

Heltcorp Limited

Goole Hall

Inspection report

Swinefleet Road
Old Goole
Goole
Humberside
DN14 8AX

Tel: 01405760099

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 August 2018 and was unannounced.

Goole Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Goole Hall accommodates up to 28 older people, including people who are living with dementia. On the day of the inspection there were 19 people living at the home. The premises have three floors and the lift operates between all levels.

We were supported during our inspection by a manager who was registered with the Care Quality Commission (CQC). 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.

At our last inspection in December 2017, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations for Regulation 12: Safe care and treatment, Regulation 17: Good governance and Regulation 18: Staffing. We asked the provider to complete an action plan to show what they would do and by when. At this inspection we found the provider had implemented the actions and was no longer in breach of these regulations.

Improvements to the oversight of systems and processes that were in place to monitor, and where appropriate to improve the service were required to ensure they were fit for their purpose and included any actions with appropriate timescales for completion. This included provider review of service checks and audits completed.

Audits and reviews of records associated with people's care and support were in place but required oversight to ensure they were effective for their purpose because they had failed to ensure information about people's care and support was always accurate, and up to date in all formats.

Systems and processes were in place to record decisions made under the Mental Capacity Act 2005. However, improvements to checks on records was required to ensure information was always up to date and comprehensively documented.

The provider completed pre-employment checks for staff. However, oversight of audits of staff files failed to ensure staff checks against the Disclosure and Barring Service had always been returned by the provider prior to commencing their duties. These checks were reviewed and actions implemented during our inspection.

People were assessed to ensure they received appropriate support to take their medicines safely as prescribed. Medicines were managed and administered according to national guidelines and best practice by staff who had been assessed as competent in this role.

The provider had implemented actions to ensure the home was free from odours that are offensive or unpleasant. However, the actions implemented had not been reviewed for their effectiveness and at this inspection there was an unpleasant odour in a communal area on both days.

Systems and processes were in place to ensure staff recognised signs of abuse and any concerns were appropriately investigated. Lessons were learnt and actions put in place to reduce the risk of reoccurrence.

The provider continued to utilise a staff dependency tool which helped evaluate people's individual needs against the support they required.

People were supported with their health and wellbeing. Drinks were provided throughout the day and a menu was provided with a choice of food for people. People received additional support from dietary and nutritional specialists where this was required.

People received information in a format they could understand and the provider discussed further planned improvements for implementation in this area. People's personal preferences and wishes were recorded and staff were aware of any diverse needs.

People continued to enjoy activities of their choosing. An activities co-ordinator and staff were available to support people with their individual interests and hobbies.

Staff received training and support to ensure they had the appropriate skills and knowledge to perform their role.

There was a formal complaints system in place to manage complaints if or when they were received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safely protected from abuse and staff understood how to recognise and report any concerns.

People received support to take their medicines safely as prescribed.

Staff received pre-employment checks to ensure their suitability. Checks with the Disclosure and Barring Service (DBS) were reviewed and implemented during our inspection.

Is the service effective?

Good ●

The service was effective.

The provider followed the principles of the Mental Capacity Act 2005 (MCA) to make sure people's rights to make choices and decisions were adhered to.

Where people had any specific dietary needs, these were provided for and staff worked with health professionals to support people's wellbeing.

People were supported by staff who had regular access to training and supervision.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and staff understood the importance of maintaining people's privacy and dignity whilst providing their care.

People told us staff were kind and caring, and we saw many examples of compassionate and positive interactions between people and staff.

People were involved in making day to day decisions about their care.

Is the service responsive?

The service was responsive.

Care plans included information to ensure staff provided care and support that was individualised.

People were supported to enjoy activities of their choosing.

People were supported to raise any concerns or complaints and systems were in place to record and learn from any outcomes.

Good 

Is the service well-led?

The service was not consistently well led.

The registered provider had governance systems in place to monitor the service. However, due to a lack of provider oversight these systems had failed to identify the issues we found. Further improvements to quality assurance and the auditing system were required to maintain and improve standards.

The registered manager promoted a strong ethos of kindness and teamwork and this was evident throughout the staff team.

Requires Improvement 

Goole Hall

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. This inspection took place on the 2 and 3 August 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the provider and information we had received from the local authority. Notifications are when providers send us information about certain changes, events or incidents that occur.

We contacted the local authority safeguarding adults and quality monitoring teams, and the local Healthwatch to enquire about any recent involvement they had with the service. Healthwatch is the consumer champion for health and social care.

On this occasion the provider was not asked to submit a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the action plan which included details of planned improvements the provider intended to take to make improvements. We used this information to plan our inspection.

During the inspection we spoke with four care staff, the cook, the registered manager, the acting regional manager and the provider's nominated individual. We spoke with four people who used the service and a visiting health professional. We spent time observing the interaction between people, staff and visitors in and around the home.

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 communicate directly with us.

We looked at records involved with the management of the home and running of the service. This included the care records for three people, including associated medication records and handover sheets. We looked at recruitment, supervision and training records for three members of staff.

Is the service safe?

Our findings

At our previous inspection completed in December 2017 we found the provider failed to ensure care and support was always provided in a safe way. Records for risks associated with the home environment and people's care and support had not always been completed. People's medicines were not always managed and administered as prescribed following manufacturers and best practice guidance. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we checked and found that the provider had acted to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the provider had met the breach of this regulation.

The communal areas of the home were found to be clean but not always free from any unpleasant lingering odours. There was no recorded management plan in place to address the lingering odours. However, after the inspection the registered manager told us they intended to remove some carpeting and replace this with easy maintenance hard flooring.

Other areas of the home were under a programme of refurbishment. Weekly checks were completed which highlighted when the laundry required actions. Despite this plan, the sink areas were not clean and the washing machine required servicing. The registered manager told us the washing machine was not included as part of weekly checks in this room because there was a service contract in place for its maintenance. The provider was responsive to the concerns we raised. The sinks and washing machine were cleaned by the second day of our inspection when an engineer also attended to service the washing machine.

Risks to people's health and well-being had been assessed and recorded. Assessments included, for example, skin pressure care, behaviours that may challenge, medicines and finance. Associated support plans were in place to mitigate the risks and to help staff deliver safe care and support.

We saw documentation and certificates to show that relevant checks had been carried out on utilities and all lifting equipment including hoists and the service lift. The provider told us they had completed checks on the gas cooker but the engineer had not provided a certificate of compliance for this. The nominated individual confirmed a re-inspection was planned and a certificate of completion would be provided. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order.

The provider had contingency plans in place to ensure people's safety was maintained and service continuity was planned for in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who would need assistance to leave the home, for example in the event of a fire.

People told us they felt safe living at the home and with the staff who supported them. People told us, "I need to live here to keep safe; and yes; I do feel safe." "Staff are very kind they help when I need it and they keep me safe." Systems and processes ensured people were protected from avoidable harm and abuse.

Staff had received safeguarding training and told us what they would do if they had concerns. A staff member said, "I would discuss any concerns with the manager." Another said, "If I had concerns I would report them to the CQC."

Staff had access to a safeguarding policy and procedure that provided further guidance. The registered manager showed us a safeguarding file which included an updated monitoring sheet that logged any concerns and recorded any actions taken.

There were sufficient staff on duty to meet people's individual needs. People told us, "There's usually someone about if I need any help" and, "If I ask for help then staff come." Staff said, "We could always do with more staff; fortunately, we are a good bunch and we all work well together."

The provider completed pre-employment checks that helped to ensure care workers were of suitable character for their role. This included reference checks with previous employers. Because the provider employs staff to carry out a regulated activity role (to provide people with care) they are required to complete checks with the Disclosure and Barring Service (DBS) to ensure staff are not barred from that role. The provider had a record of the DBS checks they had completed. However, processes in place had failed to ensure all DBS records had been checked by the provider in a timely way prior to all staff members commencing their role with people. We spoke with the registered manager about this who told us, "We have identified that not all checks have been as robust as they could have been. Our accounts team have now taken control of this process and we will not commence people's roles until the appropriate checks have been completed. Any outstanding checks will be completed by 31 August (2018)".

People had been assessed to determine how much support they required to ensure they received their medicine safely as prescribed. Staff who had been trained and deemed competent in this role had up to date guidance and followed best practice to meet people's needs. We observed the responsible staff checked the Medication Administration Record (MAR), administered the medication and waited until the person had taken the medicine, assisting where necessary before completing the MAR. There was a system and process in place for the ordering, storage, handling and disposal of medicines and this was in line with best practice. Protocols for administering medicines that were prescribed, 'as and when required' for people were in place. Records were up to date and audits were completed to maintain safe practice.

Is the service effective?

Our findings

At our previous inspection completed in December 2017 we found the provider failed to ensure staff received such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we checked and found that the provider had acted to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 18. This meant the provider had met the breach of this regulation.

People we spoke with told us they received care and support from staff who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "They are a good bunch, very helpful." "I can do a lot on my own still. They (staff) know when I need support."

Staff told us they completed an induction to the home and their role before they commenced independent duties. This induction included information about the service and the people who lived there. The provider told us they had signed up to a new electronic training system which meant all new staff would complete the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support, for staff to adhere to in their daily role. We saw staff had completed training in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care.

We saw staff had completed training in moving and handling of people. This included practical training. We observed staff followed safe practice when assisting people to move around the home. However, checks on staff training had failed to identify that certificates in staff files for moving and handling were reflective of the training completed. The registered manager told us, "They (staff) have all completed the training but the certificates in staff files need updating."

Systems and processes were in place to ensure staff received support and appraisal. This helped them to complete their role in line with the provider's policy and procedure. Staff told us they felt supported in their role and confirmed they received regular supervisions. One staff member said, "We have supervisions which are useful as we can discuss any concerns and we can talk about any training we need to complete."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection, we checked and found the provider was working within the principles of the MCA.

Records confirmed where people had been assessed by the provider as lacking the capacity to consent to specific decisions, and where restrictions were in place, required applications had been made to the local authority for further assessment and approval for DoLS. Where people were unable to consent, paperwork included a record of decisions made in their best interests. The registered manager told us the records were being reviewed and updated to ensure input to the meetings was recorded along with names, signatures and dates as required under the MCA.

Where records indicated people had chosen to appoint individuals as a Lasting Power of Attorney (LPOA); to make certain decisions on their behalf, the provider told us they had completed checks on the paperwork and a record of this was held. This ensured appointed individuals were authorised to make and provide consent to the decisions being asked of them and that this was in the person's best interest. However, reviews of care plans had failed to identify one file that had been signed as consented to by a relative who did not have the required approval in place. We brought this to the attention of the registered manager who was responsive to our concerns and arranged a best interest meeting to confirm the decisions made for this person.

Where people had been identified as having a lack of capacity and had restrictions in place, such as bed safety rails, the provider had applied to the local authority in respect of the deprivation of their liberty. Records confirmed one DoLS had expired and the registered manager was unable to evidence an application they told us they had submitted to have this extended. They submitted a further application during the inspection. People confirmed they were supported to maintain their independence. Comments included, "I am still quite independent and they (staff) encourage me to be."

Do not attempt cardio-pulmonary resuscitation (DNACPR) documents were in people's files we looked at. These recorded decisions regarding the agreement to provide or not provide resuscitation to a person at times of medical emergency. This meant the decisions in place were legal and respected the person's wishes or those made in their best interest.

Previous and current health issues were recorded and healthcare professionals were contacted where further support was needed. We saw evidence recorded of involvement from other health professionals that included people's GP, community nurse, chiropodists and community mental health workers.

People were supported with their nutritional and dietary requirements. The provider had a 'diabetes champion.' This was a member of staff who received additional training in this area and had oversight to ensure people's associated needs were met and that knowledge and best practice was shared with other staff.

Information on any specific dietary needs was recorded in people's care plans and the chef confirmed they discussed people's requirements with them, and offered a choice of food. Where the provider had concerns regarding people's nutritional intake or swallowing we saw they had made referrals to the Speech and Language Therapist (SALT). Associated guidance was available in care plans for staff to follow to ensure people were appropriately supported.

We observed the lunchtime period. Clothes protectors were available for people to use, and where required assistance was provided. People were offered a choice of food and asked if their meal was okay; replies were positive. People were asked if they had finished before plates were removed. The dining room atmosphere was calm, with people chatting with staff and where assistance was provided this was completed with gentle reassurance. Everybody we spoke with made positive comments about the food. One person said, "We have a good choice; I like mince and we have shepherd's pie."

Is the service caring?

Our findings

People told us, and our observations confirmed, they were treated with compassion, dignity and respect and that they were involved in any decisions about their care and support. People assured us that staff had a meaningful relationship with them, that they cared about them, understood their needs and helped them to live fulfilled lives. It was clear there were good relationships between people and staff and they knew each other well. One person said, "The regular staff are really good; there are some new ones and it takes time to get to know them but they are all great."

People were clearly relaxed throughout the day and staff were available to support them when this was required. Where people remained in their rooms they had access to a call bell which they used to alert staff that they required assistance. This was heard during our inspection and responded to in a timely manner.

We observed positive, caring and kind interactions. Staff provided proactive care and support that was responsive to people's individual needs. We observed one person showing repeated signs of distress. Staff were quick to respond to the person and offered them reassurance by taking their hand, sitting in their eye line and speaking softly. This emotional support had immediate impact on the person who was clearly pleased of the reassurance staff provided.

Care plans recorded people's preferences. We saw information included the preferred name people liked to be called and we saw that these were used by staff. Peoples preferences for any particular gender of care worker was discussed and where specified this would be recorded. At the time of the inspection there was nobody living at the home who had a preference and only female staff were employed. The registered manager told us, "We are trying to recruit male care staff as well as female but we don't have many male applicants. If someone preferred a male care worker we would always try to meet that need. We would review the service to make sure we could meet their needs before they moved in."

Staff understood the importance of treating people in a dignified manner and respecting their wishes and preferences. We observed staff knocking on doors to people's rooms and waiting for a response before entering. Where a person was assisted to the bathroom the care worker ensured they were comfortable and then waited outside to allow them privacy before assisting them safely back into the living area. A care worker said, "People can choose when they want to have a bath or wash." One person confirmed, "I can wash myself but have to have help with a bath. They (staff) are all very good; no concerns."

We discussed the Accessible Information Standard (AIS) with the registered manager. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Care plans included information that ensured people were communicated with and received information that was easy to understand. Where people had difficulty with speech or hearing this was recorded and staff confirmed they knew to be patient and speak clearly with those people. Staff were aware of, and encouraged people to wear their spectacles and hearing aids. The registered manager told us they were looking to further improve information to ensure everybody received

this in a format they could understand.

People we spoke with told us family and friends were always made welcome. The registered manager confirmed there were no restrictions on visitors. Information about advocacy support was available around the home. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, can have their voice heard on issues that are important to them.

The provider ensured all records were maintained securely and access was restricted to only staff who needed to know this information, such as people's care records and staff files. This ensured the provider was adhering to the Data Protection Act. Staff confirmed they maintained people's confidentiality and that they did not discuss information with anybody who did not need to know.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their individual needs. One person told us, "I had a fall when I was at home. I need to live here to be supported and because of that I wouldn't choose to live anywhere else." Another person said, "They (staff) help me with things that I can't do for myself; they keep me right."

People's care and support records were centred on the person's individual needs. The provider completed an initial assessment to ensure their needs could be met. Support plans were then formulated and these showed that people had been consulted with. Where people could, they had signed care plans to confirm their input and understanding. Where people were unable to sign records, they were agreed in their best interests. People we spoke with were not always able to confirm they had a care plan in place, however comments included, "They [staff] use the phones to record stuff (information)." and, "Yes I have some records, they (staff) get on with it; no complaints."

Care plans were centred on the individual, detailed records included any specific personal preferences for example, gender choice of care workers, religious, food, sexual preferences and health needs. Staff confirmed they had access to people's records. One staff member said, "Care records are up to date. We have the electronic systems now which I really like because they flag up if we miss something." Since our last inspection the provider had implemented technology to improve the way staff recorded daily living tasks for people. This included any support people received. For example, to eat and drink, to record their weight, to maintain their personal care, or to have their teeth brushed. Staff were required to tick a box which ensured other staff knew the person had received this support. Where a task was overdue the system flagged an alert for all staff to respond to. This ensured all tasks were completed.

Monthly audits were completed by team leaders to verify the information was completed correctly. Although we found monthly audits had failed to identify some paper records had not been updated (the provider updated some of these during the inspection), staff had an up to date record of the care that had been provided and any changes in a person's care needs.

Where people had agreed to discuss their end of life care wishes this was recorded in their care plan. A staff member told us, "We support people according to their wishes. It is always a difficult time when we lose anybody but we always receive good feedback from relatives and make sure people are as comfortable as they can be with the right support in place."

People had been consulted about their interests and this was recorded. People were provided with choices to live fulfilled lives. Two people choose to sit in a quiet room and were observed to enjoy crochet and knitting. Others had accessed the entrance area where they could sit and look across the treelined drive way. One person commented how they enjoyed bird spotting and discussed an array of birds they observed in the surrounding fields. The home had the provision of an activities coordinator for 12 hours a week, spread across Monday, Wednesday and Friday. At other times staff arranged activities. On the afternoon of our inspection, the activities coordinator was playing older music and reminiscing about times gone by.

They clearly knew people well and told us how they had one to one conversations with people who had chosen to remain in their rooms. They said, "I try and speak with everyone; some people aren't bothered but I like to make the effort." A notice board in the home detailed a variety of planned activities for the week ahead. Brief details of involvement and outcomes for people was recorded and evaluated. We saw activities provided included both group and one to one support.

Staff electronically recorded all activities and staff interaction with people. This enabled the provider to ensure people were not left out or socially isolated. Support was also available for people to maintain their appearance, for example, a hairdresser visited the home and staff routinely provided people with hand and nail care. A staff member said, "Everybody likes and has access to the hairdresser."

There was a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service. People we spoke with told us they would be very happy to share their views with the registered manager and staff if they needed to. The provider had a policy in place that provided guidance on how people could raise concerns and how the provider would respond to any complaints. A care worker said, "Some people might not be able to complain but you can usually tell if they are not happy from their facial expression or body language." The provider had an accessible complaints policy and procedure. Where complaints had been received they were recorded and the provider had followed duty of candour by responding with any outcomes.

Is the service well-led?

Our findings

At our previous inspection completed in December 2017, we found the provider had failed to continually check and evaluate their governance and auditing practice. They had failed to ensure systems and processes that were in place to meet with all regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were robustly followed and completed to uphold the required standards of care. The concerns we found were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 Good Governance.

During this inspection we checked and found that the provider had acted to improve practices within the service. These improvements were sufficient to meet the requirements of Regulation 17. This meant the service was no longer in the breach of this regulation. However, further improvements were required at provider level to ensure the actions implemented remained sustainable and that they were evaluated for their effectiveness.

The provider completed and recorded checks that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service. However, the systems and processes required further evaluation and oversight to ensure all actions with outcomes were clearly recorded to mitigate the risks we identified during this inspection. For example, checks were completed on the laundry room. Information from a manager walk around completed on 31 July 2018 recorded 'laundry to be sorted out' with the same action that was completed, as signed on the same day. However, at this inspection we found the laundry sink area was not clean and the washing machine required urgent maintenance. Remedial actions were implemented by the provider because of our feedback.

The acting regional manager provided us with an up to date copy of an action plan that was in place to record maintenance and improvements around the home. However, the action plan was not robustly completed and required improvement and oversight to ensure all actions were clearly recorded with time sensitive outcomes for improvement. Areas of the home that we found required improvement were not always recorded on the action plan. For example, a downstairs hallway carpet and carpet that contained unpleasant odours required replacement, and along with a hole in the wall in a communal area, a recent water leak in one-bedroom ceiling; required maintenance. However, these actions were not recorded. The acting regional manager told us the nominated individual knew what needed doing but that this was not always written down. This meant we were unable to check the actions would be completed. The provider was responsive to our concerns. They implemented some remedial actions during the inspection and discussed how they would update their action plans, with oversight to ensure other concerns were remedied in appropriate time scales.

Audits and reviews of records associated with people's care and support were in place but required oversight to ensure they were effective for their purpose because they had failed to identify and rectify some concerns we found during this inspection. Care plans were reviewed and audited but this process had not always been robustly completed to ensure information was always accurate, and up to date in all formats. Written care plans had not always been updated following the providers guidelines. Where people had been

assessed as having a lack of capacity under the MCA checks had failed to ensure associated best interest decisions accurately documented the background to the outcomes agreed or the individuals involved in the decision process. Checks to ensure where people had signed as consenting on behalf of the person, had the legal authorisation to do so were not effective and an overview of the processes to monitor applications for DoLS had failed to record a renewed application where this had expired.

The provider completed audits of staff files. However, oversight of these checks failed to ensure staff had always been checked against the DBS prior to commencing their duties to ensure they were not barred from providing people with care. Checks had also failed to ensure certificates to evidence practical training in moving and handling completed by staff were representative of the training they had received.

The registered manager implemented actions to address these concerns during the inspection and the provider discussed how systems and processes to check the service would be improved to mitigate these concerns in the future.

There was a registered manager in post who promoted a positive, supportive and inclusive culture within the service. In discussions with us they were very confident of the provider's vision of the type of care they wanted to deliver and the culture they wanted in the service. They told us, "Goole Hall has the potential to provide outstanding care and support and this is something I am striving for." During our inspection the registered manager was regularly seen around the service, stopping to say hello and aiding if people required this.

All the people, staff and visitors we spoke with were positive about the registered manager at the service. Feedback we received included, "They (registered manager) are always approachable and supportive; we have a good team of staff and we all work hard together for the benefit of everybody who lives here." "They (registered manager) and (nominated individual) are often about; they always take time to chat with staff and more importantly the people who live here. They are all very approachable."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.

People told us they were happy living at the home and with the staff who supported them. Comments included, "It's a good home, I wouldn't live anywhere else" and, "If I have to be in a home then this is the place." Another said, "I like it, we have a good group of people on my table at lunch time and we have a chat."

The registered manager and staff team worked in positive partnership with other agencies to support care provision so that people living at the service received effective care. For example, a district nurse was visiting a person during the first day of inspection. There was also clear correspondence and outcomes in people's care records from a variety of healthcare professionals.

People, staff and relatives had been consulted with, and we saw minutes of meetings held. Topics from a recent resident meeting attended by nine people included activities, menus, rooms and décor. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home and the service and to raise any ideas and feedback towards further improvement.