

Avon Care Limited

Grosvenor Hall

Inspection report

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Scarborough
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Date of inspection visit:
23 August 2017
29 August 2017

Date of publication:
26 October 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Grosvenor Hall is a residential care home registered to provide accommodation for up to 21 older people, some of whom may be living with dementia. The service is in a residential area on the south side of Scarborough. People who use the service need to be independently mobile or able to use a stair lift to access the upper floor as there is no passenger lift.

We inspected the service on 23 and 29 August 2017. The inspection was unannounced. At the time of our inspection, there were 21 older people and people living with dementia using the service. At our last inspection of the service in June 2016, we rated the service 'requires improvement'. We identified breaches of regulation relating to person-centred care, safe care and treatment, safeguarding people from abuse and improper treatment and the governance of the service.

At this inspection, we found some improvements had been made and the provider was compliant with regulations relating to person-centre care and safeguarding people from abuse and improper treatment. However, we found on-going breaches of regulation regarding safe care and treatment and the governance of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They had been manager of the service since August 2016 and became the service's registered manager in April 2017. We have referred to the registered manager as 'manager' throughout this report.

Risks relating to the use of window opening restrictors, bed rails, hot water outlets and hot surfaces had not been robustly assessed. The provider did not have a safety certificate for the electrical installation. Hoists had not been serviced at appropriate intervals to ensure they were safe to use. A fire risk assessment was not in place and regular fire drills had not been completed.

We found gaps in records relating to training, supervisions and appraisals. Monitoring charts, including food and fluid charts, had not been completed to a consistently high standard. Mental capacity assessments and best interests decisions had not been appropriately documented.

Audits had not identified and addressed the issues and concerns we found regarding the safety of the home environment and in relation to the records kept.

Risk assessments had not been consistently updated when people's needs changed.

We found breaches of regulation relating to safe care and treatment, the on-going governance of the service and staffing. You can see what action we told the provider to take at the back of the full version of the report.

People were supported to take their prescribed medicines, but we made a recommendation about ensuring best practice guidance was followed.

Staff supported people to ensure they ate and drank enough. Staff were skilled and patient in ensuring people received the level of support they needed at mealtimes. The manager was proactive in liaising with healthcare professionals to ensure people's health needs were met. The deprivation of liberty safeguards (DoLS) were appropriately used to ensure people's human rights were protected.

People who used the service told us they felt safe at Grosvenor Hall and we found sufficient staff were deployed to meet people's needs. Action had been taken to ensure the home environment was clean and effective infection prevention and control practices were followed.

People who used the service told us staff were kind and caring. We observed staff knew people well and provided attentive care and support to meet people's needs. Care plans contained information to support staff to provide person-centred care. Staff treated people with dignity and respect. People had choice and control over their care and support and daily routines.

Staff supported people to engage in activities and encouraged and enabled people to maintain important relationships. The manager told us they were looking to improve the activities on offer to people who used the service.

There were systems in place to gather and respond to feedback about the service. People told us they felt able to speak with the manager and raise any issues or concerns they had.

People told us the manager was approachable. We received consistently positive feedback from people who used the service, relatives and staff we spoke with about the changes and improvements the manager had made since they started at the service. The manager had a 'hands on' approach and was a visible presence in the service. They provided care and support to people who used the service as well as advice and guidance to staff.

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.

Environmental risks had not been appropriately assessed and managed.

Risk assessments had not always been updated when people's needs changed.

People were supported to take their prescribed medicines, but we made a recommendation about ensuring best practice guidance was followed.

Sufficient staff were deployed to meet people's needs.

The service was clean and followed safe infection prevention and control practices.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We found significant gaps in records of staff training. Staff had not received regular supervisions and annual appraisals.

We received positive feedback about the staff and observed staff providing effective care and support.

Staff sought people's consent and were mindful of issues about the Mental Capacity Act 2005, but appropriate mental capacity assessments and best interest decisions had not been documented.

We received positive feedback about the food provided and found people were supported to ensure they ate and drank enough.

Staff proactively supported people to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. We observed people had developed positive caring relationships with the staff that supported them.

Staff spoke with people in a caring and respectful way. People told us staff maintained their privacy and dignity.

Staff supported people who used the service to make decisions. People had choice and control over their daily routines.

Is the service responsive?

Good ●

The service was responsive.

Staff demonstrated they understood people's needs and how best to support them.

We observed staff supported people to engage in activities, although the manager told us they wanted to improve the range of activities on offer at the service.

People told us they felt able to raise any issues or concerns, that they would be listened to and their concerns would be dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We identified a number of outstanding issues and concerns, which demonstrated the provider had failed to adequately monitor and assess the safety of the service provided.

Records were not well-maintained. This meant there was not always a clear and accountable record of the care and support provided.

We received consistently positive feedback about the manager and the improvements they had made to the service.

Grosvenor Hall

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. The inspection was planned to check whether the provider was 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.

We inspected the service on 23 and 29 August 2017. The inspection was unannounced. The first day of our inspection was completed by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported this inspection by speaking with people who used the service and their relatives to help us understand their experiences and views on the service provided. The second day of our inspection was completed by two inspectors.

Before our inspection, we looked at information we held about the service, which included information shared with the Care Quality Commission (CQC) and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share. We used this information to plan our inspection. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection, we spoke with four people who used the service and four people who were visiting their relatives or friends. We spoke with the manager, two senior care workers, two care workers and the cook and received feedback from a visiting healthcare professional.

We had a tour of the service including communal areas and, with permission, looked in people's bedrooms. We observed interactions between staff and people who used the service including at lunchtime and during activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

We reviewed four people's care files, recruitment, training and supervision records for three members of staff, medication administration records, meeting minutes and a selection of records relating to the running of the service.

Is the service safe?

Our findings

At our last inspection in June 2016, the provider had failed to ensure the premises were safe and had not done all that was reasonably practicable to manage infection prevention and control risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found significant improvements had been made to infection prevention and control practices and the cleanliness of the service. We observed the service to be very clean and tidy. Effective policies and procedures were in place to ensure areas of the service, including carpets and flooring, were regularly cleaned to maintain appropriate standards of hygiene. Contracts were in place to ensure clinical waste was disposed of appropriately. Staff wore gloves and aprons to minimise the risk of cross contamination when providing support with personal care. Hallways were kept clear and free of trip hazards. Legionella tests were complete to ensure people were protected from the risk of exposure to legionella bacteria.

However, despite these improvements, we found a number of outstanding health and safety concerns. The provider had not assessed the risk and considered the need to complete temperature checks of water outlets or hot surfaces to monitor for risks associated with scalds or burns. The provider did not complete and document robust checks of bed rails and window opening restrictors to ensure these remained safe and fit for purpose. Although we did not identify any significant defects with window opening restrictors, bed rails, or find the temperature of hot water or hot surfaces was a significant scalding risk, it is important to regularly check these to ensure risks would be identified and addressed in a timely manner. We spoke with the manager who recognised our concerns and agreed to complete regular checks to monitor this in future.

We reviewed maintenance certificates. We saw there was an up-to-date gas safety certificate, but the provider did not have an electrical installation certificate to evidence the service's electrical wiring was safe. The manager told us this had been completed, but they could not find the records to evidence this. They responded by arranging for a new inspection of the electrical installation to be completed to ensure and evidence the electrical wiring was safe. There were two hoists, which staff used in an emergency to assist people to get up following a fall. These had not been checked and serviced at regular intervals to ensure they were safe to use. This put people at increased risk of harm from using potentially unsafe or defective equipment.

Checks were completed of the fire alarm, fire extinguishers, emergency lighting and door closers. Personal emergency evacuation plans (PEEPs) were in place to provide guidance on the level of support people would need to evacuate the service in the event of a fire. However, the provider had not completed a fire risk assessment to ensure appropriate control measures were in place to manage and minimise the risk of a fire occurring. Regular fire drills had not been completed to check and ensure staff had the skills and confidence to act appropriately in the event of an emergency.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

We spoke with the manager about our concerns. They took immediate action during our inspection, and following our visit, to address the issues we identified. We were subsequently sent a copy of a new fire risk assessment, which had been completed by an independent professional. This showed us there were no significant defects or concerns regarding how the risks associated with a fire were being managed. The manager confirmed they would arrange for regular fire drills to be completed in future and liaise with the fire service to ensure they were following best practice guidance in relation to fire safety.

Staff completed training, but the provider had not documented competency checks to evidence they had learnt the necessary skills to safely support people to take their prescribed medicines. The manager told us staff had already been deemed competent when they took over as manager and no new staff had been trained to support people with medicines. The manager told us they regularly observed and monitored staff's practice to ensure they were administering medicines safely, but recognised the need to document regular medicine competency checks in future. We observed medicines being administered and saw these were given in line with guidance on best practice.

Medicines were stored securely and at the correct temperature. The manager showed us a new system which had recently been introduced. We saw medicines were dispensed by the pharmacy in a 'monitored dosage system' containing 28 day's supply of that person's medicines. These included a photograph of the person, details of the medicines and the times these were to be administered. The pharmacy also produced printed Medication Administration Records (MARs) for staff to record medicines administered.

We reviewed completed MARs and noted that the correct information regarding people's allergies had not been updated on the new MARs. We spoke with the manager and they agreed to address this. We found that codes were used to record the reasons why some medicines were not administered, but staff had not always recorded additional information to explain why or what had happened. We also noted some handwritten administration instructions had not been checked and countersigned by a second member of staff. It is considered good practice to check handwritten administration instructions to ensure no mistakes have been made. A record was kept of when medicines, prescribed to be taken only when needed, were administered, but protocols were not in place to guide staff on when these should be administered.

Controlled drugs were appropriately stored. Controlled drugs are prescribed medicines which fall under the scope of the Misuse of Drugs legislation and associated regulations, which provide strict legal controls to govern how these medicines are prescribed, stored and administered. A record was kept of the amount of medicine in stock and when these were administered, but we noted the controlled drugs book was not correctly indexed. We spoke with the manager and they agreed to address this.

We reviewed how medicines were returned when they were no longer required. We noted the 'returns book' had not been appropriately signed to evidence returned medicines had been collected by the pharmacy.

We recommend the provider reviews best practice guidance relating to managing and administering medicines.

Care plans and risk assessments were in place for each person who used the service. These provided basic information to guide staff on how identified risks should be managed. This included, for example, risk assessments in relation to malnutrition or dehydration and the support people required to minimise the risk of falls. The manager explained how they assessed people's mobility, and any risks associated with using stairs, to ensure they supported people to remain safe despite the fact that the service did not have a

passenger lift.

However, we found some examples where risks assessments needed to be reviewed and updated to reflect newly identified risks. For example, we saw records which documented one person had tried to 'climb out of bed' on a number of occasions. We found a risk assessment had not been completed to explore whether it was safe to continue using bed rails. Another person had door sensors in place to manage the risk of them attempting to mobilise independently and unsafely when using the stairs without staff support. The person's care plan and risk assessment had not been updated to include this information. It is important that care plans and risk assessments are up-to-date to ensure staff are aware of current risks and what control measures need to be in place to keep the person safe. The manager told us they would address these shortfalls and update these people's risk assessments.

Staff kept a record of accidents or incidents involving people who used the service. The manager told us they reviewed these reports and they were then filed in people's care records once they were satisfied appropriate action had been taken. The manager was knowledgeable about how accidents and incidents had been dealt with, but we found the reports written regarding accidents and incidents did not consistently evidence the action taken. Records did not evidence that accidents and incidents were collated or analysed to identify patterns or trends. We noted a number of incidents involving a person who used the service. There was no evidence that the person's care and support had been reviewed in response to the emerging concerns and an appropriate risk assessment had not been put in place. The manager agreed to address these concerns and ensure that an appropriate risk assessment was put in place to manage the risks to the person's and staff's safety.

Despite the concerns we identified, people who used the service consistently told us they felt safe. Feedback included, "I am safe living here", "I don't feel anything else but safe" and "Absolutely I feel safe. There is always someone there if you need them." A relative told us, "It is such a homely place, it makes you feel safe." We observed people who used the service were relaxed and at ease throughout our inspection and acted in a way which showed us they felt safe and comfortable in staff's company.

The provider had a safeguarding policy in place to guide staff on how to identify and respond to safeguarding concerns. Staff we spoke with demonstrated they understood their responsibility to identify safeguarding concerns and report these to the manager. Records showed safeguarding concerns were investigated in consultation with the Local Authority and action taken where necessary to keep people who used the service safe.

Recruitment checks were completed to ensure suitable staff were employed. New staff completed an application form, had an interview and provided references before starting work. Checks were completed with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and minimises the risk of unsuitable people working with adults who may be vulnerable.

People who used the service provided positive feedback about the staff who supported them and told us they felt there were enough staff to meet their needs. Comments included, "It's not bad, they come when they can", "There has been enough staff for me" and "They would do anything I ask." A relative said, "There is always someone there to help."

The manager showed us a dependency tool they had previously used to determine staffing levels, but told us, at the time of our inspection, they monitored staffing levels through observations and feedback from people who used the service and staff to ensure sufficient staff were deployed to meet people's needs. The manager told us they aimed to have five care staff on duty in the morning, four care staff on duty in the

afternoon and two care staff on duty at night. On the day of our inspection, there was the manager, two senior care workers, three care workers and three domestic staff on duty. We observed staff were routinely available in communal areas to monitor and respond to people's needs. We saw care and support was provided in an unrushed manner and people's call bells were responded to promptly. Staff we spoke with told us they felt there were enough staff on duty and staffing levels were safe. We concluded sufficient staff were deployed to meet people's needs.

Is the service effective?

Our findings

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in June 2016, people who used the service were unlawfully deprived of their liberty. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, our concerns had been addressed and the provider was compliant with this regulation. We found the manager had ensured appropriate applications were submitted to safeguard people using the service who were deprived of their liberty. We concluded the provider was meeting the requirements of the deprivation of liberty safeguards and people's human rights were recognised and protected.

People who used the service had been asked to sign their consent to the care and support staff provided. Staff we spoke with demonstrated they understood the importance of consent and we observed staff sought people's permission before supporting them. Care files evidenced that issues around people's mental capacity were considered, but we found clear and complete mental capacity assessments had not been documented. We found the manager had taken steps to ensure decisions made on people's behalf were in their best interests. For example, people's families, doctor and the pharmacists had been consulted regarding the decision to administer medicines covertly. Covert medication is the administration of medical treatment in a disguised form. This usually involves disguising medicine by administering it in food and drink, because the person lacks mental capacity and is refusing to take medication which is necessary for their physical or mental health. We spoke with the manager about ensuring appropriate documentation was in place to support these decisions and they agreed to address these shortfalls in their record keeping.

We recommend the provider seeks advice and guidance from a reputable source regarding the Mental Capacity Act 2005.

Staff we spoke with provided positive feedback about the training available. Comments included "It's quite good. I enjoy keeping up with it", "The courses are very in depth" and "Training is always available". We reviewed records of training completed and saw that courses provided included safeguarding adults, health and safety, moving and handling, fire safety, dementia awareness, emergency first aid, infection control and medicine management. Although we saw a range of training had been completed, we identified significant gaps in the training records. For example, records evidenced that only six out of 20 staff had completed moving and handling training and only seven out of 20 staff had completed safeguarding, fire safety or first aid training.

The provider had a supervision and appraisal policy and procedure in place. This stated staff should receive a minimum of four supervisions a year and an annual appraisal. Supervision is a process, usually by way of a meeting, that an organisation provides support, advice and guidance to staff and encourages continuous professional development. We saw a number of supervisions had been completed across the last year, but not all staff had received supervisions or an annual appraisal to monitor and evaluate their practice and to support their continued professional development.

The significant gaps in staff's training and the lack of regular supervisions and annual appraisals demonstrated a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager explained they did not have records to evidence training which had been completed before they took over as manager. They told us the staff team were very experienced and they continually monitored their practice to ensure staff provided safe and effective care. The manager told us they were aware of the need to complete further training and showed us evidence of a number of training courses which had been booked or were being arranged to address these gaps in their records.

The manager told us they completed informal observations of staff's practice, during which they provided advice, guidance and support to staff. The manager said they had an 'open-door' policy and regularly met with and supported staff through informal supervision and support. Staff told us the manager was proactive in giving advice, guidance and support to ensure they were providing safe and effective care. Comments included, "Help is freely available...if I want anything I ask. If you need supervision you can ask" and "[Manager's name] works on the floor as well. They know and want to know what is going on. They are very knowledgeable and if anything is wrong, they will tell you." Another member of staff said, "[Manager's name] is fair but firm, they pull people up if they haven't done something properly."

Despite the gaps in records of staff training, supervisions and appraisals, people who used the service did not raise concerns about the skills or knowledge of the staff who supported them. One person commented, "They seem to know their job well." We observed staff were skilled in meeting people's needs and provided effective care throughout our visits.

People provided positive feedback about the food on offer at Grosvenor Hall. Comments included, "I eat it all up. I like my food" and "It's nice, honestly and truly it's like an eight star hotel." We observed lunch being served. We saw people were offered a choice of meals and the food served was well presented and looked very appetising. It was clear staff knew what people liked and disliked and meals were tailored to meet people's individual needs and preferences. People who used the service said, "The staff wouldn't give me things I dislike" and "If there was something I didn't like, I would say so, but the staff know what I like and dislike." We observed staff providing kind, caring and patient support with eating and drinking to ensure people received the support they needed.

People who used the service were regularly weighed and we saw that concerns were appropriately identified and further advice and guidance was sought from healthcare professionals where necessary. Monitoring charts were also used to support staff to identify where people had not eaten or drunk enough, but we noted some inconsistencies in how these were completed and spoke with the manager about improving recording on these monitoring charts.

Staff provided effective support to ensure people's health needs were met. The manager had an established relationship with a local hospice that provided advice, guidance and practical assistance to support people who used the service to remain at Grosvenor Hall at the end of their life. We saw people's care records

contained details about the support people required to meet their health needs. Staff documented when people were referred to or visited by healthcare professionals. These records evidenced staff were proactive in identifying concerns and seeking advice. We saw people who used the service were regularly seen by their doctor, the district nurses, dentist and opticians. A healthcare professional told us, "Staff report quickly to us any concerns. The home offers excellent homely care."

Is the service caring?

Our findings

We asked people who used the service if staff were caring. We received consistently positive feedback with comments including, "Yes very caring", "They are lovely", "They are more like friends" and "I am quite happy here and well cared for." Relatives of people who used the service told us, "I think the staff do care", "The staff are caring" and "I see lots of kind acts and carer staff talking to the residents." A healthcare professional said, "I have been coming into the home for many years. It is always a pleasure to come here with helpful, kind and caring staff."

We observed interactions throughout our visit and saw staff were kind and caring towards people who used the service. We saw staff made an effort and went out of their way to engage people in conversation. Staff spoke with people in a kind and compassionate way demonstrating they cared about how people were feeling. We observed staff chatting and joking with people in communal areas and as they went in and out of people's bedrooms. We saw people responded warmly towards staff showing us they enjoyed staff's company and the conversations they shared. A person who used the service said, "I love it, they talk to you."

Our conversations with staff showed us they knew people well and took an interest in their lives and what was important to them. One member of staff told us, "Working in a smaller home you get to know the residents." Another member of staff said, "It is like a family here. The people who live here become a big part of your life." Staff explained that they read people's care plans, spoke with people and their families and shared information with each other to help them get to know people and to establish a rapport.

People who used the service told us staff treated them with dignity and respect. We saw staff addressed people by their preferred names and spoke with them in a respectful manner and tone. Staff we spoke with demonstrated a good understanding of how to support people in a way which maintained their privacy and dignity. One member of staff said, "I knock on their bedroom door and cover people up when supporting with personal care. I ask if people would like help and make sure the door is closed. I provide support how I would like to be supported myself." We observed staff did knock before entering people's bedrooms. This demonstrated staff respected people's privacy and personal space. A person who used the service told us staff were very good at respecting their privacy, commenting, "If I was in the bath, no one would come in." We observed care and support provided in communal areas was respectful and discreet and people were supported to their bedrooms or the bathrooms where necessary to be supported with personal care.

We observed people who used the service appeared clean, appropriately addressed and well cared for. Our observations showed us staff supported people to take pride in their appearance and dress how they liked.

People were supported to make decisions and have choice and control over their daily routines. We observed staff offered choices to people throughout our inspection; they encouraged and prompted people to make decisions. This included, for example, choosing what to eat and drink, where to spend their time and whether or not to join in activities.

Is the service responsive?

Our findings

At our last inspection in June 2016, people were not supported to follow their interests, establish and maintain links within the community and take part in activities. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was now compliant with this regulation.

People told us they were happy with the service and there was nothing they would change. We observed activities and games took place during both days of our inspection. We saw staff supported people to play ball games and various board games. At other times music was playing and staff were observed chatting, joking and trying to engage people in other activities. A person we spoke with told us, "I am so happy here."

The provider did not employ an activities coordinator, but the manager told us staff were collectively responsible for organising and supporting people to ensure there were suitable opportunities for meaningful stimulation. We saw a monthly motivational exercise class and monthly musical entertainment sessions were held at the service. A member of staff told us, "We play dominoes quite a lot. We paint their nails and do their hair. They are quite happy if we sit and talk to them." The manager told us they were looking to continue developing activities on offer and we spoke with them about documenting and evaluating activity sessions to further monitor and evidence that people were supported to pursue their hobbies and interests.

We observed people were visited by friends and family throughout our inspection. People told us their visitors were always made to feel welcome. Feedback included, "My [Relative] is made to feel welcome" and "They can visit anytime. They encourage friends and family." Visitors to the service told us, "I can visit anytime at all" and "I am always made to feel welcome. Look they have made me a drink of tea." This showed us staff encouraged and supported people to maintain important family relationships.

People who used the service told us staff knew them well and how best to support them. One person commented, "They know what I like." A member of staff told us, "We talk to people to get to know them and you ask other members of staff. It feels like I've always known them." We observed staff providing skilled and person-centred care, which recognised people's individual needs and how they liked to be supported.

We saw each person had care plans and risk assessments to guide staff on how to meet their individual needs. Assessments were completed which included information about people's needs in relation to communication, personal hygiene, medication, mobility, diet and nutrition and social interests and activities. We found these contained basic person-centred information, which reflected people's likes, dislikes and personal preferences. For example, one person was at risk of developing pressure sores. Their care plan and risk assessment provided guidance to staff on what equipment was in place and what support they were required to provide to ensure the person remained comfortable and their needs were met. We saw that where people pressed an alarm bell, or a sensor was alerted, staff were prompt in responding to people to ensure their needs were met.

Although we noted some care plans and risk assessments needed to be updated. We observed staff providing consistently person-centred care which was responsive to people's needs. Staff we spoke with showed a good understanding of people's needs and our conversations demonstrated they knew people well and how best to support them. We observed staff interacting with people in a way which showed us they were familiar with them and understood how best to support them. For example, we observed staff skilfully and patiently supporting people to join in activities using their knowledge of what people liked and disliked to encourage them to participate.

The provider had a policy and procedure in place outlining how they would manage and respond to complaints about the service. A copy of the complaints procedure was displayed in the entrance of the service, but we spoke with the manager about making this more accessible to people who may be in a wheelchair and for people who may have a cognitive impairment. They agreed to explore creating an accessible complaints procedure, combining plain English language and pictures to make it more accessible and easier for people to understand and follow.

The manager told us there had been no formal complaints made about the service since our last inspection. They showed us a suggestion they had received from a relative of someone who used the service. We saw details evidencing how this had been explored and addressed, with information shared with staff to improve the service. The manager also showed us a suggestion box that had been installed in the entrance to the service to enable people to anonymously provide feedback if necessary. The manager acknowledged that they needed to label the suggestion box to ensure people knew it was there and its purpose.

People we spoke with told us they had not needed to complain, but felt confident speaking with the manager if they had any issues or concerns. One person commented, "I can talk to anyone, I'm not backward at coming forward." Relatives said, "The manager is lovely. They are very approachable" and "I would speak out if there were any concerns." Staff we spoke with understood the importance of reporting concerns or complaints to the manager and told us any issues or concerns were listened to and acted upon.

Is the service well-led?

Our findings

At our last in June 2016, the provider had failed to adequately assess, monitor and improve the quality and safety of the service and people were not protected against the risks associated with the lack of good governance. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although we found a number of significant improvements had been made at the time of our inspection, we had outstanding concerns about the provider's oversight and governance of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported by senior carers in the management of the service.

We received consistently positive feedback about the manager and the positive impact they had made since they started at the service in August 2016. People who used the service told us, "The manager is lovely." We asked relatives of people who used the service if they thought it was well-led. Comments included, "It is now, since [Manager's name] arrived. It was nice before, but it lacked leadership, there is now a positive culture" and "Since this manager has taken over I have seen a big difference. Things are more structured; staff seem to know what they are doing and get on with it. What a big difference the manager has made." A member of staff said, "There have been massive changes, everything has improved. Staffing is 100 times better, there are more activities, the décor and cleanliness has improved. The staff morale has improved." Another member of staff said "We've got a nice friendly atmosphere here. Everybody works well together to make it a nice friendly home."

We noted the manager had taken action to address concerns we identified at our last inspection of the service regarding infection prevention and control practices. Applications to deprive people of their liberty had been submitted and the provider was now compliant with regulations relating to safeguarding people from abuse and improper treatment and person-centred care. Whilst we recognised the improvements the manager had made and the positive impact that this had on the people who used the service, our finding during the course of our inspection showed us further improvements were needed to ensure the service was safe and effective.

We found risks regarding window opening restrictors, bed rails, hot water outlets and hot surfaces had not been robustly assessed and systems put in place to monitor and minimise risks. The provider did not have a safety certificate for the electrical installation and two hoists had not been serviced to ensure they were safe to use. The provider had not ensured a fire risk assessment was in place and regular fire drills had not taken place. We made a number of recommendations regarding best practice in relation to medicine management. We identified gaps in records regarding training, supervisions and appraisals. Monitoring charts had not been completed to a consistently high standard. Clear and complete records had not been maintained in relation to mental capacity assessments and best interest decisions.

The provider had a range of policies and procedures in place, but these needed to be reviewed and updated to ensure they contained comprehensive guidance on how the service should be provided.

The provider completed monthly visits to the service to monitor the quality of the care and support provided. However, records of these visits were brief, they had not identified the issues and concerns we found during the course of our inspection and did not evidence a robust approach to quality monitoring.

Whilst the manager was responsive to our feedback and took immediate action to address our concerns, the existence and extent of these concerns demonstrated that the provider did not have effective and robust system to monitor and oversee the quality of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was a member of the Independent Care Group, an organisation which supports providers by giving advice, guidance and important information on best practice in adult social care. However, we found best practice guidance, for example, in relation to health and safety had not been fully implemented.

Services which provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events or incidents that occur and which affected people who used the service. The CQC had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken in response to any issues or concerns.

The manager held staff meetings to share information and discuss any issues or concerns. We saw minutes of meetings held in November 2016 and April 2017. Topics discussed included infection prevention and control, rotas, dress code, paperwork and best practice guidance. Meeting minutes evidenced the manager actively encouraged open discussions regarding how the service could be improved.

We saw questionnaires had been completed in 2016 to gather feedback from people who used the service. Records showed five had been returned and these contained positive feedback about the support provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and manager had not done all that is reasonably practicable to mitigate risks and to ensure that the premises and equipment used were safe. Regulation 12 (2)(b)(d)(e).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated effective systems and processes to assess, monitor and mitigate risks relating to the safety of people who used the service and to maintain accurate, complete and contemporaneous records. Regulation 17 (2)(b)(c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff received appropriate training, professional development, supervision and appraisal. Regulation 18 (2)(a).</p>