedback they received. We also saw that resident and relative meetings were not being recorded although people and relatives said they could speak with the registered manager whenever they needed to. Again the lack of written documentation meant it was very difficult to assess how effective the service was at responding to this feedback.

The registered provider sent out satisfaction questionnaires to people and relatives. However, the responses we saw were not dated. There was no analysis or action plan of the results to indicate that people's views and opinions were used to change practices within the service. This meant the registered provider could not evidence that they listened to, recorded and responded to the feedback given to them or that improvements were made without delay once they were identified. There was also no system in place to communicate how

feedback had led to improvements. All these issues were of low impact on people using the service and of low risk to individuals so we have made a recommendation in this report.

We recommend that the service seek support and training, for the management team, about effective quality assurance systems and processes.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, and transparent. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

There was a registered manager in post who was supported by senior staff and the registered provider. Everyone who spoke with us was able to tell us the name of the registered provider and the registered manager and were confident about raising any issues with either one of them. People told us they felt the home was well run and they were happy there. The home had a calm atmosphere about it on the day of the inspection and the registered manager told us they aimed to provide people with a pleasant and relaxing place in which to live.

The registered provider of the home was very involved in management of the home and people knew who they were and were familiar with them. When asked about the registered manager people told us, "We talk to each other and they respond well to problems" and "Oh, they are lovely they makes me laugh." We spoke with the relative of one person who had just moved into the home. They told us, "The manager has been very helpful. The whole thing has been a very positive experience for all of us. It's very clean, [Name's] got a nice room, in nice surroundings."