P W C Care Limited

Oak Tree House Residential Care Home

Inspection report

Oak Tree Estate
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Preston
East Yorkshire
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Website:

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Ratings

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

Overall summary

This inspection took place on 8 January 2015 and was unannounced. We previously visited the home in October 2013 and found that the registered provider met the regulations that we assessed.

The home is registered to provide personal care and accommodation for 23 older people, some of whom have a dementia related condition. It is located on a residential housing estate in Preston, in the East Riding of Yorkshire but also close to the city of Hull. Most bedrooms are for single occupancy and three are double rooms. Only one of these is currently occupied by two people.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality

Summary of findings

Commission (CQC); they had been registered since 4 February 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. Staff had completed training on safeguarding adults from abuse and were able to describe to us the action they would take if they had concerns about someone's safety. They said that they were confident all staff would recognise and report any incidents or allegations of abuse.

We observed good interactions between people who lived at the home and staff on the day of the inspection. People told us that staff were caring and this was supported by the relatives we spoke with.

People who used the service, relatives and health care professionals told us that staff were effective and skilled. Staff told us that they were happy with the training provided for them although training records were not robust so it was difficult for the registered manager to evidence that all staff had completed training that was considered mandatory by the home.

The registered manager and staff were aware of guidance in respect of providing support for people with a dementia related condition although more progress needed to be make towards achieving this. Staff had undertaken training on dementia awareness and the Mental Capacity Act 2005 (MCA). This helped them to understand the care needs of people with a dementia related condition.

Medicines were administered safely by staff but we found that the arrangements for storage and recording required improvement.

We saw that there were sufficient numbers of staff on duty to meet the needs of people who lived at the home. However, staff had not always been recruited following the home's policies and procedures to ensure that only people considered suitable to work with vulnerable people had been employed.

People's nutritional needs had been assessed and people told us that they were satisfied with the meals provided by the home.

People who lived at the home, relatives and staff told us that the home was well managed. However, we noted that quality audits undertaken by the registered manager had not identified the areas of concern that we identified on the day of the inspection.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Care provided was not safe.

The arrangements in place for the management of medicines required improvement; staff followed safe administration practices but storage was not safe and there were gaps in recording. There were also times during the night when there were no staff on duty who were qualified to administer medication.

The premises were not being maintained in a way that ensured the safety of people who lived, worked or visited the home.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation.

We found that there were sufficient numbers of staff employed to ensure that the needs of the people who lived at the home could be met. However, recruitment practices needed to be more robust to ensure only those people considered suitable to work with vulnerable people were employed.

Is the service effective?

Requires Improvement

Staff did not always provide effective care.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We saw that insufficient progress had been made towards providing specific support for people with a dementia related condition, including adaptations to the environment.

Staff told us that they completed training that equipped them with the skills they needed to carry out their role although the arrangements in place for recording training required improvement and induction training needed to be more robust.

People's nutritional needs were assessed and met, and people told us that they were happy with the meals provided by the home. We saw that staff provided appropriate support for people who needed help to eat and drink.

People had access to health care professionals when required.

Is the service caring?

Good

Staff at the home were caring.

People who lived at the home and their relatives told us that staff were caring and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

Summary of findings

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

When people were at the end of their life they received good care.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans recorded information about their previous lifestyle and the people who were important to them. Their preferences and wishes for their care were recorded and these were known by staff.

People told us they were able to take part in their chosen activities and their visitors were made welcome at the home.

There was a complaints procedure in place and people told us that they would make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement

The home was not always well led.

There was a registered manager in post at the time of the inspection.

The manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked at the home. However, these had not picked up the issues we had identified at the inspection.

There were sufficient opportunities for people who lived at the home and relatives to express their views about the quality of the service provided.

Oak Tree House Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 8 January 2015 and was unannounced. The inspection team consisted of an Adult Social Care (ASC) inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, the expert-by-experience had experience of caring for someone who used care services and of end of life care.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the home and information from health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home.

Prior to the inspection we spoke with a social care professional to ask for their opinion about the service provided by the home, and contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home. On the day of the inspection we spoke with three people who lived at the home, two relatives or friends, two members of staff and the registered manager. We also spoke with a health care professional who visited the home whilst we were present.

We spent time observing the interaction between people who lived at the home, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for two people who lived at the home, staff records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with three people who lived at the home and chatted to others. We asked them if they felt safe and they all told us that they did. One relative expressed concerns about safety when people used the stairs as their relative was 'unsteady when walking'. The home did not have a passenger lift but had a stair lift; the stairs were wide so there was still enough room for people to use the stairs. However, we noted that the stair lift did not have a safety arm on the seat and we were concerned that there was a risk of someone falling out of the seat and injuring themselves. In addition to this, we noted that the carpet in the entrance hall and corridor was uneven and posed a trip hazard. These issues were shared with the registered manager at the time of the inspection and she told us that she had obtained a quote for a new carpet and hoped to have it fitted in the Spring.

Shortly after our arrival at the home we looked around the premises. We entered a bathroom where the door was unlocked. We saw that there was approximately 10 cm of water in the bath. We were concerned that someone who lived at the home could have entered the bathroom and got into the bath without staff's knowledge, and that this posed a risk of drowning. Staff were not able to explain how this situation had arisen. We saw that the seat of the bath hoist was badly marked and needed to be replaced.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We did not assess infection control on this occasion but noted that there were toiletries in the bathroom that were used by several people and that clean towels were piled up against the bath. Both of these issues posed an infection control risk and this was pointed out to the registered manager and staff on the day of the inspection.

Care plans included assessments that identified a person's level of risk. These included a nutritional assessment, a pressure area assessment, a falls assessment and an assessment of each person's bedroom environment as well as more individual risks. One person's care plan recorded "If (the person) gets too tired, there is an increased risk that she could fall. Has limited capacity to recognise danger and stay safe." We noted that risk assessments did not include information for staff on how to reduce the identified risks and this could have led to staff failing to manage situations consistently. We saw that charts were used to record behaviours that could challenge the service. These recorded how the incident was managed at the time but there were no management plans in place to advise staff how to deal with situations that could arise. This was discussed with the registered manager on the day of the inspection. They told us that information was shared with staff continually about how to deal with risky situations but they would ensure that this information was included in care plans.

We saw that suitable mobility equipment was in place to enable staff to move people safely and on the day of the inspection we saw staff carrying out safe transfers.

On the day of the inspection we saw there were three care staff, a cook and housekeeper on duty and that the registered manager was also at the home. The registered manager told us that they had previously had a consistent staff group but, for a variety of reasons, some care staff had recently left the service or been absent. This had created some vacancies and these were being covered by staff working additional hours. We checked the staff rotas and saw that staffing levels had been consistency maintained and this was confirmed by staff who we spoke with. We saw that there was a rota to record the name of the senior staff member who was 'on call' overnight and at weekends; the registered manager told us that this would always be a staff member who had been on duty recently so that they were up to date with issues at the home.

People who lived at the home and relatives told us that there were enough staff on duty during the day but they commented that staffing levels were reduced in the evenings. One relative said, "There's plenty of staff in the day but only two after 7.00 pm. There should be more till everyone is in bed." Another relative told us, "Generally there are enough staff but they can appear a bit harassed at night." The registered manager may wish to reconsider staffing levels in the evenings in light of these comments.

There were safeguarding policies and procedures in place and the registered manager submitted alerts to the local authority as required. We spoke with the local authority safeguarding adult's team and they told us they currently had no concerns about the home.

Staff who we spoke with told us that they had undertaken training on safeguarding adults from abuse. They were able to describe different types of abuse, and were able to tell us

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Is the service safe?

what action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they felt all of their colleagues would recognise inappropriate practice and report it to a senior member of staff. The training record stated that all staff had completed training on safeguarding adults from abuse and were aware of the reporting procedure and the home's whistle blowing policy. The registered manager told us she was booked on to a Level 3 course in January 2015.

We checked the recruitment records for two new members of staff. Application forms had been completed that recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw that a Disclosure and Barring Service (DBS) First check had been obtained prior to people commencing work at the home. However, a full DBS check had not been obtained for one person. The registered manager told us that this person was not involved in personal care tasks but we saw that they were on the staff rota, and the home would not have had a full complement of staff if this person had not been on the rota. We noted that this person was only on duty in the afternoons, and the registered manager told us that two people were sufficient in the afternoons to provide personal care and the other staff member worked in the kitchen. We reminded the registered manager that all recruitment checks needed to be in place before new employees were able to work with people unsupervised.

We saw that the medication trolley was stored in an area just outside the dining room and that it was not securely fixed to the wall. There was a dedicated medication fridge that was stored in a locked cupboard. We saw that fridge temperatures were not checked and recorded on a daily basis. In addition to this, the room temperature for the area where the medication trolley was stored was not recorded each day. These daily checks would have ensured that medication was stored at the correct temperature.

Medication was supplied in blister packs that recorded the person's name and the name of the tablet. The blister packs were colour coded to identify the times that the medication needed to be administered. The medication administration record (MAR) charts were not colour coded; this would have reduced the risk of errors occurring. We noted that MAR charts recorded whether people were allergic to any medication.

There was a separate MAR chart for 'as required' (PRN) medication that included a protocol for the use of this type of medication. We noted that staff took care to ensure that there were suitable gaps between doses. There were body maps in place that identified the area of the body where creams should be applied. In addition to this, staff had recorded where people's pain relief patches had been positioned so they were not continually placed on the same area of the body. We saw that there were some gaps in recording on MAR charts and that two staff had sometimes (but not always) signed hand written entries. The manager and staff understood that this was good practice.

We saw that codes were used on MAR charts to indicate when people had not received their medication. These were not always recorded correctly. For example, the code "F" was used to indicate "Other"; on some occasions this was explained but on others it was not.

We observed the administration of medication and saw that this was carried out safely; the MAR chart was not signed until people had been seen to take their medication. People were provided with a drink of water so that they could swallow their medication. Liquid medication was measured carefully and the medication trolley was locked when not in use. The staff member administering medication told us that they worked through the MAR book alphabetically to ensure that no-one was forgotten.

The system in place to check that the medicines prescribed by the GP were the same as those supplied by the pharmacy was not robust. The registered manager told us that the local GP practices were reluctant to provide the home with a prescription and that prescriptions usually were sent straight to the pharmacy. This issue is in the process of being resolved.

We checked the storage and recording of controlled drugs (CD's) and saw that this was satisfactory. We checked a random sample of CD's and the balance of medicines corresponded to the records in the CD register. We checked

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Is the service safe?

the records for medicines returned to the pharmacy, including CD's, and saw that these were satisfactory. We saw that regular audits of the CD book were undertaken by two members of staff to ensure accuracy of recording.

Staff who administered medication had undertaken medication training and we were concerned that some of this training had been completed in 2006. However, the registered manager said that all staff were due to undertake refresher training. They said that there was a trained member of staff on duty on five nights out of seven who could administer medication. On the other nights staff were required to contact the 'on call' member of staff to come to the home. We were concerned that this could lead to a delay in people receiving their medication promptly.

The registered manager told us that there had been three controlled drug errors during the previous year. We saw reports that evidenced these had been investigated appropriately and that further staff training and supervision and been introduced as a result.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We viewed a sample of maintenance records to check that the home was maintained in a safe condition. The fire alarm system, the call bell system, portable appliances and stair lifts / hoists had been serviced on a regular basis.

However, we saw that the gas safety certificate was dated 1 July 2013 so expired on 30 June 2014. This meant that there was no evidence that gas systems and equipment were safe to use. We saw that there was an environmental risk assessment in place and the manager told us that this, along with other risk assessments, was reviewed each year.

There had been a leak in one bedroom; the ceiling and décor were damaged. The registered manager told us that they were waiting for the damage to 'dry out' before they redecorated. However, a staff member told us that the damage had occurred 3 - 4 months ago; there was no evidence to suggest that the occupant of the room had been asked if they wished to move to another bedroom until the damage had been repaired and their bedroom had been redecorated.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager stated in the training record that all staff had received some form of fire training in-house and that full certificated training was planned for February 2015. We noted that some items were stored under the stairs in the entrance hall. The registered manager told us that this had been checked with the Fire Officer and they did not have any concerns about this, as the area was not enclosed.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. We spoke with two members of staff and they both told us that they had undertaken training on MCA and DoLS, although we noted that this was not recorded on the home's training record.

The registered manager told us that seven people who lived at the home had a diagnosis of a dementia related condition. We noted that care plans recorded the person's specific diagnosis, for example, Alzheimer's or cerebral dementia. The registered manager told us that they did not follow a specific dementia care model but they had viewed the Stirling University, Bradford University and Alzheimer's society websites to gain up to date information. In addition to this, they had volunteered at a local Dementia Café that was operated by the Alzheimer's society for a year, and this had kept their practice up to date. The registered manager said that they used "Their own model". She said they "Looked at the person", told staff to always explain to people what they were doing and used scenarios to inform staff about good practice. However, there was no written information to evidence that this was the policy being followed at the home and to define what was considered to be good practice.

Although we did not see any evidence of specific aids or activities for people living with a dementia related condition, a staff member told us, "We try to do some activities for our residents with dementia. We do Old Time music that is to their taste, we do reminiscence and we always ask their families to provide a photograph album for us to talk through showing different times in their lives." We asked relatives how they thought staff supported people with a dementia related condition and they gave positive responses. One person said, "I've no complaints whatsoever, they're very kind to (my relative) and know how to handle her" and another relative told us, "From what I've seen they do it very well."

The registered manager did not have any plans to introduce more signage to the home such as those to assist people to identify toilets, bathrooms and the dining room. She said that she preferred to talk to people rather than use signs. Staff had started to use pictures or names on bedroom doors to help people locate their own bedroom but the manager said that some of these had disappeared; we did not see any in place on the day of the inspection. There were no picture menus to assist people to choose a meal. We were concerned that some bedrooms had push button entry locks. The senior care worker told us that there was only one person who had such a lock who could not enter their room unaided. However, they added that this person could not access their room without assistance from a member of staff, so the lock did not restrict them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home's training record stated that seven staff had completed 'certificated dementia awareness studies' at level 2 or above and that 12 staff had attended dementia awareness training 'in the last 5 years'. The registered manager told us that four staff were enrolled on this training at the beginning of 2015. Staff we spoke with understood how to protect the rights of people's who had limited capacity to make decisions for themselves and we saw that care plans included information about a person's capacity to make decisions. One person's plan recorded, "(The person) can decide where she wants to go and when. She can tell you if she is unwell."

The home's training record was not available on the day of the inspection and was forwarded to us at a later date. We noted that the training record was written in a format that did not specify which staff had completed which course, or give details about the dates of attendance. This made it difficult to check that staff had completed appropriate training. There were 19 staff working at the home and the training record stated that 100% of staff had received "Some form of manual and patient handling training" and that 50% of staff held a current certificate for manual and patient handling. The record also stated that all staff were competent in the use of the home's bath and sling hoists but we did not see any written evidence to support this.

The registered manager told us that there were four mandatory training courses at the home and staff had to complete them every three years. These were first aid, moving and handling, safeguarding adult's from abuse and fire safety. However, the training record stated that only 55% of day staff and 40% of night staff held a current first aid certificate, although 100% of 'on call' staff held a current certificate. In addition to mandatory training,

Requires Improvement

Is the service effective?

fifteen staff had achieved National Vocational Qualifications (NVQs) or equivalent at Level 2 or 3. Three members of staff were working towards an equivalent award and one member of staff was working towards a Level 5 award.

We asked people who lived at the home if they thought staff had the right skills to care for them and the responses were positive. One person said, "They may not have the exact skills to look after me but they know how to get the right advice" and another said, "I think so but they get advice if they're not sure." A relative who we spoke with told us, "I can't fault the care they give (my relative). I have confidence in them."

Staff told us that they received appropriate training to help them carry out their roles effectively. One member of staff said, "There is regular supervision and also regular meetings between management and senior care staff to look at the training needs of all the staff. (The manager) is very hot on that."

We asked to see the induction training records for two new members of staff. The registered manager told us that these members of staff had received an introduction to the home but, because they were short staffed, they had not received thorough induction training. They showed us the checklist that they usually completed. This included information about safeguarding adults from abuse, data protection, moving and handling, fire safety, privacy and dignity and dealing with accidents. The registered manager told us that staff usually signed a declaration to record that they had been shown how to use moving and handling equipment. On the day of the inspection we did not see sufficient evidence to demonstrate that new staff had received appropriate training to enable them to carry out their duties safely, or that they had 'shadowed' experienced staff as part of their introduction to the home. However, one person who lived at the home told us, "They always make sure anyone new works with an experienced one (care worker)."

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that care plans included details of a person's medical conditions and any special care needs they had to maintain their general health. People's assessments and care plans were reviewed on a regular basis to ensure that there was an up to date record of the current health care needs.

There was a record of any contact people had with health care professionals, for example, GP's and district nurses. This included the date, the reason for the visit / contact and the outcome. We saw advice received from health care professionals had been incorporated into care plans. We spoke with a health care professional on the day of the inspection and they told us that they had a good relationship with the registered manager and staff and when they gave advice it was followed appropriately. They said, "The staff are lovely here. They're always keen to learn and will work alongside me when I come to see anyone here. They ask for advice appropriately and will follow that advice, always checking that they are getting it right." A social care professional told us, "The manager and staff liaise with me if there are any concerns and staff have always followed advice given, or sought advice from other professionals."

We asked people who lived at the home if they were able to access their GP or other health care professionals when they needed them. They were all able to tell us about occasions when staff had contacted the doctor on their behalf. One person said, "You can see who you need to. Just mention it to any of the girls and the GP or whoever will visit. It may not be just at the time you wish unless it's urgent" and another person told us, "They will sort that out for you here and the doctor visits. If you need to see the optician or the chiropodist, it doesn't matter who, they'll see to it for you." One visitor did mention that it had been difficult to arrange for a GP to visit their relative but were clear that this was due to the reluctance of the GP and not staff at the home. They said that staff at the home and the community psychiatric nurse managed their relative's condition very well. Details of hospital appointments and the outcome of tests / examinations were retained with people's care records.

The registered manager told us that the home was part of the 'care home scheme'. This meant that people who lived at the home had a designated GP from each surgery. The GP visited the home approximately monthly to discuss each person's health care and medication needs. This had reduced the need for GP's to be called out when people were unwell.

Requires Improvement

Is the service effective?

People had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff. They include details of the person's physical and emotional health care needs. The registered manager told us that people also took a summary of their care plan to hospital appointments and admissions. This meant that hospital staff would have access to information about the person's individual needs.

We saw that care plans included a nutritional assessment and recorded any special dietary needs, such as "Prescribed Calogen to build her up" and "Weighed regularly to monitor weight loss." We noted that information about Calogen was included in the person's care plan so that care staff were aware of the reason for it being prescribed and any possible side effects. Although we saw a blank template for a food and fluid chart, the registered manager told us that none of the people who lived at the home currently required this level of monitoring.

People were weighed on a regular basis as part of nutritional screening. When concerns had been identified about people losing or gaining too much weight, advice had been sought from a dietician and this had been incorporated into care plans.

People's specific dietary requirements and preferences were known to staff, including the cook. There was a list in the kitchen that recorded people's special dietary needs and their likes and dislikes. People told us that they had a choice of meal. One person told us, "Meals are alright. You always get a choice from the menu card" and another person said, "There is nobody more awkward than me but both cooks know what I like and what I don't like. They make sure I've eaten what they make me. I just have to ask if I want more." However, one person did comment about the lack of choice at tea-times. In addition to this, two relatives told us that the choice at tea-time was poor and that they brought things in for their relatives to provide a more varied diet.

We did not see anyone use specialised equipment to assist them to eat independently but we saw that staff assisted people to eat and drink appropriately; we noted that this was unhurried and carried out with a caring approach.

We saw that the meal looked appetising and fresh, and was enjoyed by the people who lived at the home. We noted that people could have breakfast at any time they wished; we saw one person having their breakfast at 11.15 am. Although this promoted independence and choice, we were concerned that lunch was served at around 12 noon and people would not be ready for another meal. Staff told us that people could have their lunch later and we did see a small number of people have a later lunch, but we were concerned that people with a dementia related condition or memory problem might not be able to understand this and / or request this.

The registered manager told us that three staff were enrolled on healthy eating and food hygiene training at the beginning of 2015, and that this would enhance staff knowledge on this topic. The home had achieved a rating of 5 following a food hygiene inspection; this is the highest score available.

Good

Is the service caring?

Our findings

We asked people if they felt staff really cared about them and if staff were kind and compassionate. The responses included, "They're all kind. Maybe at night they don't look in as much as I'd like" and "I've yet to find one who isn't." A social care professional told us, "The staff appear to have the caring skills required. No issues have ever been raised with me from families." We observed that people who lived at the home looked appropriately dressed, their hair was tidy, men were clean shaven (if that is what they had chosen) and they looked cared for.

We observed that all staff engaged in positive relationships with people who lived at the home and relatives. It was clear from the conversations overheard that staff knew the people who lived at the home very well and that communication between staff and people who lived at the home, and staff and relatives, were very good with important information being exchanged as normal practice. The registered manager explained the systems in place for sharing information with staff and between staff, such as handover meetings at every shift change, and we found these to be satisfactory.

Relatives and health / social care professionals who we spoke with told us staff were kind, considerate and caring. A health care professional said, "From opening the door, the staff are really friendly and welcoming. They do anything they can to help me and they are lovely with the residents. Skin tears are a big issue with care homes and it's very rare to get one here; their skin stays intact. I think that's due to the fact that they are so gentle with the residents." A social care professional told us that staff at the home treated everyone as an individual and had good relationships with people whilst maintaining boundaries.

People told us that their relatives were involved appropriately in their care. One person said, "Things are discussed and my daughter is involved." This was confirmed by relatives; one relative told us, "They always keep me fully informed and will ring me day or night if there's something I need to know. They can make those decisions to do that because they know us so well."

We saw that care plans included information about a person's life history and previous lifestyle. This helped staff to understand the person and provide more individualised care. There was a list in care plans that staff were asked to sign to evidence they had read the care plan; we saw that only five staff had signed to evidence they had read one care plan and only eight staff had signed to evidence they had read the other. However, we also noted that care plans included a monthly evaluation of the person's care and this indicated that staff were aware of people's individual needs.

The registered manager told us that staff had attended an event called "Celebrating Dignity in the East Riding" that had been organised by the local authority and we observed that people's privacy and dignity was promoted by staff. We saw that staff knocked on bedroom doors before they entered and in the one shared bedroom there was a screen to promote privacy. In the dining room we noted that people were asked discreetly if they required pain relief medication. We saw a member of staff hand someone a napkin and discreetly suggest that they wipe their mouth after lunch; this also promoted the person's independence. People who lived at the home told us that their privacy and dignity was respected and a social care professional told us, "Staff maintain a person's privacy and dignity at all times."

None of the people at the home had required the advice of an advocate but information was available so that it could be given to people if they made enquiries.

The registered manager told us in the PIR that eight people had a Do Not Attempt Resuscitation (DNAR) in place and the DNAR forms we saw had been completed correctly. There was a system in place to ensure that staff could easily identify which people had a DNAR in place in the case of an emergency. The training record stated that four staff had completed certificated training on end of life care and that a total of ten staff had completed training on this topic during the previous five years. The registered manager told us that this topic was also included in induction training, although the induction records we saw did not record this.

We reviewed the quality assurance and improvement plan that was dated 'up to June 2014'. The manager had recorded, "The help and support given by the district nurses and GP's assisted us in providing excellent end of life care and a 'good death', with families present" and "Appropriate medication, administered by the district nursing team, ensured (the person) was pain free and comfortable."

Good

Is the service responsive?

Our findings

The quality report produced by the registered manager recorded, "Takeaway night is a success where 70% of residents enjoyed choosing and eating takeaway. (Name) has provided music and entertainment enjoyed by some and the fellowship ladies from the local Methodist church continue to come regularly for prayers and song for those who wish to attend." The registered manager told us that a new volunteer would be starting to work at the home and it was hoped that they would be able to encourage people to take part in various activities.

On the day of the inspection we did not see any activities taking place, although we saw that staff made time to sit and chat to people. We spoke with a group of people who lived at the home and they told us about a visiting choir and pianist and that activities at the home included knitting, dominoes, cards, puzzles, board games and gardening. They also said that they had outings to the local garden centre and were involved in the local community; staff arranged a summer garden party, Christmas party, Easter party and garden fete to which local people were invited and attended. Many of the staff lived locally and knew the people who lived in the home prior to their admission, and this helped people to remain involved in the local community.

Staff told us that they tried to avoid people becoming socially isolated, although they acknowledged that some people did not wish to mix and so they tried to spend time with them in their own room. One member of staff said, "We talk to them all the time and for those who are more private and spend more time in their rooms, we make sure that we talk about things that are personal or important to them. Another thing is to get them to make choices at every opportunity to empower them."

We carried out a Short Observational Framework for Inspection (SOFI) in the dining room; this is a way of observing care to help us understand the experience of people who could not talk with us. The SOFI observation did not highlight any concerns about staff interaction with people who had a dementia related condition. We saw that staff communicated with people who had limited verbal

communication by using appropriate touch, eye contact and gestures to help them understand and interact.

The quality report recorded that people who lived at the home had been spoken with individually about seasonal menu changes and suggestions for the tea time meal. As a result, more fish had been included in the menu and lamb had replaced beef as the Sunday roast. People were also asked if they were happy with the timing of meals and the report recorded that people wanted to keep to the current meal times. This evidenced that people's views had been listened to and acted on. However, these discussions had not been recorded and the manager agreed that they would be recorded in future so that there was evidence that these discussions had taken place and the action that had been taken.

A survey was distributed to people who lived at the home in September 2014. On the day of the inspection only one response could be found, although the registered manager said that more were returned. The survey asked people if they were happy with the care they received and if they found that staff were friendly. There were also questions about activities and as a result of the survey and further discussions with people who lived at the home, a DVD afternoon has been introduced and there were plans in place for a lockable cupboard and fridge to be used in the lounge to store sweets and drinks that people could purchase and would have easy access to. This evidenced that people's views were listened to and acted on.

We did not see any information displayed in the home that advised people about the complaints process. The registered manager told us that this information was shared with people verbally by staff and discussed at care plan reviews and in surveys. There was no complaints log in use but we saw that the registered manager included a summary of complaints received in the annual quality assurance report. There had been one formal complaint during 2014.

All of the people we spoke with told us that they felt able to openly express their views at any time and some said they had been involved in resident / relative meetings. We asked people if they knew how to make a complaint. One person said, "I've had no formal information but we're invited to voice any complaints and concerns any time we have any" and another person told us, "I can raise anything with any of the staff." A relative explained to us about a formal

Good

Is the service responsive?

complaint they had made and that it was dealt with to their satisfaction. Another relative told us, "There is no problem with raising concerns at all; all the staff and management are good."

We saw in care plans that people's needs had been assessed when they were first admitted to the home, that care plans had been developed to record people's individual needs and that care plans were regularly reviewed and updated accordingly. We noted that care plans included information about a person's previous lifestyle, their hobbies and interests and people who were important to them. We overheard conversations between people who lived at the home, relatives and staff and it was clear that staff knew people well, including their likes and dislikes and their individual preferences for care. People who lived at the home told us that their family and friends could visit at any time and were always made welcome; we observed this on the day of the inspection.

Staff told us that they provided a personalised service for people. One member of staff said, "I enjoy it here. It's good to provide a personalised service for the residents because they are all so different. We keep cheerful for the residents" and another said, "The culture of the home is open and honest. I enjoy working here. I like the fact that it is a small home and the care is personalised and we know the residents so well. I've worked in big homes – there's no comparison. (The manager) is very keen that this is the residents home and we should all know what they like and don't like."

We observed that staff were able to recognise changes in a person's behaviour that indicated they were not well, when they were unable to express this verbally. One person's care plan recorded, "(The person) is unable to tell us how she is feeling but we can tell by facial expressions." However, there was no description of these gestures or expressions to assist new staff in getting to know the person's needs.

Requires Improvement

Is the service well-led?

Our findings

We found the atmosphere at the home to be friendly and welcoming, and this was supported by the people who lived at the home, health care professionals and visitors who we spoke with. Everyone we spoke with said the culture in the home was open, transparent and very friendly. A social care professional told us, "I feel that (name) is a good manager with plenty of experience and knowledge in the caring sector. She is also a qualified nurse which certainly helps in this setting."

We reviewed the home's quality assurance and improvement plan (dated to June 2014). This was written as a narrative rather than an actual audit. It covered areas such as falls, hospital admissions, activities, resident's views, care plans, documentation, staff meetings, staff turnover, staff training, the environment, medication and complaints. The registered manager had started to compile another associated document called "What makes us a good service and how we can achieve outstanding" but this work was on-going.

The report records that there had been a 'number of falls' but the actual figure was not included. Some analysis had taken place and it was concluded that the fall for one person could not have been avoided, as they persisted in trying to walk without assistance when this had been assessed as unsafe. A physiotherapist had assessed this person and they agreed that no more could be done to prevent them from falling. We did not see an overall analysis of accidents and incidents.

Since medication errors had been identified the registered manager had carried out audits in respect of medication, and the medication policy had also been updated to ensure that staff had clear guidance. Audits had also been carried out in respect of care plans and the environment. However, we noted that the environmental audit had not identified the shortfalls that we noted on the day of the inspection.

The quality report produced by the registered manager included an analysis of hospital appointments and hospital admissions. There had been two admissions to hospital up to June 2014 and 90% of hospital and clinic appointments had been kept. The registered manager recorded that this was lower than they would have liked, but unavoidable due to last minute changes in appointments and, on one occasion, the appointment had been forgotten. Action had been taken to improve attendance at appointments; staff had been recording these in a separate diary but staff had been told to also record the information in the main diary to reduce the risk of information being missed.

We saw that a relatives / visitors survey had been distributed in November / December 2014. This included the question, "Are staff friendly and helpful when you visit?" All of the responses were positive, including "The staff are always friendly and polite." People were also asked if they had had any reason to complain. All of the responses were "No" apart from one; this person recorded that they had complained once and were completely happy with the outcome.

A person who lived at the home told us that they had attended a meeting for people who lived at the home with their relative. They said that decisions were made and action was taken. However, they added "They tend to talk to family rather than residents which can be very frustrating to get your point across." The registered manager told us that they did not hold 'resident' meetings as they had found that one to one discussions were more productive. It may be that this person was referring to a review rather than a meeting for people who lived at the home.

Relatives told us about a recent questionnaire they had received but one person said that they were not aware of anything changing as a result. The registered manager may wish to consider displaying the outcome of quality surveys to inform people of the results and any improvement action taken.

Staff meetings were held; we saw the minutes of meetings held in March 2014 and September 2014. Topics discussed included care plans, key workers, activities, hoist training, 'just in case' drugs, recording, bed times and menus. The staff who we spoke with confirmed that they attended staff meetings and these were a 'two way' process; information was shared with them but they got the opportunity to ask questions, raise concerns and make suggestions for improvement.

The registered manager told us that staff had supervision meetings. These are meetings that take place between a member of staff and a more senior member of staff to give them the opportunity to talk about their training needs, any concerns they have about the people they are

Requires Improvement

Is the service well-led?

supporting and how they are carrying out their role. Staff who we spoke with confirmed that they attended supervision meetings and we saw records of these meetings in staff files.

Attendance at staff meetings and supervision meetings indicated that staff had an opportunity to comment on the service provided by the home.

We asked the registered manager if they had considered introducing 'champions' amongst the staff group for topics such as dementia and dignity and they confirmed that this had not been introduced as yet. This would have created a system within the home where one member of staff had responsibility for collating information about a specific topic and sharing good practice with their colleagues.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or safe, by means of reflecting, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and the lack of appropriate measures in relation to the security of the premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the safe keeping and recording of medicines.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Staff had not received appropriate training prior to them commencing to work unsupervised in the home.