Grandcross Limited

Yatton Hall Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on the 29 and 30 April 2015 and was unannounced.

We inspected Yatton Hall Care Home in July 2014. At that inspection we found the provider to be in breach of regulation 12 infection control and regulation 9 records of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulation 12 (2) (h) safe care and treatment and Regulation 17 (2) (d) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us with an action plan of improvements that would be made. During this inspection we saw improvements identified had been made.

Yatton Hall Care Home is a care home providing accommodation for up to 48 people who require nursing and personal care. During our inspection there were 36 people living at the home. The home is set out over three floors and provides support to older people, younger people with physical disabilities and short stay accommodation.

Summary of findings

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

We found people's rights were not fully protected as the registered manager had not followed correct procedures where people lacked capacity to make decisions for themselves. Staff did not always seek consent when supporting people. Deprivation of Liberty Safeguards (DoLS) applications were not always made to the local authority where people were subject to continuous supervision and lacked the option to leave the home without staff supervision .

People and their relatives told us they were happy with the care they or their relative received at Yatton Hall Care Home. One person told us " Staff are good, they know how to look after me well" and another told us "I am cared for by trained staff who know me well". A relative told us "staff look after (my family member) so well". People's needs were set out in individual care plans. Whilst care plans included information relating to people's needs and the support required, we found they lacked details of preferred choices and routines. A new care planning format was in the process of being introduced. It was anticipated that once completed and fully embedded, the new system would reflect people's preferences in relation to their support.

People appeared calm and relaxed during our visit; call bells were answered promptly and people were not waiting for long periods for assistance. Staff did not always involve people when supporting them with tasks.

The service had appropriate systems in place to ensure medicines were administered and stored correctly and securely. Systems were in place to protect people from harm and abuse and staff knew how to follow them.

Staff received appropriate training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff supervision wasn't always held in line with the frequency identified in the organisation's policy. There were sufficient numbers of staff available to meet people's needs.

The registered manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits were not always effective at identifying shortfalls in the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. The provider had systems in place to ensure that medicines were administered and disposed of safely. Medicines were stored securely and accurate records were kept.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the registered manager.

Risks to people's safety such as malnutrition, pressure ulceration and falling had been appropriately identified. Care plans identified the support people required to minimise the risks identified.

Robust recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character. Enough staff were available to meet people's needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest. Staff did not always seek consent before providing support.

Deprivation of Liberty Safeguards applications were not always made where people were subject to continuous supervision and lacked the option to leave the home without staff supervision.

People received care and support from staff who had the skills and knowledge to meet their needs. We could not find evidence of staff supervision being held at a frequency in line with the provider's policy.

People's healthcare needs were assessed and they were supported to have regular access to health care services. People were supported to eat and drink enough to meet their needs.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. Observations of staff interactions with people were mixed. Some of our observations did not include the person or reflect their individual needs. We did however observe some positive interactions during our inspection.

Staff knew the people they were supporting well and had developed relationships.

People and their relatives told us staff were caring in their approach to supporting people.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not responsive. People had care plans in place that identified their needs. The care plans were not well organised and lacked information relating to people's social preferences and chosen routines.

A new care planning system was in the process of being implemented, which was expected to be easier to follow and more person centred.

There was a system in place to manage complaints. People and their relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously. The registered manager was not recording concerns raised in line with the organisations policy.

In house activities were available for people to attend.

Is the service well-led?

Requires Improvement

There were regular audits in place. For example infection control, medication and staff training. We found the audits were not always effective at identifying shortfalls.

The registered manager and regional manager had an action plan for improvements required to improve the quality of the service.

Staff felt well supported by the registered manager and told us they were approachable.

Yatton Hall Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 April 2015 and was unannounced. We returned on 30 April 2015 to complete the inspection.

The inspection was completed by one inspector, two specialist advisors and an expert by experience. The specialist advisors were a registered nurse and a pharmacist. 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 reviewed previous inspection reports and information we held about the home including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. During our last inspection we identified concerns relating to safe care and treatment and records. During this inspection we found the provider had made improvements in response to our concerns. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with eight people who use the service and five visitors about their views on the quality of the care and support being provided. We also spoke with the registered manager, the deputy manager and ten staff including the chef, the domestic and maintenance staff. 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. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for nine people. We also looked at records about the management of the service. We spoke with a visiting health professional during the visit and three community health professionals by telephone after the visit.

Good

Is the service safe?

Our findings

We inspected Yatton Hall care home in July 2014. During the inspection we identified people were not protected against the risks associated with safe care and treatment as not all areas of the home were clean. The provider submitted an action plan detailing the action they proposed to take in response to this stating the work would be completed by the end of October 2014. During this inspection we found the provider had taken steps to respond to our concerns. For example, new cleaning schedules had been developed and the domestic staff were following these. Staff had access to appropriate personal protective equipment and we observed staff wearing this whilst conducting care tasks. The environment did not appear cluttered, it was clean and regular infection control audits were carried out by the registered manager.

People and their relatives told us they or their relatives felt safe at Yatton Hall care home. One person told us "I am safe here; staff work in a way that suits me and come immediately if I ring for them". Another told us "I am safe, no worries, staff could not be nicer, I trust them implicitly". A relative told us "I can relax knowing my relative is safe where people know how to care for them in a way I could not". Other comments included "I visit every day, but I do not have to worry when I am not here, I trust the staff and know they are doing their best for my relative" and "My relative would not be here if I did not think they were safe".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. One person told us "They are meticulous about the way medication is given and it can only be given by a highly qualified nurse". We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take. Medicines audits were carried out monthly by the registered manager. Training records confirmed staff had received training in the safe management of medicines. A review of people's medicines took place every year with the GP to ensure that people continued to receive the correct medical treatment.

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour, their body language and physical signs such as bruising. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. One staff member told us "I am confident it would be dealt with the manager is really good and the nurses are really good, they get things sorted" another told us "I am confident the manager would do something, she is really good".

Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside Yatton Hall Care Home if they felt they were not being dealt with. Safeguarding audits were completed periodically by the registered manager, we saw these audits covered areas such as staff awareness of policies and procedures and ensuring incidents were reported to the appropriate authorities.

Assessments were undertaken to identify risks to people who use the service, these assessments were reviewed and updated regularly. A relative told us "Since my relative tried to walk out, staff now do hourly checks to make sure they are alright". The assessments covered areas such as moving and handling, falls and bedrails. Where people were at risk from malnutrition this was assessed and evaluated monthly. Where risks had been identified management plans were developed to minimise the risk occurring.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the appropriate pre-employment checks had been undertaken. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

One person told us they thought staff were rushed at times commenting "They are rushed to fit it all in". Staff told us they felt there were enough staff on shift as long as nobody phoned in sick. They told us some shifts were busier than others depending on people's daily needs. We observed during the first day of our inspection staff appeared busy and rushed, when we returned on our second day staff appeared calmer and less busy. The registered manager

Good

Is the service safe?

told us if the home was short of staff due to sickness they would help out and provide cover. They also told us they used a bank pool of staff and agency staff where required, they said they tried used the same agency members to aid staff consistency. The registered manager told us staffing levels were determined according to the dependency levels of the people who used the service. The regional manager showed us the dependency measure tool used to determine this and we saw the staffing rotas reflected the staffing level calculated by the tool. The information in the dependency measure tool was updated monthly or if needs changed to ensure there were appropriate staffing levels to meet people's needs.

Requires Improvement

Is the service effective?

Our findings

People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. We found that where care plans included information stating that a person "does not have capacity" there were no mental capacity assessments completed for specific decisions about their care. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. We observed whilst staff were providing care and support they did not always seek consent from the person. For example, we observed a staff member moving a person's chair whilst they were sat in it without seeking their consent. This meant people were unable to exercise control over their lives and their rights to make decisions were not respected.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. During this inspection we found the principles of the MCA were not always being followed. We spoke with the registered manager who told us they would review their processes for assessing people's capacity in line with the MCA.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 (MCA) which allow the use of restraint or restrictions but only if they are in the person's best interest. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS. We discussed with the registered manager and regional manager whether appropriate referrals had been made where people were subject to continuous supervision and lacked the option to leave the home without staff supervision. For example, we saw records of an incident where a person had left the building without staff support and was deemed 'missing'. The records stated the person was found by the neighbours of the home. We discussed this incident with the registered manager who told us the person would be at risk if they left the building alone and since the incident they were on half an hour observations by staff. The registered manager agreed a DoLS application should have been made in this instance and told us they would consider making further applications for people who use the service with the local authority. The regional manager told us they would use a format devised by the provider to enable them to determine where applications needed to be made. This meant people's legal rights were not protected.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The staff we spoke with demonstrated an understanding of the importance of offering people choices such as what time people want to get up, choice of food and what people want to wear. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

The registered manager told us staff should receive two one to one and four group supervisions each year in line with their policy. Three of the staff we spoke with told us they had not received formal one to one supervision with their manager to receive support and guidance about their work. One staff member told us they had received one to one supervision and they said it was used to discuss training needs and provide feedback on their performance. We looked at four staff records and saw whilst group supervision had been held at the frequency in line with the provider's policy, one to one supervisions had not. Two of the files we look at did not contain any record of one to one supervisions and one of the supervision records we saw demonstrated the staff member had not had a formal one to one supervision since July 2013. This meant staff were not always receiving regular individual support from their line manager to discuss their concerns and development needs.

We discussed this with the registered manager and they told us they had informal meetings with staff to discuss issues and concerns as they became apparent. All three of the staff who had not received supervision told us they felt able to speak to the registered manager or one of the

Is the service effective?

nurses to raise any concerns. The registered manager acknowledged they had not given staff individual supervision in line with their policy and said they would take action to improve this.

One person told us they felt they were cared for by well trained staff who knew them well. Staff were aware of their roles and responsibilities, they told us they were made aware of this through induction and training. Staff told us they had received a range of training to meet people's needs and keep them safe. This training included safeguarding, infection control, fire training and moving and handling. The training records we looked at confirmed this. Two staff told us they felt they would benefit from more in depth training around specific needs such as dementia. We discussed this with the registered manager and regional manager. They told us they were planning on making the dementia training unit mandatory for all staff. Staff told us they received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of up to three days shadowing experienced staff and looking through records. They also told us they completed their mandatory training during their induction and described this training as "Good". Staff told us there were opportunities for progression in their role and they were encouraged to achieve this.

There was always a registered nurse on duty to make sure people's clinical needs were monitored and met. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs.

People and their relative's told us they were mainly happy with the food provided. One person told us "I have a good appetite and I always eat whatever I choose" and another said "Food is good, the roasts are fabulous, we also get nice casseroles". Other comments include "I'm sick of the monthly repetition of the menus" but added "They will try to meet my demands if I ask for something specific". A relative told us "Residents get three excellent meals a day and portions are more than ample; in addition there are biscuits and cakes available with tea and coffee in between". Other comments include "Food is excellent in quality and quantity" and "My relative has pureed food, which does not look so good, but they eat and enjoy it".

There were two hot meal options on the menu daily, this consisted of a meat and vegetarian option. The menus were on a four weekly rotation. We spoke with the cook who told us the menu was based on what they knew people liked and if someone wanted something different on the day they would attempt to cook this for them with the available ingredients. Staff were responsible for asking people what they would like to eat during the afternoon shift for the next day. The cook demonstrated knowledge of people's likes and dislikes, for example they were aware that a person liked to have small portions of meals and disliked a certain type of food. The person's care plan confirmed this. Drinks and snacks were offered throughout the day and people had jugs of water available in their rooms. People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals.

People were supported to have regular contact with health professionals. People were supported to see their GP, dentist, chiropodist and a speech and language therapist where required. A local GP visited the home regularly and one person told us "If I am unwell I tell the staff and they will get a doctor to see me". Where guidelines had been put in place by a health professional staff were aware of and followed these.

One person told us they were involved in developing their care plan. People's care plans described the support they needed to manage their day to day health needs and conditions. These included personal care, medicines management, eating and drinking and information relating to specific health needs and conditions. Whilst care plans included relevant information about people's health needs they appeared unorganised and important information about the person was not always easy to locate. For example, where a person had been identified as having 17 allergic triggers this information was not readily available at the front of the care plan for staff to be aware. The regional manager showed us a new care planning format due to be introduced in May 2015 which highlighted important information identified as 'hotspots' to ensure this information would be clear and available for staff.

Community professionals told us the home was proactive in seeking support and treatment and made appropriate referrals. One health professional told us when making reference to one of the nurse's "they are very on the ball, really helpful and always take on our advice".

Requires Improvement

Is the service caring?

Our findings

Most of the interactions we observed between people and staff were positive. However during lunchtime staff did not always engage in conversation with the person they were supporting. The staff member provided support during the mealtime and did not inform the person of what the meal was. The person they were supporting was unable to verbally communicate. During the mealtime the staff member was engaging with another member of staff discussing the afternoon staffing arrangements and an issue they had at their home. We also observed staff getting up and leaving people during the meal to respond to the call bell system without telling the person where they were going. During another observation staff were talking to a person whilst stood behind them rather than standing within sight in front of them. During this interaction the person had to crane their neck and head position to see the staff member. We also observed a staff member putting a person's slippers on and rearranging their clothing without speaking to the person and explaining what they were doing. This meant people were not always supported and engaged with by staff in an inclusive and respectful way.

We also observed positive interactions throughout our inspection with staff offering people encouragement and engaging in positive banter. For example, where a person was reluctant to eat their meal staff engaged with the person positively and encouraged them to eat most of their meal. We observed mealtimes were not rushed, staff sat with people on the same level whilst supporting them and the pace of the meal was dictated by the person and their needs. We also observed staff supporting people to use a hoist to transfer from their bed to their chair. This was completed calmly and efficiently with staff giving clear information to the person on each stage of the procedure before carrying it out, whilst reassuring the person.

People told us they were happy with the care they received and the way staff treated them. One person told us "I have a good rapport with staff; they are most kind and caring". Other comments include "Staff are very good, could not be nicer, I have no favourites because they are all lovely" and "Staff are kind; they help me as much as I need". Comments from relatives included "They understand and treat my relative as a proper human being and look after them so well" and "I looked at many care homes for my relative before I chose Yatton Hall and I now know I have made the right choice".

Resident and family meetings were held six monthly to receive feedback and involve people in the running of the home. The registered manager told us the last two meetings had not been very well attended. They told us they would continue to hold the meetings and encourage people to attend. The registered manager also told us they were hoping the new audit system being introduced would enable people to be involved in the running of the home.

Care plans included a document called "my choices and preferences". This was used to record the important things in people's lives such as important memories, relationships and how they want to be supported. Three of the care plans we looked at did not have this document completed. This meant staff did not always have access to important information relating to the person. We spoke with the registered manager and regional manager who told us the new care planning format and rollout in May 2015 would involve completing this document for all people with involvement of the person and their relatives.

One person told us "I enjoy chatting with the staff; I talk about football with one". Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us "If we build a bond with people they are more relaxed, build trust and confidence, we play a huge part in people's lives". Another staff member told us "I spend time getting to know the residents chatting to them, it's important to know their likes and dislikes" and another said "building relationships is a massive part of our job". One staff member explained how a person liked to have their hair brushed in a certain way. We saw that people's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. Relatives told us staff were friendly and approachable although they appeared a bit rushed at times. They also told us they could visit at any time and there were no restrictions.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care. For example, offering people the level of support they preferred and explaining to the person what they are doing step by step. They also talked about covering people up whilst providing personal care and

Requires Improvement

Is the service caring?

ensuring a person's door was shut and curtains were drawn. During our inspection we observed staff knocking on people's bedroom doors and waiting for a response before entering.

Requires Improvement

Is the service responsive?

Our findings

Each person had a care plan that was personal to them. The care plans we viewed had evidence of people and their relatives being involved in the reviews. Care plans included detailed information about the support required to meet people's health needs but lacked information relating to their social preferences, activities and chosen routines. For example, a person had a sensory assessment in their file completed by an Occupational Therapist. The assessment identified the individuals preferred sensory activities for staff to engage them in such as coloured visual objects, hand massage and varied music. The care plan did not incorporate this information in order for staff to support the person with their sensory needs. Four of the staff we spoke with including the activity coordinator told us they were not aware of the sensory assessment and activities although they were able to tell us the person liked music. The person's records had details of regular massage from a visiting masseuse. This meant people were not always supported to have their individual needs met by staff.

We spoke with the registered manager who told us staff had received information relating to the person's sensory needs and they did not understand why the staff stated they did not. The registered manager and regional manager showed us the new care plan format which they stated would incorporate all of the person's individual needs, routines and preferences.

Staff were able to tell us about other people's individual needs, likes and dislikes such as personal care routines, important family relationships, past employment history, hobbies and favourite foods.

People and their relatives told us they were involved in their care plan and their reviews. One relative said they had discussed everything including end of life care on admission and this discussion had been conducted "very sensitively".

In our last inspection in July 2014 we identified not all recording charts and records were completed consistently and could pose risks of unsafe or inappropriate care and treatment being delivered. The provider submitted an action plan to us detailing the action they proposed to take in response to this. During this inspection we found the provider had taken steps to respond to our concerns. For example, the registered manager had created a chart to be completed by the nurse in charge of each shift to check care records had been completed. The registered manager told us this was completed every time the nurse completed a medicines round. Records we looked at confirmed this. Where there were omissions in recording this was raised with the responsible staff member.

People told us staff supported them to maintain their independence. Comments include "Staff provide what care they can; they allow me my independence, they are lovely to me" and "staff know what they are doing and encourage me to do as much as I can for myself". A relative commented positively regarding staff responding to their needs, they said "I am more than satisfied with the care my relative receives, they respond to their needs and adjust their care accordingly".

People and their relatives told us they were happy with the activites offered in the home. One person told us "I love the activities" and other said "I go to the lounge in my chair, bingo is my favourite". A relative commented "There is good stimulation, my (relative) is encouraged to do as much as he can, we go to the lounge and join in with whatever is happening, he especially likes the Karaoke, and they always play his favourite Frank Sinatra for him".

Whilst people were encouraged to join in with the in house activities they told us their wishes were respected if they did not want to attend. Comments included "I don't do activities, I get visitors and talk to people on my mobile" and "I go to the Church services we have Holy Communion every four weeks but I don't like the lounge, I prefer to stay in my room and listen to the radio".

The home had an activity timetable and two activity coordinators were employed to organise activities during the week. The activities included bingo, karaoke, exercise, arts and crafts, quizzes and seasonal activities. Holy Communion was taking place on the morning of our visit and was attended by six residents. The activity coordinators told us they spent time with people finding out their preferences around activities and tailoring them to meet people's needs. For example, they told us some people preferred one to one's in their bedroom rather than group activities. They told us they planned to arrange a 'May Day' activity involving making a garland from fresh flowers which would prompt interest and discussions with people about the flowers. An empty room in the home had been converted by an activity coordinator into what is known as 'The Snoozelem', using a donation from a

Requires Improvement

Is the service responsive?

relative. They had painted the room and equipped it with sensory items, special lighting and a bubble machine. During our visit we did not observe people using the Snoozlem room.

The activity coordinators told us they had access to a tablet computer device to enable them to access internet resources and they used this when completing one to ones with people in their rooms. Themed events were held throughout the year to raise funds for the activities. These were arranged by the activity coordinators. The registered manager told us about the local community links the home had the local school and the school choir attended the home to sing for the residents. They also told us they had links with local community groups and one of these had arranged for 'speaking newspapers' to be available for people where they had visual inpairments and were unable to read a newspaper.

One person had access to electronic and computerised gadgets, including Sky-player, Wi-Fi, modems and an I-pad in their room. They told us they chose not to participate in any of the in house activities and they go out independently in their electric wheelchair to mix with people locally. They told us they also caught a train to travel to a nearby seaside town. The person told us staff facilitate and encourage this.

People and their relatives said they would feel comfortable about making a complaint if they needed to. There was information relating to the complaints procedure available throughout the home. One relative told us any minor concerns they had were "Discussed amicably with the manager and quickly resolved to everyone's satisfaction". There was a process in place for raising complaints and we observed there had been no complaints raised since our last inspection. We discussed this with the registered manager and they told us any concerns or "Niggles" were dealt with at the time and a record of this was documented in the communication section of the person's care plan.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service. We found the audit systems were not always effective in identifying shortfalls. For example, they had not identified the home was not following the principles of the MCA. The audits included a business plan and a range of internal audits completed periodically throughout the year. These were used to assess the quality of the service provided. The audits were completed by the registered manager and the regional manager and reports of the visits were in place. They included safeguarding, finances, medicines, training, complaints, infection control and health and safety. Incidents were monitored for trends and themes and this triggered a review of a person's care plan where required. The audits identified actions required for improvements and the outcomes of these actions. For example, it identified people could be more involved in their care plans and action was being taken to address this.

There was a registered manager in post at Yatton Hall Care Home. Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. The registered manager told us they promoted an open culture where staff could approach them with concerns. One staff member told us "The manager is really good, if you have issues you can speak to her she is always available for staff". Another said "The manager is very assessable; nine times out of ten her office door is open and you can speak to her".

Staff meetings were held three monthly which were used to keep staff up to date with new approaches and relevant information. One staff member told us they found the meetings were "Definitely worth going to, you can raise things and are listened to". The meetings were also used to discuss any issues in the home. The registered manager told us the meetings were used as a group supervision session for staff to discuss any concerns they had.

The service had a clear staffing structure with defined roles, the staff we spoke with demonstrated an understanding of their responsibilities relating to their role and meeting people's needs. For example, care staff told us what support they were able to provide to people and when the support would need to be provided by a senior member of staff.

The provider had a system to receive feedback from people and their relatives annually in the form of a questionnaire. We saw the results from the feedback in 2014. The feedback identified a high level of customer satisfaction for staffing, meals and housekeeping. Where feedback identified areas of improvement we saw action had been taken to address this. The regional manager showed us a new format for collating feedback from people and visitors using an online system to regularly gather 'real time' feedback. This was due to be launched in May 2015.

The registered manager told us they had supervisions with their manager and they felt supported by the organisation. They said they attended regular management meetings. This gave them the opportunity to meet with other managers to share best practice and discuss challenges they may be facing with service delivery. The registered manager also told us they attended regular provider forums where they met to discuss issues with other providers from outside their organisation. This provided them with an opportunity to discuss issues and share knowledge. The registered manager was a registered nurse, they kept their skills and knowledge up to date by on-going training and reading.

We spoke with the registered manager about the values and vision for the service. They told us their vision was to provide a homely service where people feel safe. They told us they aimed to "Create a lovely atmosphere where people can do what they want and truly feel cared for". They said they encouraged best practice by acting as a role model and completing observations of staff. They told us where staff were not performing to the desired standard an instant supervision would be held with a senior staff member to correct them. We saw evidence in staff files where they had received instant supervision to correct practice. For example, where it had been identified a person had been incontinent and left llike this for a period of time, the reasons for this had been explored and expectations were discussed with the staff member. The registered manager also recognised the importance of thanking staff for their work and we saw evidence of them carrying this out during a staff meeting.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty without authorisation from the local authority. Regulation 13 (5).