Grimsby Dementia Care Ltd

Fairways Care Home

Inspection report

Little Coates Road
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Grimsby
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Fairways Care Home is situated to the west of the town of Grimsby, on a main road with public transport facilities and local shops and other amenities within walking distance. The service is registered to provide accommodation and personal care for a maximum of 55 people some of whom may be living with dementia. Accommodation is single storey and all bedrooms have en- suite facilities. There is a good range of communal areas throughout the building, an accessible garden and car parking at the rear of the building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people's needs had not been fully assessed and some care plans did not provide clear guidance to staff in how to support people's specific needs. We also found some risk assessments and care plans were not updated when significant events occurred such as loss of weight and falls. This meant the registered provider was not meeting the requirements of the law regarding assessing and planning care for people. You can see what action we told the registered provider to take at the back of the full version of the report.

Whilst we saw people being treated with compassion and respect we also saw occasions where people did not have their comfort and dignity respected and promoted.

The registered manager and senior management team completed quality checks on areas such as the environment, health and safety, infection prevention and control, medicines, catering, and records. We found some of the audit tools were limited in their scope and required review and update to provide a more effective system. The registered provider gave assurances they would give this due consideration.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff mostly followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

Staffing levels were reviewed and increased during the inspection to meet the recent changes in occupancy and dependency levels. New staff were recruited safely and employment checks were carried out before they started work in the service.

The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. Although we found some gaps in refresher training for fire safety, following the inspection the registered manager confirmed this training had all been scheduled for completion in February 2016.

We saw arrangements were in place that made sure people's health needs were met. The service worked closely with community healthcare teams. Systems were in place to ensure people's medicines were administered safely.

A varied programme of entertainment and activities was available; we saw people enjoyed taking part in a music session with entertainers, a Burn's Night whiskey and haggis tasting session, visit from the pets as therapy (PAT) dog, crafts, painting, reading, dominoes and one to one sessions chatting about their families, previous employment and interests.

People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People were treated with kindness and consideration. There were no restrictions on when friends and families could visit the service and visitors were made welcome by the staff in the home.

Staff knew how to keep people safe and how to raise any concerns if they suspected someone was at risk of harm or abuse.

People felt their concerns were acted upon and taken seriously, and we saw where complaints had been made these had been addressed and acted upon.

People who used the service, relatives and staff were able to express their views on how the service was run and felt their comments and suggestions were taken seriously.

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 always safe.

Staffing levels had not kept pace with recent admissions and changes in people's dependency levels. These were increased during the inspection. Recruitment was well underway for new bank staff. Staff were recruited safely.

Staff knew how to keep people safe from harm and abuse and how to report any safeguarding concerns.

People received their medicines when they needed them and systems in place ensured medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases but not all.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely. However, some refresher training was overdue and gaps in the appraisal programme were being addressed.

People's nutritional needs were met. People told us they enjoyed the food and we saw there was a choice of food and drinks available at all times.

People were supported to access health care services to meet their individual needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity and comfort was not always promoted and supported.

Staff had a positive, supportive and enabling approach to the care they provided for people. They supported people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always include sufficient information to guide staff with meeting their individual needs. There were gaps in the assessment and review processes.

People felt able to complain in the knowledge any concerns would be addressed.

People had good opportunities to participate in a range of activities in the service and were also encouraged to access local community facilities.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although there was a quality monitoring system in place, some of the audit tools were limited in scope and therefore not wholly effective in highlighting shortfalls. Key areas such as staff training and people's nutritional status were not included in the programme.

The registered manager was visible and approachable. Staff told us morale was good and management were supportive. There was an open and inclusive atmosphere within the home.

People and their relatives were able to voice their opinions and views about the services they received.

Fairways 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 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 inspection took place on 26 and 28 January 2016 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This 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.

We also looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. The commissioning team provided us with information from their recent assessment.

We spoke with twelve people who used the service and fifteen of their relatives who were visiting during the inspection. We looked around all areas of the service and spent time observing care. We also 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 also spoke with the registered manager, administrator, a team leader, four care workers, a housekeeper, the cook and the activity co-ordinator. We spoke with seven visiting health and social care professionals.

We looked at the care records of four people who used the service including assessments, risk assessments, care plans and daily recording of care. We looked at other records relating to people who used the service; these included accidents and incidents and medication records for 20 people.

We also looked at a selection of records used in the management of the service. These included staff rotas, training and supervision records, quality assurance audit checks, surveys and minutes of meetings with staff and people who used the service. We had a tour of the premises.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at Fairways and their relatives confirmed this. One relative told us, "I'm not worried about safety and security at all, the codes are changed monthly and I do not know the numbers." Other comments included, "No problems here [referring to feeling safe]", "I have never heard any staff get cross. Never, not one of them" and "I have my own key, I'm safe here."

When we talked with people and their relatives about the staffing levels we received more mixed comments. Some people considered there were sufficient staff on duty and their comments included: "Yes, I think there's usually enough staff on", "Always plenty of staff about and willing to help", "Influx of fresh staff just lately" and "There's always a lot on but they are kept very busy." We also received comments which indicated there were not enough staff provided, they told us: "Staff do alright but not enough these days", "No, sometimes a long wait for call bell to be answered", "At times there is a lack of staff", "A couple of times our relative has needed personal care support when we've visited, staff come as quickly as they can but we appreciate they are busy" and " We've spoken with the manager about having a member of staff in this small lounge to monitor people here and they manage this on some shifts."

We checked the duty rotas for the last two months and found staffing levels had been reviewed and altered during this time. Discussions with the registered manager confirmed the number of staff provided was generally based on the occupancy levels at the service. Although they had not yet implemented a formal system which factored in people's dependency levels to the staffing calculations, we found evidence that additional staff had been provided to support new admissions to the service and end of life care support.

On the first day of the inspection we observed staff routines were very busy and staff were overstretched at times to respond to call bells promptly, provide appropriate support at meal times and monitor some people's needs effectively. The registered manager confirmed the occupancy levels had increased recently and staffing numbers had not kept pace. On the second day we found the number of staff had increased and the meal service for people with complex needs had been reviewed to ensure they were allocated dedicated staff and provided with appropriate support. The routines during the day were observed to be more calm and paced with staff having more time for their duties and to spend with people. The registered manager confirmed she was currently implementing new shift patterns for all the care staff to ensure an appropriate skill mix within the staff teams. They also confirmed they would be obtaining a dependency tool to help determine appropriate staffing levels.

The home was generally clean and tidy. Equipment was stored appropriately so as to avoid tripping hazards. Staff from the housekeeping team demonstrated that they knew about infection control procedures and records showed that all staff within the home had received training about this subject. However, we found some items of furniture such as chairs and sofas were stained and some were marked with food debris. Throughout our visit we observed housekeeping staff cleaned the furniture but due to the fabric style covers they were not able to keep them clean. Relatives considered the environment was very clean and pleasant but some of the furniture in the lounges detracted from this. The registered manager confirmed items of furniture had been replaced recently but it had been with furniture of the same style. They told us they

would be discussing new furnishings with the registered provider and looking to provide furniture which was wipe clean or had an impermeable cover to meet people's more complex needs.

We found there was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw information in application forms was checked thoroughly and records maintained of staff interviews.

The registered provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. We saw equipment used in the service was maintained to ensure it was safe. Fire evacuation plans were in place for each person who lived in the home and regular fire drills were in place to make sure people could be evacuated quickly in an emergency. We were given an example of how the system worked when one relative told us, "I accidently started the sensor when I lit a candle on dad's birthday cake. The alarm sounded, doors slammed shut and the fire wardens were straight to the panel to see where the fire was. I had to tell everyone it was a false alarm and apologise. The system does work well."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic refresher training. This was confirmed by the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. We saw the registered manager contacted the local safeguarding team for advice when required.

Records and arrangements for the ordering, storage and disposal of medicines, including those that needed special precautions, were up to date. Staff told us and records showed that they had received regular training about how to help people with their medicines in a safe way.

A medication policy was in place at the time of our inspection that outlined how to order, store and administer medicines safely. We observed a medicines round and saw people received their medicines as prescribed; staff stayed with people whilst they took their medicines and only signed for administration when the medicines had been taken. The medication administration records we checked were completed accurately without omission. Body maps were used to record where topical creams were applied and protocols had been developed to ensure PRN [as required] medicines were used consistently and safely. People were supported to self- medicate where possible. We saw one person was supported to take their own medicines and an assessment of their safety in this matter had been completed.

The service had a dedicated medication room for the safe storage of medicines and further specific arrangements were in place for controlled drugs and medicines that required refrigeration. The registered provider had recently changed pharmacy providers and the team leader confirmed their satisfaction with the level service they received. The registered manager and senior staff completed regular audits of the medicines systems. Records showed that actions had been taken to address any issues that had been highlighted during audits.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us staff supported them effectively. People were also complimentary about the meals provided; they told us they received sufficient amounts to eat and drink and there were always choices of meals available. Comments included, "The staff are very good and know their job, they look after us very well", "They do keep a close eye on you, they fetched the doctor for me when I was poorly. Can't do enough really", "Food, generally good", "Plenty food", "Absolutely wonderful", "Portions are too large sometimes, I can make suggestions about the menus and my favourite meals are tomato soup and corned beef hash" and "Food, yes they will always provide something else."

Visitors told us, "The meals are varied and he always eats well", "Mum wanted waffles one day, they didn't have any so someone went out and bought some for her; it's very personalised here", "Mum is on a special diet which is well catered for and the kitchen staff will provide alternatives. In general the meals are appetising and tasty", "Staff seem to have a good understanding of all aspects of care. Perhaps a little more knowledge of pressure care in bed would be beneficial" and "Dad has had a couple of falls, they've always let us know and had him checked over if necessary."

We observed staff asked people for their consent before they provided support for them. They explained the support they were going to give in a way that people could understand and we saw people responded positively to this approach.

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. We saw the registered manager generally followed the principles of MCA but had not done so on some occasions. For example, one person was administered their medication in food and although there was a letter to support this practice from the person's GP there was no record an assessment of capacity had taken place regarding the person's ability to understand and consent to this and no best interest meeting decision was recorded. We also found some of the decisions around resuscitation made by the GP did not have associated capacity assessment records and best interest decision records in place.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities in relation to DoLS and applications had been and were being made to the supervisory body which, as far as reasonably practicable, ensured if people were deprived of their liberty it was done lawfully.

Records confirmed people saw a range of health care professionals as required. One relative explained to us that the home had a very good relationship with a local surgery, they said, "The staff make a list of who

wants to see the doctor and the doctor comes and does their round at the home."

The registered provider had an arrangement with the local commissioning authority to accept people needing urgent short-term reablement support either from home or hospital. Community nurses and therapists were visiting people during the inspection to provide treatment and advice regarding their health care. They told us their patients were satisfied with the care at the service. They also said the staff followed their directions and advice about care and treatment and made appropriate referrals for support. One healthcare professional told us that staff were not always available to support their visits or the staff member was regularly called away due to other workload pressures. We mentioned this to the registered manager to follow up.

The training record showed staff had completed a range of essential training. We found some staff had not had refresher training in fire safety and this was addressed and scheduled during the inspection. Staff we spoke with told us about their induction and said that it enabled them to do their jobs effectively. One member of staff told us the induction programme included shadowing more experienced staff and completing a range of competency checks before they were allowed to provide care to people unsupervised. The programme followed a nationally recognised set of induction standards for social care staff.

Staff also told us they received a range of on-going training to develop skills in line with the needs of the people who lived within the service. For example, training focussed on subjects such as dementia care, prevention of skin damage, caring for people with Huntingdon's and Parkinson's disease and end of life care. The registered manager told us they supported the on-going professional development of staff and more comprehensive training on the management of behaviours which challenged the service was scheduled for the February 2016. Records showed most staff had obtained or were working toward achieving nationally recognised care qualifications.

Staff told us they had supervision meetings with their line manager and stated they felt well-supported within their role. The registered manager confirmed they had found the staff appraisal programme had not been maintained under the previous manager but they had restarted this and completion was scheduled for the end of March 2016.

We found people's nutritional needs were met. We observed the lunchtime and tea-time service for people and found some people were supported to the dining table 30 minutes before their meal. One person expressed concern they would have to wait; and we mentioned this to the registered manager to look into. We saw there were choices for the main meal and dessert and a choice of drinks was offered. The food looked hot and appetising and appropriate sized portions were provided to people. People were shown meals so they could choose what they preferred.

The cook was aware of who had a special diet and specific likes and dislikes; they confirmed they provided a range of milk shakes and snacks for people at risk of poor nutritional intake, although we observed during the visit the snacks offered to people by staff was often limited to biscuits. Throughout our inspection we observed the staff team made sure there was always a range of hot and cold drinks available to people to prevent them from getting dehydrated.

We found the building was suitably adapted for people who used the service. We saw there was good signage throughout the service, memory boxes were provided on each person's door and a good use of colour contrast on doors, handrails and bathroom fittings to support orientation for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

People who used the service told us staff spoke to them in a kind way and looked after them well. They confirmed staff respected their privacy and promoted their dignity. Comments included, "Great care here", "I am really well-cared for", "The staff are very caring, I am very happy", "The staff are all cheerful and friendly", "All the staff are doing a good job and will do anything for you" and "They always knock on the door and they are very polite."

Visitors told us, "The care is excellent", "Staff are always very considerate and maintain mum's privacy and dignity", "Care, not bad at all", "There is a good atmosphere here, an air of restfulness, very calm but everything gets done", "We have found a big improvement in her [their relative's] care since she moved here, very impressed with the staff and their attitude, they are very kind and caring. It's a pleasure to visit", "I am indeed involved in every aspect of my relative's care. Their care plan is reviewed regularly and if I feel changes need to be made I meet with seniors."

We saw there were six designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. One of the dignity champions told us about the resident and relative tea parties they had held to encourage more involvement from people's wider family members, such as grandchildren. However, we observed some occasions when people's dignity and comfort was not properly protected and required improvement. For example, one person was supported to sit in the lounge area in the evening inappropriately dressed, they were in the company of many male and female residents and members of staff were present in the room. We also observed a senior member of staff answered the home phone whilst supporting a person to take their medicine, they proceeded to hold a conversation, responding to queries about another person who used the service. On another occasion we observed a person was not supported to move from their wheelchair to an arm chair for over two and a half hours even though we noted four separate members of staff were directed to complete this transfer during this time. We passed these issues to the registered manager to address.

Staff supported people in private with their personal care and made sure they knocked on people's bedroom doors before they entered. When private issues needed to be discussed we saw staff took people to areas where they would not be disturbed or spoke with them in lowered voice tones if the person did not wish to move from where they were. Staff discreetly helped people to maintain their appearance, for example, by changing clothes if they became marked and stained.

Staff spoke with people in a kind, reassuring and caring manner. We watched how staff gently supported people who became disorientated, encouraging them to move to the lounge areas or their rooms. They gave them reassurance verbally and held their hands or gave them a gentle hug which helped them to settle. We also saw how well staff supported people who presented with behaviour that challenged the service. Staff remained professional and used their knowledge and experience to ensure the situation did not escalate. They spoke to the person in a calming way and reassured them using distraction techniques; talking to the person about their interests, family and day-to-day issues before encouraging them to participate in an activity such as having a drink, listening to music, sitting together or looking through the newspaper.

During the inspection we saw numerous visitors coming to see people who used the service. Staff took time to engage with people and their relatives in a pleasant and warm way, it was clear they had developed positive relationships with them. The registered manager informed us there were no restrictions placed on visiting times and the service actively tried to involve people's families in their care whenever possible.

Staff supported people to retain as much independence as they were able and wanted to. Some people were admitted for short stay reablement support and community therapists provided appropriate equipment provision and developed programmes to direct staff on maximising the person's independence.

Staff said they had received support and guidance from the registered manager about how to correctly manage confidential information. They understood the importance of respecting the privacy of people's information and only disclosed it to people such as health and social care professionals when they were required to do so.

We saw a range of information was provided in the entrance hall and on notice boards in corridors for people who used the service and visitors. This included information on how to keep safe, dignity awareness, activities and how to make a complaint.

If people wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that no-one was using these services at the time of our inspection.

Some people's care files we looked at contained a record entitled, 'What if, celebrating my life'. This was a tool for relatives of people living with dementia to complete that let health and social care professionals know about their wishes at the end of their life. The information helped staff to better understand a person's needs, if the time came when they could not fully respond to the questions staff asked. The registered manager confirmed they worked closely with the community nursing and Macmillan nurses to support people's end of life care.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us there was a good activities programme in place and they had opportunities to participate in activities they enjoyed. Comments included, "Activities are good, they try and do a lot in a week" ,"The Weekly Sparkle Newsletter, they bring it round to us, printed specially for Fairways", "The activity co-ordinators are very good at what they do", "The arm chair exercises are good", "Reptiles have been fetched into the home so that the residents can touch them", "Christmas was lovely, a ladies choir came in and did a concert, also a children's choir from a local school visited", "We have some good singers and I like the music sessions, they always find time for a sing- song" and "Recently my relative has been unable to leave the building due to ill health but they are included in activities in the home as they are able."

People and their relatives told us they felt able to voice any concerns; they were confident they would be listened to and action would be taken to resolve these. They told us, "If I've needed to speak with the manager, someone will always go and find them", "There is a box outside the office to put complaints" and "I've mentioned a couple of things in the past. The manager is good she deals with things."

We found inconsistencies in the assessment and planning of care for people who used the service. For example, one care file we looked at contained person centred information. This included a form titled, 'This is me.' This was completed with information about preferences for personal care tasks and food likes and dislikes. The person had individual care plans for a range of needs, for example the personal care support they required and how they mobilised and how many staff were required to assist in transfers. In all the care records we checked we found the care plans, risk assessments and monitoring records for people at risk of sustaining pressure damage were well completed and maintained.

However, we found one person who had been admitted in the last month for short- term care support did not have any assessments of their care in place and key risk assessments in relation to mobility and falls had not been completed. The person had sustained further falls in the service resulting in medical assessment. Care plans had not been put in place to support the monitoring and care of bruising sustained and any pain experienced. When we asked staff how this person was assisted with transfers we received conflicting information as some considered the person was no longer able to weight bare and required staff to use the hoist. This updated information was not detailed in the care plan to guide staff.

In other people's care files we found some risk assessments and care plans were not updated when significant events occurred such as loss of weight and falls. We also found some people had behaviours that could be challenging to themselves, other people and the service but we could not see risk assessments and care plans had been completed. We found some people's risk assessments and care plans had not been updated when people's needs changed. Some of the monitoring records in place for food and fluid intake, personal care and bowel function were not completed consistently.

These shortfalls in assessing and care planning people's needs meant there was a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked

the registered provider to take can be found at the back of this report.

We discussed the format of the care recording system with the registered manager; they had identified the limitations with some of the records. For example, some of the care plans covered more than one area of need such as continence, skin integrity and personal hygiene. This meant where people had significant needs in these areas some of the care directions for staff were limited. The registered manager confirmed they were looking into alternative recording systems and would be discussing this with the registered provider.

The registered provider employed two activity co-ordinators who supported people with a range of individual and group activities for six days each week. We observed their interaction and engagement with people was positive, people responded to their approach and they enjoyed spending time with them. Group activities ranged from music afternoons, exercise groups, quizzes, Bingo, crafts, baking and external visitors from local community groups. During the inspection the PAT dog Amber visited and we saw she was very popular with many of the people who used the service. We observed how some people with complex needs smiled when she approached and enjoyed stroking her.

We observed one of the co-ordinators who was facilitating a celebration of Robert Burns, this included poetry reading and haggis and whiskey tasting. The co-ordinator also took a trolley round the home to offer the drinks and snacks to people in their rooms. Other activities people enjoyed included a singing session with visiting entertainers, reading, crafts, dominoes, manicures and painting. One of the activity co-ordinators described how they made the most of each day and had a flexible approach to supporting people with activities and meaningful occupation. They described recent art and crafts sessions people had enjoyed, this included making a tree collage and paper owls. They were also working with people and their families to complete scrap books to support the 'This is Me' personalised records in the care files about people's backgrounds, families and interests.

The registered provider had a complaints policy and procedure in place to enable people to raise concerns. We saw the information was available for people to access easily in the home and described timescales for acknowledgement, investigation and resolution. There were details of where people could escalate complaints if they were unhappy with the outcome of an investigation. Staff knew how to manage complaints. Records showed that when complaints were received the registered manager had followed the provider's policy to ensure the issues were managed appropriately and resolved.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and relatives we spoke with considered the service was well- managed and the registered manager was approachable. One person said, "They seem very nice,[the manager] comes in the main lounge and talks to everybody." Another person told us the manager was, "Friendly and efficient" and they added, "I don't think anywhere could be better." One person's relatives told us, "The contrast between the last place and here is enormous. We are so pleased with everything; the staff are friendly and warm, the care is great and the room superb, everyone is doing a great job, we realise now what we've been missing."

The staff described the culture of the service as open and friendly. They said, "The manager and senior staff are very supportive, it's much better now, they are always approachable for advice", "It's full on but we like working here. The manager encourages us to make suggestions to improve things and gives good explanations about any changes in the way we should work. We have regular meetings. Morale has definitely improved."

The registered provider's values and philosophy of care were reflected within the statement of purpose. New staff were made aware of the aims and objectives of the service during their induction training.

There was a range of processes in place which enabled the registered provider and registered manager to receive feedback on the quality of care provided at the service, this included satisfaction surveys for people who used the service and their relatives. We saw the results of recent consultation were published on the notice board in the entrance area. Regular residents and relative meetings were held. We saw the minutes for a recent residents' meeting where there had been discussions about the activities people would like, whether people were happy with the catering arrangements and if anyone had any concerns they wanted to discuss.

Regular meetings were held with staff in all of the job roles within the service including care staff, housekeeping, administration and catering staff. This meant information could be shared effectively across the team. Records of the meetings showed subjects such as safeguarding adults, feedback from surveys, progress with action plans, changes with rotas, standards of care, records management and training were discussed. One member of staff member told us, "Communications are good. We have regular meetings. They listen to us and value our opinions."

The service had a quality monitoring system in place, with some audits completed each month such as medicines, health and safety, the environment and care records. Other areas such as catering/food, call bell response, end of life care, staffing and dignity were completed on an ad- hoc basis. We found the audits of care files were limited in format and had not identified the shortfalls with care planning and risk assessment that was evident during the inspection. We also found some gaps in areas that were not monitored, such as staff training and people's nutritional wellbeing and dietary needs. We found where shortfalls had been identified within the audit process action plans had been developed but these were general in content and lacked structure.

The operations manager completed monitoring visits to the service on a regular basis and we found reviews of the service were also carried out by a consultant contracted by the registered provider. The review visit included discussions with staff, people who used the service and checks on all the management and administration systems. Following the inspection we discussed the quality monitoring programme with the registered provider who accepted that aspects of the current monitoring systems were basic and would benefit from review and update, which they would look into.

Records showed accidents and incidents were checked and audited by the registered manager and an analysis of the cause and time of accidents and incidents was completed each month. Although there was good evidence the information was reviewed to ensure appropriate action had been taken to further reduce risks, we found this had not always prompted the review of the care records. We also found the audit did not include information about the location in the service the accident/ incident took place which would better inform any identification of patterns or trends.

The registered provider/manager had procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations, such as the local adult safeguarding team and the health protection agency. Our records showed the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2014 / 15 for the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating, which indicated the service used best practice but could improve in a few areas. They were undergoing reassessment by the CCG for this year's programme and were awaiting the results.

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 RA Regulations 2014 Person-centred care People who use services were not protected against the risks of receiving care that is inappropriate or unsafe. Care had not been assessed and planned effectively for some people.