Eldercare (Halifax) Limited

Denison House Nursing Home

Inspection report

Denison House Nursing Home
Denison Road
Selby
North Yorkshire
YO8 8DA

Tel: 01757703884
Website: www.eldercare.org.uk

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

At the last comprehensive inspection on 8 and 10 March 2016 we identified a number of breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 9 Person centred care, Regulation 11 Consent, Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 16 Receiving and acting on complaints, Regulation 17 Good Governance and Regulation 18 Staffing. The service did not have a registered manager. As a result the registered provider was carrying on the regulated activity in breach of the condition imposed upon their registration contrary to section 33 (b) of the Health and Social Care Act 2008. The service was rated inadequate and placed in special measures.

This inspection took place on 17 August 2016 and was unannounced.

At this inspection, whilst it was evident that some improvements had been made the service remained non-compliant with five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 9 Person centred care, Regulation 11 Consent, Regulation 12 Safe care and treatment, Regulation 17 Good Governance and 18 (1) Staffing.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

As our rating for the service remains inadequate we are taking action against the provider and will report on this when it is complete.

The service is registered as a nursing home however they have not provided nursing care since September 2014. The registered provider has applied to the CQC to de-register the regulated activities associated with nursing care. Denison House Nursing Home registration certificate stated that they could accommodate up to 35 people but no longer have shared rooms and so the number has reduced to 30. The service accommodates older people and people living with dementia. It is a large building with communal areas downstairs for people to spend their time. There is a secure garden.

The service had a manager who had applied to the CQC to become the 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.

People told us they felt safe. Risk assessments and risk management plans had been significantly improved since our last inspection, however, we saw two examples where these were not followed which placed two individuals at risk of avoidable harm.

Staffing levels were not always sufficient to meet the needs of the people who used the service.

Although some improvements had been undertaken to make the environment safe an electrical environment assessment report had been sent to the registered provider in May 2016 and had noted some concerns, these were yet to be rectified.

The environment was clean but further work was required to ensure the environment was suitable for people living with dementia.

Although we saw care staff seeking consent from people this was not routinely recorded within their care plans. Care planning documentation was generally improved. However, we saw examples of care being provided which was not person centred and placed people at risk of harm notwithstanding the improved documentation and guidance for staff.

Staff understood how to safeguard people and the manager had made appropriate referrals to North Yorkshire County Council to ensure these were effectively investigated. Accidents and incidents were now reviewed.

People told us the food was good. There were a range of activities which people enjoyed. Relatives gave positive feedback about the service and we saw kind and caring interactions between staff and people they supported. People and their relatives were asked to give their feedback to the service via a questionnaire.

Staff told us they felt well supported by the manager and we saw evidence supervision of staff was now taking place on a regular basis. Staff told us morale was good and the staff team were keen to work together to make the required improvements. Despite this we still saw some examples of poor care so the required improvements were not consistently evidenced.

Although improvements had been made to the governance arrangements within the service we continued to see examples of poor care and people at risk of harm which had not been identified through internal audits. Some audits were not fully effective and all were at an early stage of development so their impact on maintaining and improving the quality of the service was not yet demonstrated. Also the systems and processes put in place had not always mitigated the risks to the health safety and welfare of people using

the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Although risk assessments were improved staff were not consistently following these which meant people were at risk of avoidable harm.

The service did not always have enough staff to meet people's needs.

Safeguarding issues had been referred to the appropriate bodies. Staff had received additional safeguarding training and knew what to do if they suspected abuse. Accidents and incidents were robustly reviewed by the manager and area manager. Medicines were managed safely.

The service was clean. Although some action had been taken to ensure the safety of the environment we saw some risks remained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff understood the requirements of the Mental Capacity Act 2005 and we saw evidence they sought consent. However, care files did not consistently evidence that people who used the service had consented to the care and support provided.

Although some improvements had been made to the environment there was further work required to ensure it was suitable for people living with dementia.

People told us they enjoyed the food. The chef was awaiting training regarding specialist dietary requirements.

Staff told us they felt well supported by the manager and systems were in place to ensure staff received regular supervision. However, staff competency was not effectively

assessed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us they received kind and compassionate care.

Despite this we saw some examples of care and support which did not protect people from harm and care was not consistently person centred.

Relatives provided positive feedback about the service and told us they were welcome to visit at any time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Whilst we saw improvements in the content of care planning documentation we saw some examples of care which was not person centred.

People knew how to make complaints and the processes in place for responding to and acting on complaints had improved. The views of people and their relatives were sought via a recent satisfaction survey.

People had access to a range of activities which we saw people engaged with and enjoyed.

Is the service well-led?

Inadequate

The service was not consistently well-led.

The manager had applied to the CQC to become the registered manager.

Although improvements had been made to the governance arrangements within the service we continued to see examples of poor care and people at risk of harm. Some audits were not fully effective so their impact on maintaining and improving the quality of the service was not yet demonstrated.

Staff told us morale was good and they understood the improvements which were required and their role within these. However, staff did not consistently follow care plans and risk

management plans which were in place to ensure people received a good standard of care.

Denison House Nursing Home

Detailed findings

Background to this inspection

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

This comprehensive re-rating inspection took place on 17 August 2016 and was unannounced.

The inspection team consisted of three adult social care inspectors and an expert by experience who had personal experience in care of older people.

Before the inspection we reviewed all of the information we held about the service, this included the notifications we had received. A notification is information about important events which the service is required to send to the Commission by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with four relatives who visited during the inspection.

We reviewed five care plans and other records which related to people's care.

We spoke with nine members of staff including the manager, supporting manager, area manager, care staff and ancillary staff. We looked at documents associated with the management of the home such as training records, audits, policies and procedures. We carried out a tour of the premises which included communal areas and people's bedrooms.

Inadequate

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Denison House Nursing Home. One person said, "I feel safe living here and would recommend the home to other people." A relative we spoke with confirmed this view, they told us their family member was, "Safe and secure and well looked after."

At our last comprehensive inspection on 8 and 10 March 2016 we found the service was not providing safe care and treatment to people living there. Risk assessments and risk management plans were inadequate. Accidents and incidents were not recorded accurately which meant they were not analysed effectively. There were gaps in medicines records which meant we could not be sure people received their medicines correctly. The environment was unsafe and not clean which meant people were not protected from the spread of infection. We raised concerns about the effectiveness of the call bell system. This was a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this comprehensive inspection on 17 August 2016 we remained concerned with regard to the safe care and treatment of people who used the service. Whilst we saw evidence some immediate environmental concerns had been rectified we remained concerned that the registered provider had not ensured the premises were safe to use. We saw that the flooring on the upstairs corridor had been made safe and the carpet replaced this meant there it no longer posed a trip hazard to people. In addition to this new window restrictors had been fitted and one window had been safely secured to prevent the potential risk of injury to people. However, we saw a copy of an electrical safety check report which had been issued to the registered provider on 6 May 2016. The overall assessment of the installation in terms of its suitability for continued use was recorded as 'unsatisfactory'. Eight specific areas had been highlighted as 'potentially dangerous', the report read 'the safety of those using the installation maybe at risk and it is recommended that a skilled person competent in electrical installation work undertakes the necessary remedial work as a matter of urgency.' We spoke with the area manager to establish what action had been taken as a result of these findings. They said, 'I am meeting with [maintenance managers name] on his return from leave and [name of the electrician who undertook the test] to discuss any issues that had been found during his inspection.' The area manager explained they had now arranged for all safety certification to go directly to head office, instead of to the service, so that issues could be addressed in a timely manner. This meant at the time of our inspection the concerns raised in May 2016 had not been addressed and therefore any risks to people remained.

Although we found risk assessments and risk management plans were significantly improved and contained detailed guidance for staff to reduce the risk of avoidable harm we were concerned these were not consistently adhered to by staff.

During this inspection, we identified two people at risk of avoidable harm. One person was nursed in bed. Their care plan record contained detailed information about the care they required to keep them safe. The person was at risk of choking and their care plan stated, 'Ensure that [name] is sat well up in bed…to reduce the risk of choking. [Name's] meat should be pureed and the remaining diet is to be fork mashed.' There were further guidance notes in the care plan from the speech and language therapy team which stated, 'sit

in an upright position, as near to 90 degrees as possible.' We saw a member of staff about to assist the person with their lunch. The meal had pureed meat but the rest of the food was not fork mashed, and contained lumps. We intervened to ensure the person was not given this meal and the member of staff took it back to the kitchen. In addition to this we noted the person was only raised to approximately 50 degrees. We raised the concerns with the manager and area manager who advised that the rest of the meal should have been fork mashed by the staff member assisting with lunch. However, the member of staff only had a spoon and so they would not have been able to do this. This meant the person was at risk of choking despite the guidance available within the care plan.

We saw this person was nursed on a specialist mattress to maintain their skin integrity. We noted the setting of the mattress dial was on the far end of the dial. The member of care staff we asked was not sure what the setting should have been. We checked the care plan and noted the setting should have been, 'just below the half way mark due to [name's] lower weight.' This meant the person was at risk of further skin breakdown as a result of specialist equipment not being used properly. We spoke with the area manager about this and they agreed to put a photograph with instructions for the mattress setting in the person's room so that staff had clear guidance.

The person's care plan referred to having a T-bar in situ to support their legs whilst lying in specific positions. This had been recommended by the occupational therapist. We did not see the T-bar in use whilst we were present with the person. We asked a member of staff about this and they said, "[Name] is now on end of life care so it was not necessary as [names] legs were not going to improve." This decision was not reflected within the care plan.

We saw one person remained in the same position in the lounge from 9.15 am until 12.45 pm. We saw a record in the daily communication notes recorded from the day before our comprehensive inspection which stated the person's 'sacrum area very red.' Their risk management plan identified they were at high risk of developing pressure ulcers. We saw a pressure relieving cushion had been ordered from the community nursing team in June 2016. However this person did not have a pressure relieving cushion in their chair. We saw they remained in the same position for a prolonged period without staff intervention. As regular positional changes had not taken place from 9.15 until 12.45 and the person was at risk of further skin damage. We spoke with the area manager who arranged for staff to assist this person to be repositioned.

We have raised these individual concerns with North Yorkshire County Council and asked that they be considered as safeguarding matters. We will liaise with NYCC in relation to the outcome of their enquiries.

Risk assessments and risk management plans did not contain a record of who had written them. They were not signed or dated. This meant we could not be sure these were an accurate and up to date record.

This was a continued breach of Regulation 12 (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection on 8 and 10 March 2016 we found the service did not have sufficient staff available to keep people safe and staff had not received essential safety training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this comprehensive inspection on 17 August 2016 the manager told us they had completed individual dependency assessments to help them establish a safe level of staffing. They told us this was in conjunction with observations within the service and liaising with their staff team. The manager explained they were recruiting new staff and had some vacancies but were confident their current staffing levels ensured

people's safety and that there needs were met. However, we reviewed dependency tools which were completed within two individual care plans. One person's had only been partially completed and for the other person there were two documents which gave a different figure. The area manager advised the tools were not being completed correctly and explained a new document was being rolled out across the company next week with the aim of making the documents easier for staff to complete.

We were concerned about staffing levels at key times of the day. Over lunch there were four staff on duty and four people required assistance to eat. This meant one person who required assistance to eat needed to wait whilst another person in the lounge was assisted. From 2pm onwards staffing levels reduced from three care staff and a senior member of staff to two care staff and a senior member of care staff. The senior member of staff was responsible for assisting people with their medicines at teatime and bed time. We observed the senior member of staff occupied with the medicines round and this left two staff to assist people. There were nine people living at the service who required the assistance of two members of staff with their personal care and mobility. We observed periods of time where communal areas were unsupervised. This meant the service was not consistently providing sufficient staff to meet people's needs.

We received mixed comments from staff about whether there were sufficient staff available to meet people's needs. One member of staff said, "I'd like to see more staff. We've had comments from visitors about staff not always being visible." They went onto explain that from 4pm onwards they did not think there was sufficient staff available to meet people's needs, "After tea it gets busy. It's hard to keep an eye on people in the lounges when we are supporting people with showers and getting ready for bed." Another member of staff told us, "Afternoons are difficult if residents need more support it can be hard." However, another staff member said, "Yes we have enough staff now we have time to spend with residents. We didn't have previously. It's more organised now." They went on to explain things had improved as some people had moved to alternative placements.

The service had a number of vacancies; 23 hours a week for care staff and 69 hours per week for senior care staff along with 25.5 hours per week for a chef. The manager was actively recruiting to these posts and agency staff were being deployed in the meantime. We concluded that the service did not consistently have sufficient staff available to meet people's needs. There were times when people were left unsupervised and at risk of harm. This was a continued breach of Regulation18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were given a spread sheet which showed when staff had completed their training. The area manager explained they were aware some of the mandatory training was overdue. The area manager explained that training took place at the organisations head office. Due to staff vacancies they did not have sufficient resources to enable staff to attend the training. However, the area manager explained that training was booked for all staff throughout September and October.

We also identified some improvements which had been made since our last comprehensive inspection on 8 and 10 March 2016. Accidents and incidents were now routinely recorded and there were robust measures in place to ensure these were reviewed by both the manager and the area manager. This meant the manager could ensure appropriate action had taken place immediately after incidents and could take steps to prevent incidents or accidents re-occurring.

The service was clean and smelt fresh throughout our inspection. The infection control and prevention nurse had visited the service three times since our last inspection and had provided clear guidance for the manager about areas where improvement was required. These improvements had been actioned and on their last visit, 29 July 2016, significant improvements were noted and no further follow up from the infection

control nurse was required.

Medicines were now safely managed. We observed staff giving people their medicines which they did safely and with care.

Medicines were stored securely. Cupboards and fridges were locked and the room where medicines were kept was also locked. The temperature of the room where medicines were stored was monitored as well as the fridge and the records were within acceptable limits. This meant medicines were being stored in line with the dispensing instructions. There was a stock sheet which kept a current stock record of any boxed medicines where required.

Medicine audits were carried out weekly and had identified that there were gaps in recording on the MAR. Actions had been identified on audits which could then be checked the following week.

We reviewed controlled drugs for three people and found the records to be completed accurately and stock levels were correct. Controlled drugs are subject to stricter controls due to the potential for misuse. The controlled drug book was audited regularly by clinical lead. This meant the service had systems in place to identify any errors in a timely manner and take any action required.

Topical medicine charts had not always been signed which meant that it wasn't clear whether or not a person had their prescribed creams applied. Records indicated one person was sleeping during medicine round on more than one occasion and staff failed to administer eye drops. These were for inflammation and glaucoma and so it was important to maintain the doses. These issues were raised with the clinical lead who assured us this was a matter of record keeping and was confident they would have been administered. Care staff we spoke with confirmed this was the case.

At the last inspection on 8 and 10 March 2016 we made five safeguarding referrals to the local authority. These were about the care and treatment of five people who used the service. The concerns were as follows; pressure area care, one person had been assessed as needing thickened drinks due to the risk of choking and we saw an un thickened drink had been left with them, one person had sustained a fracture whilst being transferred by care staff and there was a lack of risk management plans for people who displayed behaviour which posed a risk to themselves or others. We identified four other matters which should have been referred by the service to the local authority as safeguarding concerns but found this has not occurred. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care quality commission have received 29 safeguarding notifications from the service since our last comprehensive inspection on 8 and 10 March 2016. Of these 24 related to incidents of alleged abuse involving two people who used the service as the person's alleged to have caused harm to other service users. The manager had taken appropriate action whilst these incidents were ongoing. For example they had liaised with people's GP and sought more specialist advice and support from the community mental health team. In addition to this they were working with the local authority to ensure there needs were assessed and they were supported to find more suitable services who could meet their increased needs. We spoke with the manager about these incidents and were aware that both individuals had moved onto more specialist dementia care to ensure their needs could be safely met.

The manager and all of the staff we spoke with understood the types of abuse and knew what to do if they suspected abuse had occurred or was at risk of occurring. Staff told us they had received training. One

member of staff said, "If two people were becoming upset with one another I would intervene and try to use distraction techniques." They told us they had needed to intervene when one person had slapped the arm of another person. They said they ensured the individuals immediate safety and then completed an incident form and spoke with the manager. A safeguarding referral had then been made to NYCC by the manager.

The manager had worked closed with the local authority and they attended a team meeting to support staff to gain a more in depth knowledge about good practice within the safeguarding arena. The service had an up to date safeguarding policy which provided guidance to staff.

We concluded staff and the manager understood safeguarding adult policies and procedures and people and their relatives could be assured that any safeguarding concerns identified within the service were now appropriately referred to the local authority for investigation. We concluded the service was now meeting this regulation.

At the last inspection on 8 and 10 March we raised concerns about the effectiveness of the call bell systems. Since then the registered provider had installed a new call bell system which enabled the manager to produce data on the timeliness of staff responses. However, we saw two people did not have access to a call bell. We tested the call bell in one person's room, having noted it was not within their reach, staff responded to our call within 30 seconds. We asked why the bell was not accessible to the person and were told they were checked hourly. This left the person at risk if they needed assistance in an emergency or if they required support in between these hourly checks. However, overall we concluded the previously identified concerns related to call bells across the service had been appropriately dealt with. On leaving they ensured the call bell was within reach of the person.

The service had effective systems in place to ensure people were recruited safely. Appropriate checks had been undertaken for new starters before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Personal Emergency Evacuation Plans (PEEPs) had been completed for each person who used the service and contained detailed information regarding the level of support people would need in an emergency situation. These were located centrally in an emergency file and this meant they were easily accessible.

In conclusion, although we noted some improvement since our last inspection there was evidence of continued breach of regulations related to safe care and treatment and staffing. Staff were not always acting in accordance with safe care outlined for them within people's care plans and this placed people at risk of harm. The service did not consistently provide sufficient staff to meet people's needs and essential staff safety training required updating. Also the registered provider has failed to act on the electrical safety check for over 3 months which is not an acceptable response when concerns related to people's safety are raised. This led us to the judgement that the service remains unsafe.

Requires Improvement

Is the service effective?

Our findings

Relatives told us people received effective care. One person said, "They look after [name] very well and they seem calm and content."

At the last inspection on 8 and 10 March 2016 the service was not following the principles of the Mental Capacity Act 2005 when planning and delivering people's care. As a result staff could not be sure they were delivering care which was in a person's best interests and in line with their known wishes. Some people had their liberty restricted unlawfully because they lacked capacity and the required Deprivation of Liberty Safeguards (DoLS) were not in place. This meant the provider did not have the necessary safeguards in place. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

At this inspection on 17 August 2016 three people living at the service had an approved DoLS in place and the manager had appropriately applied for a further 10 DoLS.

We saw staff seeking consent from people before they provided support and staff supported people to make choices in their daily lives. Staff we spoke with understood the principles of the MCA.

Although we saw some MCA and associated best interest decisions we were concerned about the appropriateness of these. For example one person had a best interest decision in place which suggested staff try to gently wake them if they were asleep at meal times. This was because staff had identified concerns that the person was not eating sufficiently and was at risk of losing weight. We did not see evidence of a multi-disciplinary approach to this decision making and could not see any health care professionals input with this decision. We reviewed food and fluid charts for the person and could see records of 'asleep', however we did not see evidence to suggest staff had tried to encourage the person to eat at different times of the day or night. The records varied but on some days the records stated the person only had 600 mls of fluid and on one day had only eaten cake, biscuits and two ham sandwiches.

We found that care files did not consistently evidence that people who used the service had consented to the care and support provided. Where one person lacked capacity their relative held legal authority to manage the person's finances. However the service had asked them to sign care plans and give consent to

share information. The person did not have the legal authority to do this.
We saw staff had recorded that they had made decisions in peoples best interest but there was no clear description of how they came to their conclusions and which other relevant people had been involved in the decision making process.

This meant the service was not adhering to the principles of the MCA and was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 8 and 10 March 2016 we found there was inadequate signage to assist people living with dementia to find their way around the service and to help them to orientate themselves. There was no environmental action plan to address this issue. This meant it was difficult to establish who had oversight of the required improvements, whether they had shown consideration to the needs of people living with dementia and what the anticipated timescales for improvement would be.

At this inspection on 17 August 2016 we saw evidence of some signage to support people living with dementia. For example there were signs with words and pictures identifying the lounge, laundry and dining room. However, there was no directional signage or use of contrasting colours as a way finding aid such as handrails. There were pictures on the walls but no tactile displays which people could interact with.

The manager told us they were working with the supporting manager to make improvements to the environment within the service. They had purchased a bench for people to sit on in an area of a corridor which was decorated to look like a street and had displayed some Royal Family memorabilia. The manager told us one person who lived at the service was particularly interested in the Royal family and enjoyed looking at this.

We were given a provider action plan which identified, 'more environmental stimulation required for people with dementia'. There was a record to state some improvements had been made but this was an ongoing area of work. This demonstrated the manager was aware that improvement was required and was working towards this.

People gave positive feedback about the food on offer at the service. One resident said, "The food is good but I would prefer more choice for breakfast." A relative we spoke with had eaten at Denison House and they told us, "The food is very good and they always offer us a meal if we are here at mealtime." During our inspection we saw two people join their relative for lunch.

We observed lunch and found the dining room was clean and spacious. Music was played and the atmosphere was pleasant. Four members of care staff and the cook served food to 17 people. 10 people and two relatives sat at four tables in the dining area.

Four people required full assistance from staff to eat their meal. Two of these sat in the dining room and the other two people ate in their bedrooms. Care staff assisting with lunch were very busy. One member of care staff was providing support to people who needed assistance to eat which meant one person had to wait a short while for their meal.

People were offered clothes protectors and a choice of soft drink. Several people had adapted plates and cups which enabled them to be as independent as possible. We observed staff checking with people whether they had had enough to eat. Staff were aware of people's likes and dislikes and if required they encouraged people to eat.

The service has two kitchens, one is for cooking and the other is a service area. At the last food hygiene rating the service was awarded a rating of three out of five. The manager identified improvements which were required in the kitchens and we saw these were on the environmental action plan.

The cook explained they were given information by the manager about specific diets for people and had laminated sheets in the kitchen outlining any speech and language therapy team instructions in place. They were aware of people identified as losing weight and knew how to fortify people's diets to reduce the risk of further weight loss. However, the chef had not received any training regarding specialist diets. The manager told us they had discussed the need for more specialised training in supervision with the member of staff and they were sourcing this.

We saw the chef spent time with people asking what they would like to eat that day and they told us that they spent time with people and their families when they first moved in to get to know their likes and dislikes. There was a four week rolling menu which changed with the seasons and people had the choice of two options at meal times.

Staff told us they felt well supported by the manager. One member of staff said, "I can raise issues with the manager and I feel supported." They gave an example of seeking additional support over a weekend and that the manager was available 'on-call'.

Staff we spoke with were positive about the training they received and referred to the benefit of it being face to face training. One member of staff said, "We can go on lots of training." Another said, "We have face to face training at head office and I'm doing my NVQ level 5. I am ambitious and the training is there to support this."

Although some staff training was not up to date, there was evidence staff had access to a range of external training programmes. The manager explained staff were being supported to sign up to complete a national vocational qualification in health and social care. This was supported by Selby College. Two staff members were signed up to start level two and two to start level three. In addition to this four members of staff were being supported to complete their NVQ level 5 which is a diploma in management and leadership. The area manager said, "We like to grow our own." This demonstrated a commitment to supporting the staff team to develop their skills and knowledge.

Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. The manager had developed a matrix to record when staff supervision had taken place. Dates for future supervision were booked in. This meant the manager could track staff supervision and ensure this was up to date. Supervision records showed a variety of topics were covered; action points from previous meetings, concerns with people's care, team working, communication, areas for improvement and training needs. This demonstrated a commitment to supporting staff and improving practice. However, we did not see evidence of ongoing observation and assessment of staff competency. This was important as we identified staff failed to act in accordance with care plans and risk assessments to keep people safe. This meant the provider had not ensured they assessed the implementation and effectiveness of the training provided to ensure safe care was being delivered by competent staff.

The service liaised with health and social care professionals as required. NYCC had completed assessments of needs for all of the people living at the service and concluded their needs were being met. They told us the manager had worked alongside them throughout this process and had provided an up to date picture of people's needs. We saw evidence the service had referred people to the community mental health team and

community nursing team. This meant they recognised when they needed additional support to meet people's needs.

Requires Improvement

Is the service caring?

Our findings

Although we saw kind and compassionate interactions between staff and people who used the service we also found some examples of care which not only did not meet people's needs, but also placed them at risk as it was unsafe. For example staff were instructed to attempt to wake people to eat their meals rather than providing meals at alternative times of the day when the person was awake. More importantly, risk management plans were not consistently followed by staff which meant people were placed at risk of harm for example, people were not protected to safely eat or from the risk of skin breakdown. Some records we reviewed indicated people were not receiving adequate hydration. Staff supported one person to eat their lunch in the dining room which caused them to become upset, their care plan referred to the person's distress at meal times and staff told us they would normally eat in the lounge, where it was quieter and they would be more settled. This meant staff were not adhering to planned care and this resulted in distress to the person.

Everyone we spoke with was complimentary about the care they received. One person told us, "It's the next best thing to home. They look after me, it's lovely. They give me attention when I need it. It's really good." Another said, "I am happy and have recommended this home to others." Another person told us, "Staff are very kind and helpful." All of the relatives we spoke with were positive about the care people received. One relative said, "The staff are angels they provide the care that I cannot."

We also observed some positive interactions between staff and people who lived at the service. The manager and staff we spoke with described the service as being calmer since our last inspection and explained that some people with more complex dementia care needs had moved onto more appropriate placements.

Staff knew people well and understood their individual likes and dislikes. We observed staff talking with people about their families and where they used to live. People seemed comfortable with staff and enjoyed these conversations.

People's dignity and privacy was respected. We observed staff to be polite and sensitive to people's needs. This included knocking on people's bedroom doors and asking permission to come in. Staff also helped residents around the service including taking them to the dining room or residents lounge.

Staff spoke affectionately about the people they supported. One staff member said, "It's a rewarding job. Hearing their stories and seeing a smile on their faces." Another said, "I really enjoy working here. It's a much calmer environment. We focus on residents more and the care they receive is suited to them." Although these were important features in their interaction with people staff did not appear to understand the importance of ensuring care was safe in line with risk assessments and guidance within care plans.

All of the staff we spoke with said they would be happy for their relative to live at the service should they require this kind of support.

Relatives we spoke with told us that they felt welcome and that they had a good relationship with the staff at Denison House Nursing Home. We saw people spending time with their relatives in their bedrooms and communal areas within the home during our inspection and we observed staff had a good rapport with relatives.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us people received responsive care. One relative said, "The staff are pretty good at keeping me informed. They meet me at the door and tell me about anything. When [name] had to go to hospital they telephoned me."

At the last inspection on 8 and 10 March 2016 we found care was not assessed, planned or delivered in a person centred way. Person centred care means ensuring the person is at the centre of everything which is done for or with them. This involves taking into account people's individual wishes and needs. Care plans did not reflect people's current needs and were difficult to follow and did not contain detailed information to enable care staff to know how the person should be supported. Reviews were not effective and when people's needs changed this was not reflected in their care plans or risk management plans. Care plans did not contain information about people's life histories, these are important tools to enable meaningful conversations and to support staff to reminisce with people who are living with dementia and may not be able to provide this information themselves. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 17 August 2016 we found care planning documentation was significantly improved. Care plans were more detailed and provided staff with clear direction about how to deliver responsive care. Care plans were being reviewed on a regular basis and updated to reflect people's changing needs.

Care plans provided staff with information about people's life histories which meant they understood the previous life experiences of the people they supported and could talk to people about what was important to them.

Despite this we saw some examples of care which was not person centred. For example, we saw one person was distressed whilst in the dining room having lunch. A member of staff told us, "She doesn't usually go into the dining room [name] sits here [main lounge] for dinners." The persons care plan referred to distress during mealtimes when eating in the dining room. This meant that staff had not followed the plan of care for this person and had resulted in distress.

Care was not always delivered in line with people's needs and preferences. For example we saw one person had a best interest decision in place to wake them up in order that they could be encouraged to eat. However, there were other periods of the day when they were up and awake and at these times staff could have encouraged the person to eat at those times instead of trying to fit the person in with the routine of the service.

Although we saw an improvement in the care planning documentation which would support person-centred care, we remained concerned that people were not consistently being provided with appropriate care which met their needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 8 and 10 March 2016 we reviewed complaints and saw the service had not followed their own procedures for investigating and informing people of the outcome. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 17 August 2016 we reviewed the complaints process. Since our last inspection the service had received one written complaint which had been responded to in a timely manner by the area manager. We saw the complaints policy was on display in the service which meant people and visitors had access to guidance about how to raise any concerns. One person told us, "If I wasn't happy there are plenty of opportunities to tell people but it hasn't arisen." A relative we spoke with said they had no concerns but if they did they would speak with the manager.

The service was now following their own procedures for investigating and responding to complaints. We concluded the service was now meeting Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager how they sought feedback from people and their families about the service. We were told in addition to questionnaires which were sent out they spent time talking with people and their families to ensure they were happy with the care they received. Eight surveys had been returned. The manager told us that although these were yet to be formally analysed they had read each returned questionnaire and had identified a key theme of relatives saying they were not always made a drink when they visited. In order to resolve this matter the manager advised they had put signs up around the service reminding visitors to ask for a drink and had spoken with staff. The manager told us they would complete formal analysis with the area manager by the middle of September 2016. We took a random sample of four surveys to review all of the respondents were happy with the care their relatives received. One person made a positive comment about, "the helpfulness of care staff."

Residents and relatives meetings were planned and advertised on a noticeboard up until December 2016. This meant people were given the opportunity to attend a meeting with the manager of the service and to offer their feedback on what was working well or discuss areas where they felt improvement was required.

The service employed an activities co-ordinator who worked 20 hours per week. There was a noticeboard which contained details of activities which were planned, external activities were on offer on two days per week. We saw photographs displayed of people enjoying activities. The service was holding a summer fare on 20 August and we saw people wrapping gifts for raffle prizes. We saw the activities co-ordinator involve three people in a reminiscence discussion using a book with old photographs from the local area, people really enjoyed this and one person who spent a lot of the day walking around the service stopped and joined in the discussions.

The manager explained they were in the process of completing recruitment checks for a volunteer who was going to support the activities co-ordinator for 10 hours per week. They had experience of volunteering at another service and would work under the direction of the activities co-ordinator. This meant that the service was working to ensure people were supported to take part in social activities they enjoyed.

Inadequate

Is the service well-led?

Our findings

At the last comprehensive inspection on 8 and 10 March 2016 the service did not have a registered manager. This was a breach of Care Quality Commission (Registration) Regulations 2009 (5). The current manager had been in the role for over 12 months, and had worked at the service for a number of years as a member of senior care staff. This was their first management position. They had applied to register with the CQC, however at the time of our inspection the application had been returned to the manager as it was not correctly completed and had not been re submitted.

At this comprehensive inspection, on 17 August 2016, the manager had re-submitted their application to the CQC to become the registered manager and the application was currently being considered.

At the last inspection on 8 and 10 March 2016 we did not see evidence of good leadership. The service did not have robust systems in place to audit the care people received. This meant the numerous areas of concern and multiple breaches of regulation we found during the inspection had not been identified by either the manager or the registered provider and therefore, the registered provider could not be assured people were being provided with safe and effective care. Record keeping was poor. Overall, we found governance arrangements were poor. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had put in place additional support to the management of the service. A new area manager had been allocated to support the service. The area manager knew the service well, having previously worked there as the manager. The area manager had been spending at least one day per week at the service to support the manager to make the improvements required. In addition to this the registered provider had arranged for another manager [who we will refer to as the supporting manager] to spend two days per week at the service to work alongside the manager. At the time of our inspection they had been working at the service for four weeks.

At this comprehensive inspection, on 17 August 2016, whilst we saw some improvement in the development of the quality assurance systems the service had put in place we continued to see some examples of poor care. The providers own governance arrangements had not identified and rectified these concerns.

The manager was undertaking a range of audits which included; infection control, weight audits, reviews of accidents and incidents, pressure area care. The supporting manager explained they were working with the manager to improve the quality of these audits for example in the weight loss audit there was a record of what action was required but there was no record to say whether this action has been completed, by whom and when.

We concluded that the audits which had been developed were at an early stage and although these provided a more structured approach to assessing the quality of the service people received we saw little improvement in terms of monitoring or mitigating identified risks. This meant the improved systems were not operating effectively to improve the quality of care or promote best practice.

At this inspection on 17 August 2016 we found that daily records had improved. These were being completed by care staff on a more regular basis throughout the day. These records were reviewed twice a week by a member of staff and any concerns were brought to the manager's attention. A member of staff told us that recording and documentation within the service had improved, they said staff recognised this was an ongoing area of work and told us, "I spoke with [supporting manager's name] last week and asked for some documentation training based on the specific forms we complete. We've got a date booked in for this in the next few weeks which will really help." However, we found that the improvement in the records had not always led to improvement in outcomes for people. For example, food and fluid charts were not being completed robustly enough. One person's records routinely showed they were drinking 600-800 mls of fluid per day. The department of health recommends people drink at least 1200 mls of fluid per day. The audit of the charts had not identified this issue.

The supporting manager had recently completed a brief report about the service. They had recorded this was not comprehensive as they had not been at the service for long enough. However, the report had identified a number of issues we had found during this inspection. For example, 'no evidence of residents consent in relation to care and treatment' and 'quality assurance system audits at its infant stage at the moment are being followed up and improvements are in process.' The supporting manager told us their initial priority was to implement effective quality assurance systems and we saw evidence they had started to review these processes with the manager. This demonstrated a transparent approach to identifying areas of improvement within the service and a commitment by the registered provider, manager and team to make these improvements.

The area manager was providing regular oversight and support to the manager and the service. They spent at least one day a week at the service and the manager told us they contacted the area manager on most days for additional support and guidance. In addition to this the manager sent a weekly report to the area manager which highlighted any key issues within the service. The area manager undertook monthly audits of the service on behalf of the registered provider. They monitored the progress of the service's action plan following the last CQC inspection.

At the last provider audit the area manager was supported by another registered manager and a supporting manager. They completed a peer review of the service. The area manager told us this was a useful learning tool for managers because it meant they learnt from each other and could share good practice.

Since our last inspection the manager and area manager had met with the staff team and discussed the CQC inspection findings and the improvements required. One member of staff said, "Since the last [inspection] report we have had a big wake up call. Staff were shocked but it pulled the team together, some staff held their hands up to say they weren't doing what they should have been doing. But everyone is giving 100 per cent now and is a lot happier. The atmosphere is better." The manager told us staff were keen to make the improvements required and said, "Staff morale is excellent we're working together as a team." The manager had delegated specific tasks to care staff and they provided us with a list of staff and their roles and responsibilities. For example we saw one member of staff was responsible for spot checking daily communication record and two members of staff were responsible ordering continence products. This meant the manager could focus on improvements within the service. However, the manager was not robustly assessing staff competency or compliance to the new systems they were putting in place. We did not see evidence that they were modelling good care practice and ensuring staff understood the importance of the new risk management plans and care plans which were in place. And we observed a number of examples which evidenced that the new systems had not impacted on practice within the home.

All of the people and relatives we spoke with knew who the manager was and told us they saw them

regularly and they were approachable. Staff spoke positively about the manager. One member of staff said, "The manager is approachable and available, she's willing to work weekends and would deal with any complaints." Another member of staff told us, "Its better since [name of supporting manager] has been in post, [manager] did not get the support they needed from the company."

Staff spoke positively about the manager, however, their feedback focused on the manager being available to cover shifts and dealing with complaints. Regular meetings took place with all the registered managers and managers working within the organisation. The manager at the service told us they found these meetings supportive and that good practice was shared across the organisation. However there was no evidence to link this to any increased focus on ensuring good care was delivered and that care practice was improved for people.
Following the inspection the area manager contacted the CQC and advised that managers meeting minutes were available which showed that care plans, audits and other care related issues were discussed and cascaded to managers.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

Residents and relatives meetings had taken place and the previous inspection report had been discussed with people along with information about planned improvements. Meetings were booked in for the year ahead and dates were displayed on the notice board. This meant people could plan which of these they could attend.

Overall although we found some improvement across the service since our last inspection we also found continued breaches of regulations and areas where ongoing improvement was required to ensure people received a good safe standard of care. Despite a significant amount of additional management support within the service, and a reduced number of people living at the service we found the quality assurance systems which had been developed had not identified a number of the concerns we highlighted within the report and had not been effective in driving consistent improvement. For example we saw people did not consistently receive care which met their needs. We identified concerns related to the safety of the environment and the service did not consistently have sufficient staff available to meet people's needs. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.