

Mrs A E Palmer

Germaina House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 01 and 15 December 2015. The first day of inspection was unannounced and we attended the service at 06:00; the service knew we would be returning for the second day of our inspection.

Germaina House can provide accommodation for up to 18 people who need require help and support with personal care. The service is made up of two large Victorian mid-terraced houses which have been converted in a residential area of Redcar. There are stair lifts on each set of stairs to assist people to the upper floors. At the time of our inspection there were 12 people living at the service.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

We previously inspected the service in July 2015 and found that the service was not meeting all of the standards which we inspected. We found that there were not enough staff on duty at night to provide appropriate care and support to people; some people were left waiting at night. Apprentice staff were left unsupervised and people were left in communal areas for up to 30 minutes at a time. Fire risk assessments and evacuations were not up to date; there was a lack of readily available choices at meal times and there was not always evidence of consent. We found that people's privacy and dignity was not always maintained. Training, supervision and appraisals were not up to date. Records were not person-centred and there were gaps throughout all records looked at during inspection. There was a lack of leadership in place at the service and little evidence of quality assurance processed in place. We issued two warning notices in relation to staffing [staffing at night, training, supervision and appraisals] and good governance [quality assurance including record keeping]. We also issued four requirement notices in relation to safe care and treatment, dignity and respect, consent and person-centred care.

At this inspection we found that the service had taken action to address each breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that there were enough staff on duty at night to provide care and support to people.

People who used the service told us their call bells were answered within a reasonable amount of time. This meant people's privacy and dignity was maintained.

Staff on duty at night were trained to dispense medicines which meant people who needed medicines at night received them without delay.

Safeguarding training was up to date and staff demonstrated good knowledge and understanding of the procedures they needed to follow should they suspect abuse may be taking place.

The service worked in partnership with a local college to allow students on placement at the service. We saw students shadowed experienced members of staff at the service.

Staff were allocated appropriately across the service which meant there was a visible staff presence at all times.

Fire risk assessments had been updated and staff had attended promptly during fire evacuation tests.

The service was clean and cleaning records were up to date. People had access to their own toiletries which were stored in their own rooms when not in use.

Training was up to date for most staff; where gaps had been identified, records showed that planned dates for training for staff had been booked in.

Supervision and appraisals for all staff had been carried out and future dates had been planned.

There was a choice of readily available food at each mealtime. People could always have something different if they wished. Staff were aware of people's dietary preferences and records had been updated to reflect these.

There was a locked door in place at the service to maintain people's safety; we could see that people had consented to this.

Staff maintained people's privacy and dignity. Doors and curtains were locked and permission was sought before any care and support was given.

All care records had been updated. They contained the information needed and were specific to each person. People who needed risk assessments in place had them.

Care records were completed each day and contained the detail needed.

Improvements to records relating to the day to day running of the service had been made.

All policies had been updated.

Leadership at the service had improved. A head of senior care had been appointed and they were responsible for managing care and the deputy manager was responsible for the day to day running of the service.

Quality assurance processes had been put in place. Audits had been carried out to monitor the quality of the service, however further progress was needed.

Meetings for people who used the service, their relatives and staff had been carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were enough staff on duty to provide care and support for people. People told us their call bells were answered within an appropriate amount of time.

Fire risk assessments had been updated and fire evacuations undertaken with staff. Risk assessments were in place for people who needed them.

Staff had good knowledge of safeguarding and knew the procedures they needed to follow if they suspected abuse.

Is the service effective?

Good ●

The service was effective

Staff had undertaken training; any outstanding training had been booked in for all staff.

Supervision and appraisals had been carried out with staff.

People were asked for their consent before care and treatment was given. Consent had been sought to have a locked door at the service.

Is the service caring?

Good ●

The service was caring

People's privacy and dignity was maintained. Doors and curtains were closed when care was given.

People spoke positively about the care and support they received from the staff team at the service.

People told us staff were respectful of their individual needs and acted with compassion.

Is the service responsive?

Good ●

The service was responsive.

Care records were individual to people and contained the detail needed.

Significant improvements had been made to the quality of record keeping.

Activity records contained information about people's individual likes and dislikes.

Is the service well-led?

The service was not consistently well-led.

Leadership at the service had improved. A senior head carer was responsible for care.

Quality assurance measures such as audits, surveys and meetings for people had been introduced, however further progress was needed.

The registered manager had responded to each of the breaches identified during our last inspection and took the action needed.

Requires Improvement 

Germaina House

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.

One adult social care inspector carried out this unannounced focused inspection on 01 December 2015 which meant the service did not know we would be visiting. The registered provider knew that we would be returning for a second day of inspection on 15 December 2015 where we were accompanied by an expert by experience who had experience in residential care. This is a person who has personal experience of using or caring for someone who used this type of care service.

A focused inspection was carried out to review the breaches identified during our inspection in July 2015. These breaches included person-centred care, staffing, dignity and respect, consent, safe care and treatment and good governance.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the registered provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service. At the time of our inspection on 01 December, the service was under a serious concerns protocol with Redcar and Cleveland local authority however the service was removed from the protocol on 11 December 2015 because action had been taken by the service to address the concerns within the protocol.

The registered provider was not asked to complete a registered provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we spoke with the registered provider, deputy manager, head senior carer and four care staff. We also spoke with eight people who used the service. We reviewed three care records; all staff

training, supervision and appraisal records and records relating to the day to day running of the service.

Is the service safe?

Our findings

At the last inspection in July 2015 we identified a breach in relation to staffing because there were not enough staff on duty to provide care and support to people who used the service at night. A warning notice was issued in respect of this. At that inspection we found that there was only one member of staff on duty each night. We could see that some people required the support of two staff members; this meant people could not receive appropriate care and support during the night [could not be turned as required in their care plan, could not receive personal care or could not get out of bed if they wanted to]. People we spoke to during that inspection told us there could be long delays in answering their call bells at night. This meant their dignity could be compromised. We found that one night per week; one member of staff not trained in medicines provided cover during the night. This meant that people requiring medicines during the night shift had to wait for the waking night staff member to alert the registered manager to come into the service to provide the necessary medicine(s) which could have caused a delay in people receiving timely medicines. During the day we had observed three periods of up to thirty minutes where people were left unattended in communal areas of the home. We also observed two apprentice care staff were left unsupervised and did not appear to know the people they were providing care and support to.

At this inspection we attended the service for inspection at 06:00 to check how many night staff were on duty. We found two members of staff on duty who both told us that since our last inspection in July 2015 there were always two members of staff each night. We asked people if this was the case and looked at staff night duty records between 01 September and 15 December 2015. This confirmed that two members of staff now worked night duty. We could see the deputy manager and head senior carer also worked night duty; this meant that they could monitor the quality of care at night. Staff training records showed that all staff working at night had been trained to dispense medicines; we could see that medicine competency checks of night staff had been completed because the head senior carer [responsible for these checks] also worked at night.

When we spoke with people, they all confirmed that there were enough staff on duty at night to provide care and support to them. One person told us, "Yes, I think there is enough staff working here. You get attention very quickly if you call them." Another person told us, "Yes, I do think there is plenty of staff around. If you ask them to do something for you, they never refuse. I think they are wonderful people – and that goes for the boys too." People also confirmed that call bells were answered during the night within a reasonable amount of time, one person told us, "If you push your bell then one of the girls comes very quickly. I don't think you have to wait more than a minute or two before they come." Another person told us, "If I ring my bell when I am upstairs, then one of the girls comes quite quickly to see what I want." Without exception, everyone we spoke with told us staff responded to their needs quickly when they used their call bells both at night and in the day time. People told us, "There is never a problem with the staff helping me. I just have to use the bell and they come and are very helpful." And "Yes, they do come when I ring for help. I try not to bother them, but they are always pleasant when you ring." And "I don't use it very often, but if I did, I know they would be there in a minute or two." And "I don't ask for help very often but when I have, then, I am given all the help I need."

We regularly observed staff in communal areas of the home. We could see that a student from the local college was shadowing more experienced members of staff. The deputy manager told us they were working in partnership with a local college to give students experience of working in adult social care. They told us that they received a good level of support from this college and were happy with the quality of students they were working with.

During our last inspection in July 2015 we also identified a breach in safe care and treatment and a requirement notice was issued. This breach was identified because a fire risk assessment had not been updated since May 2014 and six monthly fire evacuations had not been carried out. The administrative office was very cluttered and posed a health and safety risk. Safeguarding training was not up to date and staff displayed poor knowledge about the procedures which they needed to follow should they suspect abuse. The staff team in place at the home did not wear name badges and there were no photographs on display to say who staff were. This meant that it was difficult to know who staff were or what their designated role was. Risk assessments for falls were not routinely in place. We also found that the service had not protected people against the risk of infection prevention and control because mattresses and chairs within the home required cleaning and there were no deep cleaning programmes in place. There was a risk of cross infection because personal hygiene products were stored in communal bathrooms; this meant people had access to each other's personal hygiene products. There was a lack of understanding about infection control and prevention procedures and infection control training was not up to date.

At this inspection we could see that a fire risk assessment had been updated and regular fire evacuations had been carried out. We could see that staff had responded promptly. Safeguarding training was up to date and where gaps had been identified, records were available to show that planned dates had been booked in for staff. When we spoke with staff they provided good examples of abuse and what signs they could expect to observe in the people they cared for if abuse was suspected. They were able to detail the procedure they would need to follow to raise a potential safeguarding alert. A photograph of each staff member and their designated role was on display at the service. This meant we could see who was on duty and we could speak to the most appropriate people. Action had been taken to de clutter the office, however we could see that this was on-going.

At the last inspection in July 2015 we identified a breach in good governance and a warning notice was issued. This was because risk assessments had not always been in place for people who needed them, where risk assessments were in place there was lack of information about the assistance needed. Cleaning records had not completed every day.

At this inspection we could see that improvements had been made. Each person who used the service had risk assessments in place to monitor their health and well-being. Only people who needed these risk assessments had them; these included risk such as nutrition, pressure area risk, falls and medicines. One person had a specific risk assessment for simvastatin because of its interaction with grapefruit. This meant all staff were aware of the risks and could take the action needed to minimise the risk of harm to this person. Risk assessments had been reviewed every month.

During our inspection we observed all staff following infection prevention and control procedures. Care and domestic staff were in uniform and wore appropriate personal protective equipment such as gloves and aprons when needed. We could see each area of the service was clean and records were in place to show that cleaning was up to date and monitoring was in place to ensure the quality of the service. Comprehensive cleaning records were in place and this included general cleaning at the service, laundry, deep cleans and fridges. People had access to their own toiletries which we stored in their own rooms and not in communal areas.

Everyone we spoke with during our inspection told us they felt safe living at the service. One person told us, "I don't think [Registered manager] would let any of the staff be unkind or awful to us, I am sure she would get rid of them. Yes, I feel very safe. Indeed." Another person told us, "There is nothing to worry about with these staff; they are lovely and so very kind."

Is the service effective?

Our findings

At the last inspection in July 2015 we identified a breach in relation to staff training, supervision and appraisal; a warning notice was issued. We found there were gaps in all areas of training at the service for all staff such as infection control, fire safety, dementia and safeguarding. This meant that people could have been put at risk because staff did not have the knowledge they needed to provide the most appropriate care and support to people with specific needs. Appraisal records were not available for inspection and not all supervision records were available for inspection. Where supervision records were available, we could see that staff had not received six supervision sessions per year as outlined in the service's policy. There were gaps in supervision records which meant we could not be sure if staff were receiving the most appropriate support. We also found that apprentice staff were left unsupervised when providing care and support to people who used the service.

At this inspection we could see that the service had taken action to ensure that all staff training was up to date. We could see that accessibility to training had been difficult for the service and they were working with the local authority and external providers to make sure all training was up to date. At the time of our inspection we could see the staff had undertaken a mixture of face to face and on-line training in fire safety, first aid, nutrition, safeguarding and the Mental Capacity Act. We could see that some areas of training were still outstanding for some staff members; however records were available to confirm that staff had been booked onto these training courses. Staff we spoke with during inspection spoke positively about the training they had been undertaking, one staff member told us, "We are encouraged to do training." When we spoke with staff we could they felt confident in their abilities to deliver good care as a result of their training.

At the time of our inspection, the two newest members of staff were undertaking their induction. We could see that they had spent time shadowing more experienced members of staff and had undertaken training. They also spent time becoming familiar with the policies and procedures for the service as well as getting to know people and the staff team in place at the service. We could see that the registered manager had incorporated new activities into the induction process which was designed to check the knowledge and understanding of new staff to make sure they were competent to provide care and support to people. The deputy manager told us they no longer took apprentice staff at the service but were working with a local college to allow students to carry out their placements to allow them to gain experience of working in adult social care. We looked at supervision and appraisal records for all staff and could see that staff had undertaken two supervision sessions since our last inspection; supervision records had been improved and we could see evidence of discussions which took place and areas for growth had been identified. We also saw that some staff had received their annual appraisal and the remaining staff had dates planned in to ensure all staff had received an appraisal. This meant that the service had taken the action needed to make sure all staff were fully supported in providing care and support to people who used the service. On both days of our inspection, we saw the staff working together as a team; this meant that students on placement from the local college were always supervised. We could see that students knew people well and observed them interacting with people who used the service.

At the last inspection in July 2015 we identified a breach in relation to consent and a requirement notice was issued. We found that consent to treatment was not clear. A 'Do not attempt cardio-pulmonary resuscitation' certificate had been found in one person's care records even though a care plan had stated the person did not want a certificate in place.

Consent forms for people's next of kin to view their care plans and to take photographs had been signed but not dated. A consent form for an influenza vaccination for one person had been signed by the person to indicate a refusal. These care records showed an influenza vaccination had been administered. This meant that we could not be sure if this person had given their consent.

At this inspection we looked at 'Do not attempt cardio-pulmonary resuscitation' certificates for two people. We could see the people involved in this decision making process and reasons for these decisions had been clearly identified and planned dates to discuss this decision making again in the future had been put in place. We also looked at consent for vaccinations; we found there were no records in place to show that people had given consent for an influenza vaccination. From The registered manager and deputy manager told us people had given verbal consent or staff had sought verbal consent from the person's relative when needed but this had not been recorded. Every person we spoke with told us that staff had discussed the opportunity to have an influenza vaccination with them. One person told us, "I was asked if I would have the flu jab, I said I would. I had the flu years ago and it was not pleasant. I believe if you are given the opportunity to have it, then you should." Another person told us, "I was asked if I wanted the flu jab – I said I did not want it, so I have not had it."

Each person who used the service had a photograph of themselves in their care records. For one person we could see that a consent form seeking authorisation to take photographs had not been signed. We discussed this with the deputy manager who took action to address this during our inspection. People we spoke with confirmed that staff always asked for their consent before any care and support was given, one person told us, "Yes, when I first came in I was asked if I would like help with having a bath. I said I could manage myself and I do. If I need help I will ask for it." Another person told us, "I was asked if I wanted help with bathing. I accepted help with showering; I can't manage my back very well so one of the girls helps me with that." During our inspection we observed staff asking for people's consent before any assistance was given. We also saw that people were given the time they needed and were not rushed into making decisions.

At the last inspection in July 2015 we identified a breach of person-centred care and a requirement notice was issued. We found there was a lack of choice at mealtimes. This meant the food provided did not always meet people's needs or reflect their preferences or give them choice. During our last inspection only one choice of readily available meal was available; records also showed a lack of choice had been available for people and there was no evidence that people were involved in menu planning. There were gaps in the care records about people's dietary preferences.

At this inspection, we could see the service had made improvements to the quality of record keeping. We saw people's care records reflected their dietary preferences. The menu for both days of our inspection was on display in the dining room and there was evidence of choice for all meals. People confirmed there was always a choice of meals available to them; one person told us, "Yes, we do have a choice of meals. Lunch today is either Corned Beef Hash or Pork Chop, with vegetables. Pudding is rice pudding or bread & butter pudding. If you don't want either, then if you suggest something else, just like a sandwich, then you can have it." People were also complimentary about the food and felt that staff were aware of their dietary preferences. During our inspection we observed a student on placement from a local college speaking with several people who used the service asking for their choice of menu which would be provided at lunch time.

People told us, "The meals are very good. The cook is great, always a good choice and well cooked." And "I could not do better myself. The cook does us proud." And "Really good food, well cooked and always very tasty. You can have a choice and it is always fresh."

At the last inspection in July 2015 we identified a breach in safe care and treatment and a requirement notice was issued because the risks to the health and safety of people who used the service had not been appropriately considered. The internal door of the home [before the external front door] was locked with a key which one member of staff carried with them. People we spoke with, staff and the management team all confirmed that people's consent had not been sought to keep this door permanently locked. We could see that some people who used the service had an appropriate Deprivation of Liberties Safeguards (DoL'S) in place, however from discussion with the management team we could see that the door had been locked before these safeguards were in place. This meant there was a breach to people's human rights because people who used the service could not leave the home when they wanted to.

From speaking with people at this inspection, we could see that staff at the service had taken action to seek people's consent about the main door to the home being permanently locked. We could see that a signed consent form was in place for each person to show they agreed to this action. One person we spoke with told us, "I know why the door is locked and I have no trouble with that. If we are taken out, they just unlock the door; it is not a problem to me." Another person told us, "I used to have my door locked when I lived at home. There is no problem and I think we are safer with doors locked. They can soon open them." We could see the staff at the service had spoken with people to explain why they wanted to lock the main door and we could see that people were happy with this; one person told us, "I don't go out so it is not a worry to me. I know they are looking after our safety." People told us although the door was locked, they could leave the service at any time, one person told us, "If I go out, then the door is opened. I have no objection at all, the door should be locked so that anyone who should not come in, are not able to."

Is the service caring?

Our findings

At the last inspection in July 2015 we identified a breach in dignity and respect and a requirement notice was issued. This is because people's dignity had not been maintained. We found inconsistencies in the service's approach to dignity and privacy. There was no dignity champion in place at the service. We observed people asleep and being assisted with personal care when bedroom doors were open. People told us their commodes or urine bottles were not emptied during the night and were not always returned promptly after cleaning. Call bells were not always within people's reach which meant the person could not alert staff when they required support. We also observed staff moving one person in their wheelchair without speaking to them or seeking their consent.

When we arrived at 06:00 on the first day of our inspection, we saw that the bedroom doors of five people were open and we could see them sleeping. We spoke to night staff who told us that this was carried out according to people's wishes; we spoke with each of these people during our inspection and they confirmed this to be the case. We could see people's wishes had been documented in their care plans.

Each person we spoke with during our inspection confirmed staff protected their dignity and privacy; one person told us, "Yes, it is important to me. Staff know I like to maintain as much independence as I am able. I do get a little help, but my dignity has never been in question." Another person told us, "I do get help and I am grateful for the way the girls help me. You have to get over shyness when you are as old as me, but I must say they help to keep my dignity, yes." People gave us examples about how they felt staff protected their dignity whilst maintaining their independence. People told us, staff closed doors and curtains, used towels to protect their dignity and made sure that clothes were taken into bathrooms when bathing. One person told us, "I am able to do a great deal for myself but I have the girls do a bit for me such as washing in between my toes, bending can be a bit uncomfortable sometimes, but they are always there to help." Another person told us, "I do get help with bathing; I can't manage my back so I get help. The girls always keep me well covered when they help me."

People told us their commodes and urine bottles were cleaned and returned promptly which helped to maintain their dignity. When we spoke with people in their rooms [with their consent] we could see call bells were within people's reach. This meant the service had taken action needed to maintain people's dignity. The deputy manager told us they and a senior carer were dignity champions and had plans in place to become active dignity champions by increasing staff knowledge, looking at good practice frameworks for dignity and incorporating a dignity toolkit into the service.

Everyone we spoke with during our inspection told us that they were happy living at the service and felt well looked after by staff. One person told us, "I have read about people not being well treated when they live in a Care Home. Everybody in here is treated with kindness. I love it in here." Another person told us, "I have never had a problem since I came in here. Staff are very good and will help you with anything you want them too." We observed all staff speaking to people in a kind and caring manner and gave people the time they needed. One person told us, "The staff will do anything to help me and they do it with a smile. I don't think you could find kinder people than these in here." Another person told us, "These people, all of them,

are really very kind and helpful. Nobody grumbles about helping you.

People were very complimentary about the standard of care they received at the service, describing the care as "Excellent." People told us, "I used to live right next door to this home. When my sister died I decided to come in here. It was a good decision; I am happy and get well cared for." And, "I have everything I need. I get my washing done, I have a good clean bed, I get good food and the staffs are lovely." And, "We all get well looked after, nothing is too much to ask for, you just have to ask for something and they get it for you, they really are caring people." And, "This has been a God send to me this Home. I could not be happier. Friends are made very welcome, always a cup of tea and a biscuit is offered. Very kind staff, you feel you matter to them."

We observed staff treating people with respect and compassion. Each person we spoke with confirmed that this was always the case. People told us, "The staff could not be kinder. They always speak properly to me; I have not had any problems with any staff since I came in two years ago." And, "Lovely kind staff. They do treat you with respect. They always ask what you want to drink and then mealtimes they get you the meal you have asked for." And, "Staff never come into my room without asking me – that is respectful, because it is my room. They have always shown kindness towards me." And, "[Registered manager] would not let any of the staff be unkind to any of us. The staff are all kind, they must have been trained properly and know how to speak to people in the right way."

People we spoke with told us they had confidence in the staff that were employed at the service and felt their needs were met by staff who knew them very well and that staff attitude towards was very good. People told us, "Yes, I do think they [staff] know what they are doing. Staff, even the men, will do anything for you. All you need do is asking for help and you get it." And, "The girls know I am very independent and am able to do things for myself – like choose what I am going to wear - They help when it is needed. They have a good attitude; always ask if everything they are doing for you are "alright". And, "I think they know me very well. I like to go to Church now and then but not every week. Staff, I find just want to be helpful and they are all, very kind." And "I think [Registered manager] is a really good manager. She is lovely and just wants us to be well looked after and be happy. What more could you want?"

Is the service responsive?

Our findings

At the last inspection in July 2015 we identified a breach of personalised care and a requirement notice was issued because care records were not person-centred. Care plans were not always individual to the person they related to or the care needed. There was little evidence of people's involvement in decisions about the care they needed and we identified gaps in reviews of care which meant we did not know if care and support was provided to people in the way they wanted or if there had been any changes to people's need.

At this inspection we could see that people's care records had been structured appropriately and were individual to people. There was information in people's record to show what was important to each person and how best to support the person including each person's background likes and dislikes which staff used to engage people in conversation and to ensure people received care in the way they wanted it.

Care plans were in place for needs such as medicines, falls, nutrition, skin and communication. They were individual to each person and contained the detail needed, for example, a care plan for personal hygiene for one person gave lots of detail about the person's bathing routine and what bathing products they liked to use. We could see that care plans had been reviewed each month which meant that staff were appropriately monitoring people's needs. From the care plans and reviews of people's care we could see that staff had taken action when needed. For example, we could see that one's person's health needs had changed and a continence assessment had been requested. Staff had signed people's care plans; this meant that staff had understood people's individual needs and could provide the most appropriate care and individual support to each person.

Six monthly reviews had been carried out with people. There were gaps in the reviews which we looked at, for example, in person's six monthly review there were gaps in the record which meant that we did not know if there had been any changes in the person's care or if any decisions had been made. We could see that the person's key worker had not recorded any comments about the care and support the person needed and there was no evidence of any actions being identified. We could see that consent for 'as and when' medicines and for paramedics to make decisions about people's care in an emergency had not been completed. This meant that we did not know if these had been discussed with the person's relative or if consent had been obtained.

Records provided evidence that people have been involved in making decisions about their care. We could see that people had signed their own care plans to confirm that they were appropriate to their individual needs and wishes. One person told us, "My son comes to talk to the staff and me together. He makes sure I get things I need. It is all written down."

We looked at the daily records of two people and could see that staff had made entries into these records at least twice per day. This included information about any assistance with care and support, any changes in the person's health and well-being and activities which they had been involved in. We could see that detailed records individual to each person had been carried out which meant that staff coming on duty at the service could capture information about the care and welfare of people and be updated on any changes.

At the last inspection in July 2015 we identified a breach of good governance because accurate, complete and contemporaneous records were not carried out for people using the service and the running of the service. There were gaps in people's care records. Activity records were not completed each day, were not contemporaneous and contained limited information. Policies had not been regularly reviewed.

At this inspection, we could see that the service had taken action to improve the quality of record keeping. The head of senior care told us that they had worked hard to improve the standard of record keeping stating, "It's been hard, but we are getting there." They did acknowledge further work was needed to ensure any gaps in the records were kept to a minimum and told us, "We still need to improve our paperwork." We could see improvements to the quality of all records looked at during inspection.

People had activities records in place which detailed the types of activities each person liked to be involved in. There were no dates on these activities plans which we fed back to the management team and we were confident that action would be taken to address this. During our inspection we saw people and staff engaged in a small number of activities. People told us, "We play dominoes – I do enjoy that. I like watching some of the television plays, and things like that. There is always something you are asked to join in, they like you to be involved, and doing something active." And, "I like doing the Art – I enjoy colouring in things, it is like being back in school when you were young." And, "I enjoy playing draughts – there are some good players in here, it makes time pass quickly when you are playing games." We could see people appeared to be enjoying themselves. We saw some people preferred to spend time in their own rooms; however we could see that staff did regularly visit people in their rooms to engage them in conversation and to check if they needed anything. One person told us, "I enjoy reading, so I do a lot of that. I like the newspaper because you find out what is going on – out there – in the world." Another person told us, "I enjoy playing dominoes and I am quite good at it at times. I also enjoy watching Coronation Street on the television. I sometimes go to my room early if there is something I want to watch." People were actively encouraged to go out into the community and to maintain links with family and friends, "I like going out with friends and so I do that when I can". Another person told us, "I love reading so I read quite a lot – I have always read quite widely. I don't mind getting involved with activities but I do go along to my Church when I want too. I am happy with what I do."

Records of night checks showed that staff had regularly checked on people during the night; we saw that there were some gaps in the records. The deputy manager took action to address this during our inspection. The registered provider told us that they had taken action to update all policies and dispose of any policies which were no longer relevant to the service. We looked at a range of policies which were updated at the beginning of December 2015, which included medicines, fire, homely remedies, safeguarding, records, safeguarding, and end of life care, de-escalation and continence.

We looked at the recruitment records of the two newest members of staff employed to work at the service. Records showed the start dates for both staff members and we could see that each staff member had a Disclosure and Barring Service (DBS) check carried out prior to employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Is the service well-led?

Our findings

At the last inspection in July 2015 we identified a breach good governance because systems to monitor the quality of the service were not in place. We found the home lacked clear leadership and tasks were carried out on an 'ad-hoc' basis rather than allocated to specific staff. There was a lack of monitoring in place to check the quality of the service, including accidents and incidents and audits were not carried out. Meeting for people who used the service, their relatives and staff were not carried out. Surveys had not been carried out to monitor the overall service which people who used the service received.

After the last inspection, we shared our concerns with the local authority and discussed each of the six breaches identified during that inspection. The decision was taken to place the service into a serious concerns protocol with the local authority because of shared concerns with ourselves and the local authority. This meant that the service would be monitored more closely to make the improvements needed. After our last inspection, the service sent us an action plan which set out what they were going to do to improve the service and address each of the breaches which we identified.

On the first day of this inspection we could see that the registered manager and staff had responded to our concerns and the breaches identified and had worked hard to address these. We could see that the registered manager and deputy manager had become more proactive in the running of the service. They had employed a head senior carer who was responsible for care and records relating to care. The deputy manager was responsible for the day to day running of the service and all records associated with this. The registered manager was responsible for overseeing the running of the service. We could see together they worked as a team to improve the overall quality of the service. We attended a further serious concerns meeting on 11 December 2015 and we discussed the good progress which the service had made. We told them the service had taken the action needed and no breaches had been identified. The decision was taken to remove the service from the serious concerns protocol.

All staff we spoke with during our inspection told us they were happy working at the service and felt part of a team. One staff member told us, "I think our new senior is very good." The head senior carer told us, "I enjoy working here. The manager and deputy manager are taking notice and took the improvements as a challenge." And, "There is a good team of care staff here." People told us they were happy with the staff team in place at the service and felt able to address any concerns with them, one person told us, "I have not had anything to complain about. I would see [Registered manager] and tell her if I was not happy about something or other." Another person told us, "If I was not happy about something then I would say so. You can't have something put right unless you say you are unhappy about whatever the problem is." People and staff we spoke with during our inspection were very complimentary about the management team in place at the service. One staff member told us, "The manager is really very nice and wants everyone to be well cared for. She is kind to residents, family visitors and staff. I feel I could go to her if I had a worry or problem." The head of senior care told us, "It's small here, I like it. Everybody gets care, love and attention from us. Everyone knows each other." We could see that good quality care was a priority for the home and this was at the heart of the services values. One staff member told us, "Care is the most important thing in here."

Meetings for people who used the service and their relatives had been carried out. We could see that people had been informed of why the service was placed into the serious concerns protocol with the local authority and what the service needed to do improve. We could also see that food, activities and up and coming events had been discussed to capture people's views and wishes. Meetings for staff had also been carried out and they had been updated on the action the service needed to take to improve the service.

A survey was carried out at the beginning of December 2015 to capture the views of people and their relatives about areas such as privacy and dignity; communication, staffing, complaints, quality of care and the management in place at the home. We could see that the survey was still in progress. However we could see a copy of the letter and survey which was sent to people and we looked at some of the surveys which had been returned to the service. The registered manager told us they wanted to wait until all surveys had been received before any analysis took place and if needed, an action plan would be put in place.

A mattress audit had been carried out by the service to check the quality of mattresses used by people at the service. We found this audit was a checklist and could not be sure how it was used to check for quality; however the registered manager showed us a new mattress audit which they were planning to introduce which included physical checks for stains and tears. Wheelchair audits had been carried out by the handyman to ensure that wheelchairs were safe for you. Records showed that actions had been identified and addressed. The service used an external company to carry out a health and safety audit of the service which included an action plan. We could see that the service worked alongside this external company to ensure that any actions were addressed.

At the time of our inspection there were no audits of care plans, falls, nutrition or records. The registered manager told us that they had focused on improving the quality of record keeping at the service and the next step was to introduce audits in these areas so they could monitor the quality of record keeping overall.