G.S.G. Nursing Homes Limited

Craven Park

Inspection report

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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

The unannounced comprehensive inspection took place on the 18 January and 2 February 2018.

Craven Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Craven Park provides nursing care and accommodation for a maximum of 26 people. During our visit there were 21 people using the service, some of whom were living with dementia. People's bedrooms are located on three floors. There is a passenger lift to assist people to access the accommodation on the upper floors. People have access to safe outdoor space, and the home is located close to shops and public transport.

During the last inspection that took place on the 7 and 8 February 2017 we found that the provider did not ensure that people were always receiving proper care and treatment because accurate, complete and contemporaneous records were not maintained when monitoring people's repositioning and their drinking. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions Responsive and Well-led to at least good.

We found that during this comprehensive inspection the provider had taken appropriate steps to ensure that people received proper care and treatment. People were assisted to change their position regularly to minimise the risk of developing pressure ulcers, which was documented appropriately by staff. When people were at risk of dehydration they had their fluid intake monitored appropriately.

Since the last inspection the provider had developed and improved the range of quality monitoring processes to ensure that appropriate checks of all aspects of the service were carried out. However, we found oversight of day to day delivery of the service could be improved, and have made a recommendation in Well-Led.

The service does not have a registered manager. However, there was a manager in post at the time of the inspection who had commenced the process of applying to register with us. A registered manager is a person who has registered with the 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 were systems in place to keep people safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report it. People had risk assessments in place to minimise the risk of them being harmed and that respected their independence.

Arrangements were in place to make sure people received the service they required from sufficient numbers of suitably trained staff. Safe recruitment processes were in place to ensure only suitable staff worked at the service.

Fire safety checks and appropriate service tests had been carried out to make sure that the premises were safe. Arrangements were in place to manage people's medicines safely.

People made decisions about how their care was provided. People's relatives were consulted about people's care when people lacked the capacity to communicate their needs and make decisions about their care and treatment. Staff understood people's needs and preferences.

Staff supported people in the least restrictive way possible with the policies and systems at the home supporting this practice. People's diverse needs were met by the adaptation, design and decoration of premises.

People told us that staff were kind to them. There were opportunities for people and their relatives to provide feedback about their experience of the service.

People spoke in a positive manner about the food. Their dietary needs and preferences were understood by staff and met by the service.

Staff understood the importance of maintaining and supporting confidentiality. People were provided with the support they needed to maintain links with their family and friends.

Staff had the skills and knowledge to meet people's needs. When required, staff assisted people to receive the advice, treatment and care that they needed from healthcare and social care professionals.

People and their relatives knew how to make a complaint and told us they felt comfortable providing feedback about the service. Complaints had been addressed appropriately.

There was a management structure in the service which provided clear lines of responsibility and accountability. There were quality monitoring checks in place but as mentioned above we have made a recommendation about developing day to day monitoring checks to ensure the service is at all times responsive and effective.

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.

Systems were in place to protect people from the risk of abuse.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety. Learning from incidents took place.

Medicines were managed and administered appropriately and safely.

Recruitment and selection arrangements made sure only suitable staff were employed by the service.

People were provided with the care and support that they needed from sufficient numbers of skilled staff.

Is the service effective?

Good

The service was effective.

Staff received the training and support that they needed to enable them to carry out their responsibilities in meeting people's individual needs.

The menu was varied and alternative food choices were available to ensure that people's nutritional needs and dietary preferences were met.

Staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good

The service was caring.

People were respected and involved as far as possible in planning and making decisions about their care. Staff knew people well and understood their preferences and cultural needs.

People's dignity and privacy were respected. Staff knew how to protect people's confidentiality.

People's relationships with those important to them were supported. People and when applicable their relatives were involved in decisions about their care.

People were provided with opportunities to feedback about the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed with their involvement before they moved into the home. People's care plans were reviewed regularly and provided guidance to enable staff to deliver the care and support that people needed.

The service engaged with healthcare and social care professionals to ensure that people's needs were met by the service.

People were supported to take part in recreational activities. Management acknowledged that activities for some people could be further developed to minimise the risk of social isolation and to meet their preferences.

People and their relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement

There were aspects of the service that was not well led.

The leadership and management of the service were visible and inclusive.

Management understood their role and responsibilities and provided staff with the support and direction that they needed

There were a range of processes in place to monitor the quality of the service and drive improvement. However, oversight of day to day delivery of the service could be improved.

Craven Park

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 18 January and 2 February 2018 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an "expert by experience". An "expert by experience" is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with Craven Park since the previous inspection. Notifications are information about specific important events the service is legally required to report to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we looked around the premises, spoke with the provider's representative, the consultant operations manager, the manager [during the second day of the inspection], two nurses, two housekeeping staff, an activities worker, cook, six care workers, eleven people using the service and three relatives of people. We also spent time observing engagement between staff and people. Following the visit we spoke on the telephone with five relatives of people using the service and a healthcare professional.

We reviewed a variety of records which related to people's individual care and the running of the home. These included; care files of five people living in the home, and three staff records to check recruitment

procedures and whether staff had received the supervision and training they needed.

We looked at key policies and procedures to do with the running of the service, as well as the checks carried out to ensure that the quality and safety of the service were maintained and improvements made when needed.

Good

Is the service safe?

Our findings

People told us that they felt safe living in Craven Park. People's relatives informed us that they felt people were treated very well by staff and did not have any concerns about their safety. One person's relative commented "I have no worries about [Person's] safety."

Staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. Staff knew the action that they needed to take if they suspected people had been harmed or were at risk of abuse. A member of staff told us that they would report any concerns to management, and when appropriate to external agencies including the host local authority safeguarding team. Another member of staff told us, "Staff here are very caring and I know that they will not willingly abuse or neglect anybody. If I witness anybody [being] abused I would have no hesitation to stop the person, give support to the resident and report it to the manager immediately." The contact details of the host local authority safeguarding team were displayed in the home.

Risks to people's safety were assessed. Where risks had been identified actions were in place to manage and minimise them to keep people safe. We saw there were risk management plans for people at risk of falls, pressure ulcers, behaviour that challenged the service, self-harm and use of bedrails. Risk assessments were personalised and regularly reviewed to ensure they were up to date.

Staff were aware of the risk of choking and how to prevent it. One staff told us "You have to ensure that [person] has the right food texture and this is in their care plan. You also have to position the person upright and feed [person] slowly." A person's relative told us that they had noticed during a meal that a person had been provided with yoghurt of a thick consistency which had enabled them to eat it independently as well as minimised the risk of choking.

Staff told us and records showed that they had received moving and handling training. People's care plans included guidelines specifying how people should be repositioned and transferred safely. One member of staff told us "The golden rules about using hoists is that the hoists must be in good working order and regularly serviced, each person must have their own personal slings and they must be washed regularly. You need two trained people [staff] to operate the hoists." We saw staff using moving and handling equipment safely.

One person's care plan included information, '[Person] needs a sliding sheet for repositioning and full body hoist for all transfers.' However, we saw on one occasion that two staff assisted a person to sit up without using a sliding sheet so placing the person at risk of harm. We reported this to management staff. They took immediate action by speaking with the two staff. Following the inspection management told us that they had commenced an investigation of the incident and taken steps to improve the two staff members' performance.

Health and safety checks were carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and to keep people safe.

Fire guidance was displayed. The service had an up to date fire risk assessment and fire safety checks were carried out. People had personal emergency evacuation plans to support safe evacuation from the premises in the event of a fire or other emergency. An emergency plan for the service was in place and accessible to staff.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people. We checked three staff's records, which showed appropriate checks had been carried out.

Records showed that incidents and accidents were responded to appropriately. Appropriate agencies including local authorities and CQC were notified when required. We discussed with the operations consultant some incidents that we had been notified about. They told us about the action that they had taken to investigate them and to minimise the risk of future similar occurrences. They also spoke of the service having learnt from them.

There were systems in place to manage and monitor the staffing of the service so people received the care and support they needed and were safe. Staff told us that they felt there were enough staff on duty during the day and at night to provide people with the care that they needed. A member of staff told us that extra staff were provided to accompany people to appointments and commented, "There are enough staff to ensure that people are cared for safely. When we are full capacity the number of staff will increase to reflect this." On the day of the inspection an extra member of staff was employed to escort a person to an appointment.

During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed. Call bells were answered within a few minutes. We saw that some care workers and other staff had time to engage with people when not carrying out care tasks.

Medicines were managed appropriately and stored securely. Nurses administered the medicines that people were prescribed. A nurse told us that their competency to administer medicines had been assessed and that there were plans to reassess all the nurses' competency to administer medicines to ensure they managed people's medicines safely at all times.

People's care plans included detailed information about their medicines needs, and details about the medicines that they were prescribed. People's medicine administration records were accurately completed. Records showed that doctors regularly reviewed people's medicines' needs.

Records showed us that staff had completed training on infection control. Good practice guidance about handling food safely was available to staff. Protective clothing that included disposable gloves were used by staff when undertaking particular tasks to minimise risk of cross infection. However, we saw on one occasion a member of staff did not wash their hands after supporting a person with their care and then serving them food, which was an infection risk. Management took prompt action speaking with the staff concerned. They told us following the inspection that they had arranged refresher infection control training for the staff to minimise a similar incident occurring again.

People's relatives told us that they had no concerns about the cleanliness of the service. A person's relative told us that the home, "Doesn't smell. It is clean." We found the home to be clean except for some areas of one person's bedroom. When we mentioned this to the operations consultant they arranged for a housekeeping member of staff to quickly address the issue.

There were records of daily temperature checks of the fridges, freezer and of hot foods and an appropriate kitchen cleaning and checking schedule was carried out. Following a check carried out by the Food Standards Agency [FSA] on the 10 November 2016 the service had received a food and hygiene rating of very good.

Good

Is the service effective?

Our findings

People's relatives told us that they thought staff were competent. They told us that they felt that staff had a good understanding of people's needs and knew how to deliver effective care and support. Comments from people's relatives included, "The carers know [Person] really well. They understand [their] needs" and "They know what [Person likes]." We saw staff interact with people in a way that indicated they knew them well and understood their needs.

People's care records included information about people's preferences, health, personal care and other needs. Care plans provided staff with additional information about how to appropriately care and support each person. People's care plans were reviewed regularly and were accessible to staff. A care worker told us that they were familiar with the care plans and could refer to them at any time to ensure people received the support and care that they required. A person's relative told us that a person's choices including the time they chose to get up and go to bed were respected.

People had access to healthcare services and received on-going healthcare support. People told us that they saw a doctor when they needed to and attended healthcare appointments. One person attended a health appointment during the inspection. A person told us, "Every week I go to hospital [outpatients]." A GP visited the service and reviewed some people's needs during the inspection. Records showed that in response to a person's particular behaviour they had received a memory assessment from a healthcare professional. Another person's relative told us "[Person] has their health looked after." One person told us that they would like a dental check as it was some time since they last had one. Another person told us, "If I ask to see the doctor he comes to see me."

Staff received an induction when they started working in the home. A care worker told us that they were in the process of completing their induction, which had included shadowing staff and receiving information about the service and the organisation. A nurse told us that they had received an induction when they started work which had been "helpful".

Records showed that staff had received relevant training, which had included refresher training at appropriate intervals during the course of employment. Training about people's specific needs was provided to staff. This included, understanding dementia, behaviour that challenged the service and sensory awareness training. Best practice and learning were included in team meetings and one-to-one staff supervision. Staff were encouraged to complete relevant health and social care qualifications to develop their skills and knowledge.

Staff were provided with support through one-to-one supervision meetings with senior staff. Matters discussed during the meetings included, team work, job knowledge, time keeping and equal opportunities and diversity. Staff told us that they had received regular supervision and the support that they needed from management staff. Records confirmed this and showed that staff also received an annual appraisal of their progress and development needs.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us about people who were able to make day to day decisions such as deciding what to eat, drink and wear. They were aware that sometimes people did not have the ability to make a decision about their care and treatment and a decision in their best interest may then have to be made by those involved in their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Records showed that staff had received training in MCA and DoLS. Legal authorisations of DoLS had been obtained for people who needed them so they were protected from harm and safe. The service was responsive in meeting MCA guidance when there were concerns to do with people's capacity to make particular decisions. Records showed that in response to concerns about a person's behaviour and whether they could manage their finances, the service had liaised with community professionals. The person's mental capacity to make decisions to do with these matters had been assessed by a healthcare professional.

People's nutritional needs and preferences were recorded in their care plan and monitored. Written daily logs detailed what people had eaten each day, and people's weight was checked regularly so significant changes in people's weight would be identified and responded to appropriately. A person had been prescribed a fortified nutritional drink in response to their particular nutritional needs.

People told us that they were satisfied with the meals. We saw people were offered a choice of meals including a vegetarian option for lunch and weren't rushed during the meal. A person told us, "Sometimes I have some of something else [not on the menu]." The cook was knowledgeable about people's dietary needs and preferences. They told us "I prepare rice and peas and curries for people who prefer this food. I also make cakes for people on special occasion like their birthdays."

We heard a member of staff telling a person about a particular food for their lunch that they knew the person liked and met their cultural dietary preferences. The person smiled and laughed in response to this. Comments from other people included, "Caribbean chicken is good food" and "The food is very good. They do the chips lovely."

People received assistance with their meals when they needed it. Staff had assessed a person's ability to use cutlery. One person told us, "I had been offered adapted cutlery and cups with special handles, but I prefer 'the normal knife and fork. It is a bit tricky but I am managing. And I prefer to eat by myself for as long as I can manage". Another person in bed who had difficulty swallowing was supported to eat their food by a member of staff, who explained about the food and what they were doing to the person. The member of staff sat close to the person and protected the person's clothes. They raised the person's bed so that they were in the appropriate position. The member of staff was very patient and did not rush them.

The premises were suitable for people's needs. There was a passenger lift so people with mobility needs could access the first and second floor of the nursing home. There had been some redecoration of the communal areas and bedrooms since the last inspection. However, there were bedrooms, some carpets and armchairs that were 'tired' looking. The operations consultant told us that there was a programme for improving and developing the environment. She told us that the plan included replacing chairs in the

lounge and to gradually redecorate and replace the carpets in people's bedrooms. We saw a bedroom that had been recently redecorated. The garden was in good order and accessible to people.

Records showed that maintenance issues were resolved quite quickly. We found on the first day of the inspection that there were some maintenance issues including a faulty clothes' dryer and a worn bed rail bumper. The worn bedrail bumper was replaced promptly and the dryer had been repaired by the second day of our inspection.

Good

Is the service caring?

Our findings

People's relatives told us that they felt staff were kind and friendly. They told us "They [staff] really care" and "Staff seem to be nice." A person's relative told us that care workers often spent time sitting with their relative in the person's room, which they felt was of benefit and comfort to the person.

People using the service told us that staff were nice to them, and provided them with the care and assistance they needed. They confirmed that their dignity was respected by staff. A person told us, "They're looking after me very well. They dress us, give us a wash and put on clean clothes." Care staff told us that they always offered people choice and asked people for their agreement before providing them with assistance. A person told us that they had chosen what to wear.

People's care plans included some information about their preferences and their background. This helped staff to provide people with the care and support that they required in a consistent way.

There was a welcoming atmosphere. People's relatives told us that when they visited staff greeted them in a pleasant and friendly way. Staff spoke with people in a respectful and considerate manner. Information was accessible for staff to refer to about engaging in a positive manner with people. The guidance included, "Say hello to everyone you see today, staff residents and visitors. Give them a smile, which will brighten their day and your own."

When we carried out a period of focussed observation (SOFI). We saw staff engaged with people in a positive manner. They checked how people were, offered them choices and spoke with them in a way that indicated they knew them well.

A member of staff spoke about the importance of communicating with people in a positive and friendly way. They told us "I like to talk. I speak with everyone, staff and people." We heard staff ask people how they were feeling. A housekeeper showed particularly positive interaction with people, including taking the time to speak with people using the service, whilst carrying out their duties. They told us "They [people] are my good friends."

However, we noted that there were occasions when staff engagement could have been better such as when serving a person their lunch. Staff could have improved the person's experience by describing the meal and offering assistance rather than just putting it in front of the person. We also noted that staff had not been considerate in ensuring that a person could reach their drink. We spoke with management who told us that they would speak with care staff and monitor staff engagement with people to ensure similar issues did not happen again.

Staff told us how they supported people's independence by encouraging them to do things for themselves. A member of staff told us "I encourage people to comb their hair and brush their teeth, so they do something for themselves." Another care worker spoke of how they encouraged and supported a person to be more mobile.

Some people told us that they chose to stay in their bedroom. However, on the first day of the inspection we noted that several people spent significant time in their bedrooms. There was little indication that staff had encouraged and supported people to be out and about within the home which could lead to social isolation. On the second day of the inspection we noted that most people were in the communal areas and there was more social interaction.

People were supported to maintain the relationships with family and friends. People's relatives spoke of visiting people regularly. A person's relative spoke of having the privacy they needed to speak and spend time with their family member. However, on one occasion a care worker did not knock on a person's door before entering. We mentioned this to the operations consultant who addressed the issue with the member of staff straight away and told us that they will remind staff about respecting people's privacy.

People's care files and other documentation were stored securely. People's records were kept in a locked cabinet. Other records were stored in the office which was locked when unoccupied by staff. Staff knew about the importance of speaking about people to anyone other than those involved in their care.

Religious festivals, birthdays and other commemorative days were celebrated in the home. A person's relative told us about a recent festive party held by the home which they told us they had been to and enjoyed. People told us and records showed that representatives of places of worship regularly visited the home. A person's relative spoke of how important this was to a person using the service. The manager told us that and records showed that the service planned to support people to attend their preferred place of worship if they wished to do so.

A care worker told us about the importance of speaking with people about their preferences, culture and values. They told us "Treat people as individuals. Respect them. Treat people how you would like to be treated." They spoke of the value to people of having "a laugh and a chat," with them.

Staff we spoke with had a good understanding of people's individual communication needs. Management told us and records showed that sensory awareness training had been provided for staff so they understood the needs of people with hearing and/or sight issues. There was some information including the day's menu that was in picture format.

The Accessible Information Standard [AIS] The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. We discussed with the provider representative and operations consultant about meeting legal requirements to ensure that information was accessible to all people using the service including those who have sensory needs. Management told us that currently people did not have significant sensory needs but that they would look at ways of making more information as accessible as possible for people using the service.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection on the 7 and 8 February 2017 we found the provider did not ensure that accurate and complete repositioning and fluid intake records were maintained when this was required to ensure people received proper care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found improvements had been made to meet the regulation.

Records showed that staff checked that people had the drinks and food they needed and those who had mobility needs were repositioned regularly throughout the day and the night. A member of staff told us, "I make sure that [person] has a fresh supply of fluid throughout the day. We all know that we have to give [person] fluid throughout the day."

We noted that since the last inspection management had reviewed the nutritional needs of people, which had resulted in less people requiring their nutrition and fluid intake monitored as closely. The three people's fluid and nutrition monitoring charts that we looked at showed that people had received a range of drinks and other refreshments regularly throughout the day and night.

On the first day of the inspection we looked at one person's fluid monitoring charts and found that although they had been given a significant number of drinks the target fluid intake was not recorded on the chart, which could lead to the person not receiving enough to drink. Also, one fluid chart out of six had not been totalled up. However, on the second day of the inspection the target fluid intake was recorded on the three people's monitoring charts that we looked at. They showed that the target had been met or nearly met within the 24 hours monitoring period. All but two of the 'daily' fluid charts showed that they had been checked by a nurse. A nurse checked the two fluid charts during the inspection, and told us that they would ensure that other nurses were reminded to complete this task. The registered manager informed us following our visit that she and the nurses was now completing daily checks of all the monitoring charts.

People's repositioning monitoring charts showed that people were supported by staff to change their position regularly throughout the day and night to protect them from developing pressure ulcers. A person's care records showed that the person's risk of developing pressure ulcers had been assessed by the service. A referral had then been made to a tissue viability nurse and their recommendations incorporated within the person's care plan and reviewed regularly.

People were provided with a pressure relieving mattress when required. The mattresses that we checked showed that the pressure was set within the appropriate range for each person's needs. One member of staff told us "We check that the mattresses are set at the right settings on a daily basis. We are also aware that the alarm will sound if the mattresses were faulty".

A person's relative told us that a person had received an assessment of their needs in hospital before the person was admitted to the home. People's care plans were personalised and were developed from their

initial assessment of their needs. They covered aspects of people's daily life, and care and support needs, and included guidance to direct the staff on how to provide people with the care that they needed.

When applicable people's family members or other representatives were involved in the development of people's care plans. People's relatives told us that they felt that they were supported to be involved in decisions about people's care. A person's relative told us that they had recently been consulted about the review and development of a person's care plan.

A person told us that they felt that staff listened to them and understood their care needs. People's relatives told us they found the service to be responsive as people saw a doctor or other healthcare or social care professional when needed. They confirmed that they were kept well informed about any important issues to do with their relatives' care and treatment. One person's relative told us that management had texted them daily to update them about a person's health when the person had been particularly unwell. They told us that they had really appreciated that contact, which had ensured that they were kept fully updated about their relative's condition during a time when it had been not possible for them to visit.

Another person's relative told us that they thought staff were particularly understanding of a person's complex needs including behaviour that sometimes challenged the service. They told us "I think that the care [person] is getting is very good." Another person's relative told us, "They [staff] are appreciative of [person's] needs. They manage [person] well."

People's care plans had been regularly reviewed and updated to reflect any changes in people's needs, so that care staff always knew how to provide people with the care that they required. 'Handovers' took place during each shift and daily records about people's progress were maintained, to ensure that staff had up-to-date information about each person's current needs. We observed a 'handover' from the night nurse to day staff. The night nurse spoke with each person and informed the day staff about the quality of the night that each person had experienced. The 'handover' indicated that night staff had provided people with a range of drinks and monitored each person closely throughout the night.

We visited the laundry room and found that some people's clothes had not been named, which had led to a number of garments being left in the laundry waiting for staff to identify the people that they belonged to. This could lead to people's clothes being lost or given to the wrong person, which could cause them distress. One person told us, "When the clothes are sent to the laundry you cannot guarantee they will come back." The operations consultant told us that they would take action to address the issue and would ensure that people's inventories of clothes and other possessions were kept up to date. Following our visit the registered manager told us that the service was in the process of addressing the laundry issues.

The service employed activities coordinators who supported people to take part in activities each day of the week. They were supported in their role by a senior member of staff. An activities coordinator showed us a reference book where they obtained information about a range of activities that they offered people. The operations consultant told us that the activities lead had received some training/learning regarding the role and appropriate training for the activity coordinators would be arranged.

A plan of activities was displayed. These included exercises, news discussions, board games, quizzes, poetry and music. Records including photographs showed that a number of activities had taken place in the home including a festive party, festive pantomime, arts and crafts, a visit from local school children, garden events, a visiting singer, and baking sessions. A person's relative spoke positively about a recent party held by the home. They told us "It [the party] was very nice, everyone joined in." Another person's relative told us that "They [staff] give them [people using the service] things to do." A third person's relative told us "They [staff]

try and involve people to do things." A fourth, person's relative told us that staff had been responsive to their request to encourage a person to spend time in the communal areas to promote the person's well-being.

The activity coordinator told us that she always ensured that she spent time with people who due to their needs or choice stayed in their bedroom rather than in the communal areas. They encouraged and supported several people to take part in activities during the inspection. These included a drawing session and quiz. We noted during the day that the television was sometimes on at the same time as when music was playing, which could be confusing for people and not beneficial to people's well-being.

There was little indication that people had the opportunity to go outside of the premises to access community facilities including libraries and shops. A person told us "I would like to go to out some times to the shops or for a walk." Another person told us, "I would like to go to church if there is one to go to." A third person told us that they would be interested in going on a trip outside the home if one was organised. This was discussed with the operations consultant. They told us that they were in the process of reviewing activity provision and that within the last year improvements had been made to the range of activities provided. These included several garden activities during the summer such as gardening and other outdoor events. They told us that they would ensure more access to the community was promoted and supported by the service.

The complaints procedure was displayed. People told us and records showed that people knew how to make a complaint or report a concern. People's relatives told us that they would not hesitate to report any concerns or complaints that they had about the service. A person's relative told us "I have no complaints." Another person's relative told us "I have no concerns at all." Records showed that complaints had been addressed appropriately by the service. The operations consultant told us that the service learnt from complaints and made improvements to the service when these were needed.

The operations consultant told us that the service liaised closely with appropriate community healthcare and social care professionals to provide people with the support that they needed at the end of their life. We saw that the service had completed an action plan which showed the improvements that had been made and were planned to do with people's care at the end of their lives. This included ensuring that all staff had the training they needed in caring for people at the end of their lives. Records showed that this training had been arranged.

Requires Improvement

Is the service well-led?

Our findings

People's relatives were very complimentary about the service. They spoke in a positive manner about the staff and the way that the service was run. They knew who the manager and other senior staff were and told us that they were approachable and listened to them. People's relatives also told us that they would recommend the service. They told us, "We are so happy with this place," "[Person] is in the best place. I couldn't fault the place" and "They [management] take things on board."

At our previous inspection on the 7 and 8 February 2017 we found the provider did not ensure that auditing systems and processes were sufficiently robust to ensure that all monitoring records were accurate and effective. This led to us rating the Well-led question as requires improvement.

Following that inspection the provider sent us an action plan setting out the actions they would take to make improvements. During this inspection we found that the provider had followed their plan and improvements to the quality checks had been made. Appropriate action had been taken to address our concerns. We found that the service had developed and improved the systems in place to monitor the quality and safety of the service and to make improvements when needed.

Records showed regular checks of a range of areas of the service including medicines, fire safety, infection control, window checks, hot water temperature checks, moving and handling equipment, bed safety, call bells, records and environment were being carried out.

The manager carried out monthly comprehensive checks of the service. Areas assessed during this check included, people's care plans, incidents, falls, health and safety, staff training, staff supervision, staff recruitment, infection control systems, and activities. A quarterly check of the service was also completed by the consultant operations manager. We found that action that needed to be taken following these and other checks was noted and actioned. A recent catering audit had led to the purchase of a new microwave and the descaling of a water boiler. This showed that the service was responsive in making improvements when needed. Following our visit the registered manager told us that development and improvements had been made to quality assurance systems which included daily 'spot checks' of people's monitoring charts.

Monthly audits of wounds and accidents were also completed. Details of any trends to do with accidents such as the time and location and the action taken to prevent reoccurrence were recorded. For example, following a fall, hourly checks of a person's well-being and a 'maintaining safety' care plan had been put in place to keep them safe.

Records showed that action had been taken by the service to address some shortfalls found during a check carried out in late 2017 by the host local authority quality monitoring team.

However, there some issues we found during the inspection, which although management were responsive and promptly addressed them they had not been identified by management or nurses. Oversight of day to day delivery of the service could be improved. We recommend that the provider seeks advice from a

reputable source about developing monitoring 'spot' checks of the service so shortfalls similar to those found during the inspection are always promptly identified and addressed.

The service had been responsive in ensuring that arrangements were put in place to ensure that the service was managed and run effectively during the few weeks when the manager and deputy manager were not available. The operations consultant and the provider's representative managed the service whilst the manager and deputy manager were away. They had also agreed not to admit people until the manager returned to work to minimise the risk of people not receiving effective care and treatment.

People's relatives confirmed that management have an 'open door' policy. They told us that they could approach and speak with management at any time. One person's relative told us that senior staff had been particularly supportive during a difficult visit that they had with a person using the service. Several written compliments had been received by the service. These included, "Thank you for caring for [person]. I am eternally grateful," "The care is dignified" and "Very friendly home."

A member of staff told us, "The manager is quite nice and knows how to approach staff. She is very supportive I must say. You can discuss anything with her. She told me if you have anything come straight to me." Another member of staff informed us that they had seen improvements in the way the home was managed and told us, "Management is very good and strong."

In the Provider Information Return documentation the manager told us that she carried out unannounced out of hours 'spot checks' of the service. They also told us that they attended local authority provider forums and kept up to date by accessing information from relevant organisations and agencies. These included the CQC, Nursing and Midwifery Council and The National Institute for Health and Care Excellence. The service had a business plan which was regularly reviewed and updated.

Regular team meetings including senior staff meetings regularly took place where a range of matters to do with the service were reviewed and discussed. A member of staff told us that they felt able to raise issues during staff meetings and that "They [management] take things on board and take action. Another staff told us "I feel part of a team, team work, being a team player is very important."

The service communicated with people's relatives and representatives. Residents and relatives meetings were held. Subjects discussed during those meetings included care planning, quality checks and hairdressing. Relatives had the opportunity to complete feedback surveys about the service. A person's relative spoke of having frequent contact with the home via telephone and email. Another person's relative told us that they had received a feedback form and planned to complete it.

Records maintained by the service showed that they worked in partnership with other health and social care professionals, including tissue viability nurses and a community pharmacist.

General team meetings and senior staff meetings were held regularly to pass information on about any service issues within Craven Park that needed to be addressed, or to introduce changes to improve how the service was delivered. Matters discussed during staff meetings included, communication, menus, care of people using the service and activities.

The service had an up to date statement of purpose that included details about all aspects of the service including its aims and objectives and philosophy of care. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people and to support them in responding to a range of issues that may occur such as complaints, safeguarding adults and health

and safety matters.