

# Aarondale Health Care Limited

# Aarondale House

## Inspection report

49 Eastgate  
Hornsea  
Humberside  
HU18 1LP

Tel: 01964533306

Date of inspection visit:  
11 January 2018  
12 January 2018

Date of publication:  
06 March 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 comprehensive unannounced inspection took place on the 11 and 12 January 2018.

Aarondale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is located in the seaside town of Hornsea, in the East Riding of Yorkshire. It has single and shared accommodation for a maximum of 20 older people, some of whom may be living with dementia. On the day of the inspection there were 15 people using the service.

The service had a registered manager in post. 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. The registered manager was unavailable during this inspection and we were supported by the provider and deputy manager.

At the last inspection on 23 and 24 August 2017 the service was rated 'Requires Improvement' overall. We issued two requirement notices for breaches in Regulation 9, person centred care and Regulation 12, safe care and treatment. We also issued a warning notice for the breach in Regulation 17, governance. You can read the report from our last inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The provider completed an action plan to show what they would do to meet the requirements of the regulations. They had prioritised some areas that needed immediate attention including: medicines, updating care plans and risk assessments, quality assurance systems, cleanliness and infection control practices and the provision of activities.

The provider had made a voluntary agreement with the local authority to temporarily suspend all new admissions. This was to remain in place until the provider could show improvements had been made. Prior to this inspection this agreement was partially uplifted and the service was now able to accept up to one admission each week.

During this inspection we saw evidence to confirm that the service had improved and achieved compliance with Regulation 9, Regulation 12, and the warning notice for Regulation 17.

The provider, deputy manager and staff had worked hard to introduce new systems and procedures and we saw that medicines systems had been reviewed and changed; infection control practices had been improved; some care plans and associated risk assessments had been updated; quality monitoring of the service had been developed and activities for people had been strengthened. The provider told us this work was on-going and during this inspection we found this was the case.

Whilst improvements had been made to the assessment and reviewing process when considering the risks

to people's safety, these needed to become more embedded in daily practices. Some assessments had not been completed and others were inaccurate and not reviewed. We have made a recommendation about this. Despite this, staff we spoke with knew how to provide the care and support that people needed.

Regular audits were carried out to identify any shortfalls and this had led to improvements in areas such as medicines management, infection control practices and activities. People, their relatives and staff told us that the service had improved and was well led and that the provider and deputy manager were supportive and approachable. The provider had begun to seek feedback from people and their relatives. We saw people being encouraged to share their views about the service each day.

We found improvements had been made and people now had the opportunity to take part in a range of activities in-house. People's opportunities to have trips out of the service were being developed. We saw some improvement had been made to the environment to support people living with dementia.

People told us they were happy with the care they received. Staff were observed to be kind and attentive and demonstrated a caring approach to people.

People's medicines were managed safely. Policies and procedures had been implemented and were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People's capacity to consent to care was considered and the service worked in accordance with current legislation relating to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Throughout our inspection, we saw that people who used the service were able to express their views and make decisions about their care and support. We observed staff seeking consent to help people with their needs.

People's health care needs were assessed, monitored and recorded. Referrals for assessment were made when needed and people received regular health checks.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. The provider told us, and we reviewed records, that demonstrated they had acted promptly when concerns were raised.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Staff we spoke with understood the risks related to people's care. Risks of harm to people were not always consistently assessed, managed and reduced through the effective use and review of risk assessments. We have made a recommendation about this.

Improvements had been made to the safe management of medicines at the service. Medicines were stored and administered safely, and people received their medicines when they needed them.

Improvements had been made to the environment and appropriate infection control practices were followed. People were cared for in a clean, hygienic and well maintained environment.

People were safeguarded from the risk of abuse. There were sufficient numbers of appropriately recruited staff on duty that were suitable and competent to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

Staff had the knowledge and skills to deliver safe and effective care to people.

The principles of the Mental Capacity Act were followed.

People's nutritional needs were met and people had access to health care when needed.

Some improvements had been made to the environment to support people living with dementia.

### Is the service caring?

**Good** 

The service was caring.

People spoke positively of the kindness and caring attitude of the staff.

Staff understood how to promote people's right to dignity and privacy at all times.

People were supported, where possible, to maintain their independence and relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to people's care plans and we saw these had been reviewed regularly. However, some information had not been captured during review and updated into people's plans of care. Action was being taken to address this.

Staff had a good understanding of the needs of people they supported.

Improvement had been made to the provision of meaningful activities and stimulation for people. People's access to time out in the local community was being developed.

There was an effective system in place to manage people's complaints. People and their relatives told us they felt able to raise concerns with staff and/or the management.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider was focussed on continuous improvement, but further oversight of some areas of the service was needed to monitor and ensure improvements continued.

People and staff spoke positively about the management of the service.

Audits and checks had increased in frequency and quality.

The provider had notified us of important events that had happened in the service.

# Aarondale 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 registered 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 unannounced inspection took place on the 11 and 12 January 2018. The inspection team on day one comprised of one inspector and one expert by experience who was accompanied by a support worker. The support worker provided assistance during the inspection by collecting evidence alongside the expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was completed by one inspector.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we had received from the service and reviewed all the intelligence we held. This information informed us about the level of risk. We did not ask the provider to complete a provider information return (PIR) prior to this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times. We spoke with a range of people about the service. They included four people who used the service and three relatives. We also spoke with the registered provider, deputy manager, three staff, a domestic, cook, activity worker and a visiting GP.

We looked at three people's care plans along with the associated risk assessments and five people's Medication Administration Records (MARs). We reviewed a selection of documentation relating to the management and running of the service. This included audits, policies and procedures, recruitment information for three members of staff and staff training records. We also took a tour of the premises to check general maintenance, cleanliness and infection control practices within the home.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "I've always felt safe here. There are enough staff." Another person told us, "I feel very safe, the staff are always on the ball." A relative we spoke with told us, "It's safe here because we know everyone here, it's a family atmosphere. [Name] has been here since last April. Staff are much more aware of health and safety."

At our inspection on 23 and 24 August 2017, we identified a breach of regulation 12 (1) (2) (a) (b) (d) (g) (h), safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the risk of harm to people was always assessed, managed and reduced through the effective use of risk assessments. People's medicines were not managed safely, environment checks were not completed, and infection control practices, policies and procedures were not applied and followed. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

We looked at written risk assessments to see if they provided staff with enough information to help them reduce the risks identified in people's care. Areas of risk included; eating and drinking, pressure care, physical well-being and continence. We found some people's risks had been assessed appropriately since the last inspection and the staff we spoke with knew how to manage them. We noted further improvements were still required. For example, some people's care plans and associated assessments were still being reviewed. These did not always contain up to date important information to guide staff in how to support people. For example, we saw one person's risk assessment for eating and drinking had been reviewed in November 2017; this had not been updated to include advice given by the dietician in September and October 2017. In another person's care plan we saw they used a bath hoist; the risk for the use of this equipment had not been assessed. The same person had been assessed using the Waterlow scale as 'very high risk', yet there was no risk assessment in place to guide staff in how to mitigate the risk of skin damage to the person. The Waterlow scale gives an estimated risk for the potential development of a pressure sore. It takes into account several factors of known information such as; fluid intake and levels of mobility. The person did not have any pressure damage at the time of this inspection and so there had been no immediate impact.

We discussed our findings with the provider and deputy manager who told us they were still in the process of updating all care plans and associated risk assessments. The staff we spoke with were positive about the improvements that had been made. Staff spoke to us about the risks to people and how these were reduced, such as; appropriate pressure care, catheter care and the use of equipment to support people's mobility. One member of staff told us, "Senior staff do risk assessments and put these into people's files. Care staff are now involved in this if they think there is a risk to someone. For example, staff will assess [Name] for the use of the hoist as they have good and bad days. People's care plans are more organised and detailed." Another said, "We have monthly reviews of people's care plans now, including the risk assessments. We tell the senior staff if there have been any changes. The care plans are more organised and the information is better, although these reviews are still on-going." Immediately after this inspection we were provided with evidence to show the risks we identified to people had been assessed and appropriate

detailed guidance was in place for staff to follow.

We recommend that the provider continues to ensure risks to people are appropriately recorded.

We found that improvements had been made to the systems in place for medicines management. The provider had an up to date medicines policy which covered all aspects of medicines management; senior staff had seen the policies and we saw records of signatures to demonstrate they had read them. Regular medicine audits had been introduced to ensure any issues or errors were highlighted and could be rectified. The provider told us, "We had an independent audit completed by [Name of external company]. The booking in of all medicine is now done by two people and there is an audit completed which includes a full count of all people's medicines every week." We confirmed this in the records we looked at. We could see clear action had been taken in the event of any errors found during these audits.

We reviewed five people's medication administration records (MARs). These were completed accurately without omissions, which provided us with assurances that people were supported to take their medicines as prescribed. We checked a sample of the stocks of medicines, including controlled drugs, and found that records tallied with the stock we counted. The medicines cabinet was well organised and staff were confident they had the knowledge and skills they needed to administer medicines. We saw that senior staff had received training in administering medicines and their competence had been reviewed by the provider and deputy manager. Accurate records were kept for both room and fridge temperatures where medicines were kept. This meant medicines were stored in line with the manufacturer's guidelines.

People were protected from the risks of infection because procedures were followed which prevented and controlled the spread of infection. We completed a tour of the premises and found it to be clean, fresh and free from unpleasant odours. Staff wore personal protective equipment (PPE) such as gloves and aprons as required and we observed them following safe hand hygiene techniques. The deputy manager told us, and we saw, that cleaning schedules had been embedded and audits were carried out to ensure the cleanliness of the service. We spoke to a member of domestic staff who told us, "At the last inspection I was doing both cleaning and care. Now I am solely doing cleaning. It's made a big difference and some people's relatives have commented (that cleaning is better). I have a list of duties that I follow." A member of care staff told us, "All of the staff now have daily cleaning duties. It's more organised and we have two storage cupboards now for bed linen and aprons/gloves. The cleaning is routine now and without a doubt it's cleaner." Another said, "The floor has been replaced in the treatment room. Gloves and aprons are now in holders on the walls and the environment is 100% cleaner."

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 12.

There was evidence of recent investment in the interior of the building. An assisted bathroom on the ground floor had new flooring and an upstairs room was in the process of being refurbished into a 'quiet room.' Servicing and maintenance checks on systems like the electrics and gas supply had been completed by contractors and in house staff. We noted that the hard wiring at the service was due to be tested. The provider updated us after this inspection with a confirmed date for this to be done. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working as it should. The checks for the fire alarms were done weekly and other fire checks were completed monthly. People did not have personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements each person has to ensure they can be safely evacuated from the service in the event of an emergency. We discussed this with the provider who told us they would ensure PEEPS were completed for people at the service.



The provider did not have a safeguarding policy for staff to refer to. The whistle-blowing policy we reviewed required an update. We discussed this with the provider who assured us that all of the policies and procedures, including safeguarding would be reviewed and updated. Despite this, the staff we spoke with knew about different types of abuse and could tell us who they would report any concerns to including to the Care Quality Commission and the local authority. Staff had attended training in safeguarding vulnerable adults. People said that they felt safe with the staff and with the other people who lived at Aarondale House. The provider and deputy manager were clear about what constituted abuse and knew how to follow correct procedures to raise concerns and to report abuse. This was confirmed by records of safeguarding alerts we reviewed.

People told us that staff were there when they needed them. Comments included, "I think there are enough staff" and, "I trust the staff they've always got time to talk to you. On the whole there is enough staff." A relative told us, "The staff do twelve hour shifts it's consistent and there's always one senior. They don't use agency now." Our observations during the inspection were that staff responded to people quickly and we did not see anyone waiting for care they needed. One member of staff told us, "We could maybe do with an extra pair of hands in a morning, but staff levels are okay. This has been brought up with the management and they are considering this."

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, references and employment histories.

# Is the service effective?

## Our findings

At our previous inspection in August 2017 we rated this key question as 'Requires improvement.' During this inspection visit we found improvements had been made.

People told us that the staff were good and knew what they were doing. One person said, "The staff are trained and know what they're doing." Another told us, "They [staff] know how to use the equipment to move me." A relative commented, "They are very well trained they know what they're doing. The other day [Name] was a bit hot so they got the doctor in. He came while I was here." A visiting GP told us "They [staff] listen to advice and properly care for people."

Staff confirmed to us they undertook regular training. We were provided with a copy of the staff training matrix which confirmed staff received training in areas such as fire safety, safeguarding and moving and handling. Some staff were supported to achieve additional work based qualifications such as National Vocational Qualifications (NVQ) and diplomas.

Staff told us and records confirmed that they received supervision meetings and they felt supported by the management team. Comments included, "I had supervision a couple of weeks ago. [Name of deputy manager] asks how I am getting on and also asks for my opinion and any ideas I have. Staff morale is really good and [Name of deputy manager] is so knowledgeable and has made a big improvement. Staff are going around singing. It's so much better and I enjoy coming to work" and, "The support is massively better since the last inspection. I haven't had my supervision yet but this is imminent. Staff morale is better – people felt subdued before, now people are more relaxed and enjoy coming to work. Staff can approach [Name of provider and deputy manager] and they will deal with any issues. I had a tough time recently and they check in on you."

We asked people what they thought of the food available. One person said, "The best thing is the food. If you don't like it they [staff] will give you something different. It is the right size (portion), a good temperature, and they come round and tell you what's on the menu to choose from." A relative told us, "[Name] always tells everyone how good the food is."

We observed lunch on the first day of inspection and noted this was a positive and sociable occasion. There were 14 people in the dining room which was clean, bright and spacious. Staff asked people if they would like any background music on and people chose Frank Sinatra. Some people chose to sit at dining tables to eat and others ate in the small lounge area at the end of the dining room. Staff sat and engaged with people and people were given the time they needed and encouragement (if required) to eat. For example, we observed one member of staff encouraging a person to eat who appeared sleepy. They approached the person and gently asked 'Would you like some help with your lunch?' We noted the support was given in a caring and unhurried manner.

People were asked what they wanted and were given choices. In between meals people were offered snacks and drinks. Staff who cooked and prepared food for people had attended food safety training. A cook told

us, "I have been a cook for 35 years and I am fully qualified." We also spoke with a volunteer who worked in the kitchen, they said, "I have worked here for eight years and I really enjoy it. They have given me training in my induction and health and safety."

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to their GP or a dietician, if a risk, such as an unexplained weight loss or deterioration in eating and drinking, was identified.

People were registered with a local GP practice to ensure continuity of medical treatment. Care records we looked at showed us that people had access to external health and social care professionals, such as GPs and district nurses. Access was also provided to more specialist services, such as dieticians and speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended. People told us that they felt staff looked after them if they were unwell. A relative told us, "The GPs here are marvellous the least little thing, they don't let things slide they're wonderful. [Name] has the chiropodist once a week as well." A visiting GP told us, "The staff contact us in a timely manner (when someone is ill)."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We were provided with information on how DoLS were managed. We saw people's care plans were reviewed monthly which included a check when DoLS were due for renewal so these could be applied for in good time.

The service cared for some people living with dementia but was not purpose built as a dementia service. Since the last inspection the provider had made some improvements to adapt the service to create a dementia friendly environment. Dementia signage had been put in place to help people orientate around the environment; we saw all shower rooms/bathrooms and toilets had signage. The provider showed us signage for people's personal bedroom doors - which was still to be put up. We saw picture menus were in the process of being implemented and pictures of the meals at the service had been taken ready to incorporate into menus for people to choose from at mealtimes. There was a clock in the main lounge which provided the day and time in an easy to understand format.

# Is the service caring?

## Our findings

At our previous inspection in August 2017 we rated this key question as 'Requires improvement.' This was because people were not provided with regular opportunity for activity, to access the garden areas of the service or to go out into the community. During this inspection visit we found improvements had been made. We have reported on this further in the responsive section of this report.

People who used the service told us staff were kind and caring; we saw this for ourselves. They also said staff respected their privacy and treated them with respect. Staff understood how to respect people's privacy and dignity. Personal care was provided behind closed doors, and staff understood the importance of maintaining privacy and dignity. Comments included, "I think they [staff] are caring and the attention is very good, they're very nice people" and, "They are very good when they help me in the bathroom they always keep me covered. The staff are all lovely, very helpful, caring and kind."

Relatives we spoke with told us they were happy with the care their relative received and they had observed staff respecting their privacy and dignity. One told us, "The staff always wear gloves and aprons when they are helping [Name]. They always keep them covered. The staff without fail are kind and genuinely affectionate and caring. It's not just put on because you're here. I feel welcome and included in [relatives] care."

Staff we spoke with demonstrated a good knowledge and understanding of the people they were caring for. We observed staff speaking with people in a kind and friendly manner throughout the day. For example, staff engaged with people as they went about their duties saying 'good morning' and 'how are you today?' as they passed people. People looked relaxed and comfortable, some people spent time in the smaller lounge by choice, some were walking around with staff and others spent time chatting to staff and their relatives. The atmosphere was very relaxed and no one was rushed. Staff had time to spend with people doing things at their pace. Interactions observed between the staff and people who used the service were friendly and respectful. One member of staff told us, "It's so much better now. It's a lovely home and we know the residents inside out."

We found positive relationships existed between people who used the service and staff. People were supported by staff who demonstrated a commitment to meeting their needs and we observed staff and people talking together with smiles on their faces. One relative told us, "It's the little things that matter, [Name] didn't sleep very well last night so they got up later and they [staff] made them a soft sandwich."

Relatives came and went throughout the inspection and were made welcome by staff. We spoke with several relatives and their overall view was that the service was improving and that they had confidence in the management. One relative told us, "Things have improved a lot since the new deputy manager came." A member of staff said, "[Name of provider] is trying to improve everything for the residents."

We saw people who used the service had a good relationship with the provider and the deputy manager and during the inspection we observed kindness and genuine affection between people and the management.

People came to see and have a chat with the management frequently during both days of the inspection. During our discussions with the provider, deputy manager and staff, they all talked with fondness and care about the people who used the service.

Staff encouraged and supported people to maintain their independence where possible. For example, some people's meals were provided on red plates with 'plate guards' to aid people with recognition and to eat independently.

If people were able they were involved in planning their own care and support. If people had family then their opinions and views were sought. One person told us, "I'm involved in my assessments." A relative said, "We are involved in [Name] assessments and [Name] had a care plan done not long after [Name] came here." The provider told us they would access independent advocates to support people who did not have anyone to speak up on their behalf; at the time of this inspection they had not had to do this for anyone using the service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; we saw people wore clothes and jewellery of their choice and could choose how they spent their time. A relative told us, "[Name] is involved in decisions in the morning they will ask him if he wants to get up or have a lie in."

Diversity was respected with regard to peoples' religion, preferred name and arrangements in the event of their death. Care plans we reviewed showed that people's choices in these areas were recorded. We were able to look at all areas of the service, including some people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal items and photos on display. People were supported to live their life in the way they wanted.

## Is the service responsive?

### Our findings

At our inspection on 23 and 24 August 2017, we identified a breach of Regulation 9 (1) (3) (a) (b) (e), person centred care, of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This was because people's care plans and risk assessments were not always reviewed or updated when people's needs changed. We also found that people did not have regular opportunity to access activity, the outside space at the service or to go out into the community. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

We looked in detail at three people's care records. Although not everyone could recall being involved in the planning of their care, it was evident that they and their relatives had been involved in the assessment of their needs and the development of their care plans. Care plans contained personal information, which recorded details about people's lives, hobbies, interest and how they liked to spend their time. Areas covered included; personal support, food and drink, mobility, communication, and continence. The care records we looked at contained person centred information to show how people wanted to be supported and cared for.

A care plan audit had been introduced since the last inspection and we saw this was completed on a monthly basis. We noted that although these had been completed regularly some information had not been captured during review and incorporated into people's care plans. For example, one person's risk assessment index (list of risk assessments) recorded they had an assessment for physical well-being. We were unable to locate this. Another person's risk assessment for eating and drinking stated in November 2017 that a new one had been put in place. We were unable to locate this. The deputy manager told us this risk assessment had been completed, but they did not know where it was. We were provided with evidence of this after the inspection.

We saw people's access to activity had improved since the last inspection. The provider had appointed an activity coordinator for twelve hours each week. A clear programme of activities had been introduced which included bingo, quizzes and pamper sessions. We saw a painted tree on a canvas that people had created with their fingerprints and names on. Mosaic birthday cards had been made and several people proudly showed us items of jewellery they had made during craft sessions. One person said, "I enjoy the arts and crafts. At Christmas we made hats and Christmas cards. We've made beaded glasses chains with our names on. I enjoy the pamper sessions and hairdresser. I like [Name of entertainer]. [Name of activity worker] has asked him to come and visit me when he's in Scarborough in February. It's brilliant they anticipate what you want. I've been here over a year."

Relatives told us, "The activities are more organised now "and, "In the past I was worried that there wasn't enough activities. That's changed over the last few months the activities lady is good she does arts and crafts and other stuff. At Christmas time five or six of the family came and we had tea and cake with mum."

From records we reviewed and our discussion with the activity coordinator it was clear they were very

enthusiastic about their role in the service. They told us, "We are doing a lot more activities now. People like bingo, a big group game and since the last inspection we have done allsorts; flower making, quizzes and made our own Christmas decorations. When I am not here the staff are encouraging more activities such as ball games and snakes and ladders. The staff are really embracing this." A member of staff told us, "There is definitely more entertainment and activity. [Name of person using the service] would not do anything in the past; [Name of activity coordinator] has spent time encouraging her and she has made Christmas hats and really enjoys the colouring now. There are plans to support people to go out more."

The activity coordinator was able to talk to us about specific activities they completed with people who were living with dementia, for example, one person had their own doll, this provided comfort and pleasure to the person and they spent one to one time with staff to promote this. The provider had also purchased paints for people to use from a company that research, design and develop activities for those living with dementia. They told us, "I do groups and one to one. I do reminiscence with people. I use Google earth to look at where people used to live and the school they used to go to. People really enjoy it." Google Earth is a computer program that renders a 3D representation of Earth based on satellite imagery.

We saw various outside entertainment groups had visited the service. The activity co-ordinator had spent time discussing activities with people at the service and we saw these groups had a personal meaning for some people. For example, one person's relative used to be in a ukulele band and the activity coordinator had organised for a local ukulele band to come and play at the service; the bands proceeds were donated to a local hospital. Another person had founded an Epiphany Christian Choir many years ago. The service made contact with this choir and they came and sang at the service.

At our last inspection we found that people did not receive sufficient opportunities to spend time in the community. The provider was in the process of securing a suitable and competent volunteer to support with this. Following our inspection we were advised that a volunteer had been recruited and two people had been out for a shopping trip, coffee and cake.

These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 9.

The service had a complaints policy and procedure in place and we saw this was displayed in the entrance hall. We noted this policy required review. During our discussion with the provider they were able to clearly talk about the process for complaints at the service, including investigations and appropriate timescales for response. The provider assured us this policy would be reviewed and told us they intended to provide forms for people to complete with any concerns they had. People we spoke with were confident and told us they knew how to complain. One person said, "If I was worried I'd talk to someone." Another told us, "I can talk to any member of staff here whenever I need to." Relatives commented, "Any concerns we would raise them straight away with the staff or manager. I don't think we would need to though" and, "I've made complaints over the years and they've been sorted out."

People's wishes and choices around end of life care were documented in their care records. The service had supported people who were at the end of their life to have a comfortable, dignified and pain free death. A visiting GP told us, "They [staff] provide wonderful care to people at the end of their life. They co-ordinate community nurses to give medicines and families are here all the time and made to feel welcome." Care plans clearly recorded when people had a 'Do Not Attempt Cardiopulmonary Resuscitation' order (DNACPR) in place. We noted that a local GP was due to complete a review of all peoples DNACPR.

## Is the service well-led?

### Our findings

At the comprehensive inspection of the service in August 2017 we found that quality assurance systems had not picked up the shortfalls and inconsistencies of information in people's care plans, infection control and medicine practices, and the non-notification of incidents, therefore they were ineffective at driving improvements. This meant there was a breach in Regulation 17 (1) (2) (a) (b) (c) (e), good governance, of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014, and we issued a warning notice.

We saw from records we looked at that areas of the service that related directly to the management of the service in terms of oversight had improved. This included the notification of incidents, safe management of people's medicines, infection control practices and the safety of the environment.

We saw that the provider had employed a deputy manager since the last inspection and together they had reviewed the audits in place at the service. Some additional checks had also been introduced for the environment, medicines, cleaning, accidents, care plans and risk assessments. We saw these audits had highlighted shortfalls which had been appropriately actioned. For example, a check of the medicine trolley had highlighted it required a clean. This had been actioned and the task added to the weekly schedule for senior staff to complete. We looked at the overview of accidents that had been introduced from September 2017. There was a monthly summary so that any trends or themes could be identified more easily.

We reviewed the audits of people's care plans and risk assessments from November and December 2017 and January 2018 and found that these included checks of people's weights, risk assessments, moving and handling needs, DNACPR and DoLS. The provider and deputy manager were clear about which areas of the service they needed to focus on. However, during this inspection we found omissions had not always been followed up. For example, although the care plan and risk assessment audits had been completed not all important information had been updated in people's care plans. This was an area that required further improvement.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We could see lessons had been learnt when things went wrong. We saw the provider had written to people's relatives to inform them of issues that had occurred at the service and there was an action plan to address the issues we found at the last inspection. A relative told us, "The leadership is a lot better."

We completed a tour of the premises and noted that the areas that posed an infection control risk at our last inspection had been appropriately addressed. Toilets, bathrooms, equipment, furniture, people's bedrooms and communal areas were clean, fresh smelling and tidy. A storage room on the first floor had been emptied, cleaned and was under refurbishment for use as a 'quiet room.' An assisted shower room floor had



been replaced. Gloves and aprons were now stored in wall mounted holders.

The service had dedicated cleaning staff and we saw cleaning schedules had been introduced with daily and weekly duties for day staff, night staff and domestic staff. We saw these schedules contained specific instructions for regular cleaning of bath seats, toilets, chair frames, commode frames, wheelchairs and people's personal hairbrushes and razors. We reviewed a selection of these schedules and saw they were completed, signed by staff and checked by senior staff.

We found the provider had made some improvements in implementing a system for consulting with people living at the service, their relatives and staff about the service delivery. Five people had been asked for their views about the care, food and activity at the service by way of questionnaires in December 2017. We saw the results were positive. Comments included, 'I am offered different activities. I like the card making and bingo', 'I feel my care is excellent' and, 'The staff are good with everyone.' We saw one person had stated they were not happy sharing a room. This had been addressed by the provider and the person had been moved to a single room; the person had stated they were 'Really happy.' People told us, "I am not sure about resident meetings; I think they have them but I can talk any member of staff here whenever I need to. I have not noticed family and friends questionnaires. I came in last April so I have not had a review yet" and, "The service is improving."

The provider told us they planned to complete satisfaction questionnaires with all people, their relatives and staff. We saw the frequency of meetings with staff had increased to discuss aspects of service operations. We reviewed minutes from meetings held in November and December 2017 and January 2018, and saw discussions had taken place around the last inspection report, medicines, residents meetings, care plans, risk assessments and confidentiality. We saw it had been noted in one of the meetings that care staff felt that senior staff were working well together. A member of staff told us, "This (the service) is a much happier place to work due to the provider being here. She is very approachable, you can go to her with anything and she would keep it confidential if need be."

Staff consistently told us morale had improved and they thought the provider and deputy manager were supportive and approachable. Comments we received included, "Morale is much better. Everyone seems happier. I am really chuffed that things have got better" and, "The atmosphere is better as [Name of provider] treats us as a human and respectfully. Before I found it difficult to approach people but now [Name of deputy manager] is very approachable. We can make suggestions now and things are taken into account and listened to." We observed staff worked together well throughout the day communicating with each other respectfully and working together to give people the support they needed.

Relatives told us they were confident the home was well-managed. One told us, "Things have improved a lot since the deputy manager came into post. There is a different culture and more going on." Another said, "I'm quite impressed with [Name of provider and deputy manager] and the way they run it. [Relative's name] is so lucky to be in this place."

The provider was working in partnership with other organisations to improve the quality of service people received and that they were following current best practice. We saw an external company had provided support and guidance to improve the safe management of medicines at the service. They were also working responsively with local commissioners to continually improve the service.

It was clear that the provider and new deputy manager had worked hard to try to address the issues raised at the last inspection and some new procedures had been introduced to address the poor quality care people had been receiving. New procedures had been introduced in relation to medicines management,

some care plans and risk assessments had been reviewed, activities had improved and the environment and infection control practices were better.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 17. We saw improvements had been made however, we have not rated the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time.