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Holmside Residential Care Home

Inspection report

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Date of inspection visit:
11 June 2018
12 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 and 12 June 2018 and was unannounced. This was the first inspection of this service under the current provider.

Holmside Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to 39 people over two storey accommodation. Nursing care is not provided. At the time of the inspection there were 35 people using the service, including three people who were staying at the home on a short term basis.

The home had a registered manager who had been registered since May 2017. 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 they were safe living at the home and we found safeguarding issues had been dealt with appropriately and referred to the local safeguarding vulnerable adults team. Maintenance of the premises had been undertaken and safety certificates were available. Three window restrictors were missing. These had been removed for maintenance and we were later told they had been replaced. Accidents and incidents were recorded and monitored. However, there was limited evidence to show these issues were looked at in terms of prevention and 'lessons learned.'

A range of checks and risk assessments were in place at the home. At night time there were three staff on duty and the registered manager had assessed how quickly an evacuation to a safe zone in the home could be made. We found these estimates of time to be over optimistic and that risks associated with night time emergencies had not been fully considered. Risks associated with care delivery were not always fully considered and not effectively documented in care plans.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). People and staff members told us there were enough staff on duty at the home during the day. The registered manager used a dependency tool to help determine staffing levels.

Medicines at the home were managed appropriately. Medicines were safely stored and regular checks were made on stock levels and administration. We observed the home was maintained in a clean and tidy manner.

Staff had an understanding of issues related to equality and diversity and what it meant for people using the

service. They told us they had access to a range of training and records confirmed this. They confirmed they had access to regular supervision and an annual appraisal.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found the registered manager had a system in place to monitor and review DoLS applications. People were asked for their consent on a day to day basis. Where this was not possible there was some evidence of best interests decisions being made. Where relatives held lasting power of attorney or had been appointed deputies by the Court of Protection this was recorded in people's file.

People were happy with the quality and range of meals and drinks provided at the home. Special diets were catered for and staff had knowledge of people's individual dietary requirements. People's health and wellbeing was monitored and there was regular access to general practitioners and other specialist health staff. Health professionals told us the home was proactive in monitoring people's health.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated an understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity and were involved in care decisions, where appropriate.

Some care plans had good personal information about the individual and their particular likes and dislikes. Other care records did not always contain sufficient detail to assist staff in meeting people's needs. Care plans did not always reflect the most recent professional advice. Reviews of care and risk assessments were extremely limited and failed to review significant events, such as changes in medication or recent falls.

A range of activities were available at the home and a recently appointed activities co-ordintaor was in post. Some people told us they would like to go out more. The registered manager told us there had been no recent formal complaints and people and relatives told us they had not raised any recent concerns.

The registered manager told us regular checks on people's care and the environment of the home were undertaken. However, audits had failed to identify the issues we noted at this inspection. Audits and check by the provider were of very poor quality. Actions identified had been listed on a plan but timescales for completion were not always evident. Staff and visiting professionals praised the registered manager highly and her running of the home. Staff felt supported by the registered manager, who they said was approachable, responsive and 'firm but fair.' They told us they could raise issues or make suggestions.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Safe care and treatment and Good governance. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks associated with night time evacuations were not always fully considered. There was limited evidence that a full review of accidents and incidents took place. Risks linked to people's care were often not fully reviewed.

The service had appropriate systems in place to deal with safeguarding issues, although did not always demonstrated how lessons had been learned from such events. There were sufficient day staff, appropriately recruited.

Medicines were managed appropriately. The home was clean and tidy.

Is the service effective?

Good

he service was effective.

Records confirmed training was up to date and staff confirmed they received regular supervision and appraisals. People's choices were incorporated into care delivery.

Appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications. People's consent was established in an appropriate manner or the use of best interests decisions was instigated. People's health and wellbeing were appropriately supported.

Kitchen staff had a good understanding of specialist dietary needs and people were supported appropriately with meals. The environment was homely and welcoming. Improvements supported people to be independent.

Is the service caring?

Good

The service was caring.

People, relatives and visiting professionals praised the care and described it as very good. We witnessed good relationships between people and saw staff that were supportive and

compassionate.

Relatives told us they were involved in determining and reviewing people's care needs. There were regular meetings of a home 'committee' where people could input into the running of the home.

People's dignity was supported and their right to privacy respected. People's independence was supported.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect people's changing needs and information in care plans was not always sufficiently detailed. Reviews of care plans and risks associated with care were poorly completed and did not reflected changes or significant recent events.

There were a range of activities available for people, taking place both in the home and in the local community. Activities staff considered the needs of people living with a cognitive impairment.

There had been no recent formal complaints made about the service and people told us they were happy with the care. Where appropriate people had end of life care plans in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

Checks and audits of the home and people's care were not robust and did not reflect the issues found at this inspection. Checks by the provider were extremely limited and poorly recorded.

Staff and visiting professionals talked extremely positively about the support and leadership of the registered manager. Professionals described the home as 'well run.' Staff said they were happy working at the service and there was a good staff team.

Staff meetings had taken place and staff told us they could actively participate in these.

Care Quality Commission

Holmside 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.

This inspection took place on 11 and 12 June 2018. The first day of the inspection was unannounced. The inspection team consisted of one inspector.

Holmside Residential Care Home 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. Nursing care is not provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team and the local authority safeguarding adults team. We used their comments to support our planning of the inspection.

We spoke with six people who used the service to obtain their views on the care and support they received. We also spoke with two relatives and two health professionals, who were visiting the home at the time of the inspection. Additionally, we spoke with the registered manager, deputy manager, three senior care workers, two domestic services workers, the cook, a kitchen assistant and the activities co-ordinator.

We observed care and support being delivered in communal areas and viewed people's individual

accommodation. We reviewed a range of documents and records including; four care records for people who used the service, nine medicine administration records (MARs), four records of staff employed at the home, accidents and incident records, safety documentation, policies, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

During our planning of the inspection we had noted there had been 13 incidents of people falling at the home and nine suffering a significant injury. We looked at how the service dealt with and reacted to accidents and incidents. We saw that where there had been an incident or accident then there was some review of the specific issues relating to the incident. We asked the registered manager if she carried out any overall monitoring of falls at the home. She showed us a monthly review document that listed the number of falls each month and identified any individual who had fallen twice or more in the last month. However, there was no indication that a wider review of falls had been undertaken, looking at possible trends, times of falls or why a person may have fallen on more than one occasion. We looked at the provider's falls policy, which had been reviewed by the registered manager in December 2017. We found this concentrated on the action and steps to be taken to be taken following a fall and did not consider falls prevention or minimising risk. We spoke with the manager about the need to look at lesson learned from incidents and be more proactive in prevention.

Fire drills had been undertaken and a simulated drill undertaken with night staff. The registered manager had completed an exercise to estimate the time it would take to support people to move to the next fire safety zone in the event of a fire. We felt these estimated times were optimistic, with one person, cared for permanently in bed, given an evacuation time of 40 seconds. Other people, who were mobile but elderly were given times of 15 or 20 seconds to move to the next fire zone. The estimations did not take into account some people living at the home were disoriented at times, would perhaps become distressed if the fire alarm went off and would need staff to stay with them to ensure they stayed safe. We noted there were only three staff on duty during the night and the building, which had been substantially extended and remodelled, was spread out, with rooms over two floors. We spoke with the registered manager about this, about the appropriateness of the estimations and staffing on nights and the need to further review risks in these areas. She told they had trialled the times using staff as the people and felt the times were reasonable. She also told us that in the event of an emergency she lived close by and could be at the home to support staff in a matter of minutes.

We looked at how the service monitored and managed risk in relation to care delivery. People's care files contained evidence that people were assessed with regard to risks associated with food intake through the use of Malnutrition Universal Screening Tool (MUST) and Waterlow monitoring with regard to potential skin damage. MUST is a nationally recognised system for monitoring and reviewing people's nutrition intake and any risks associated with nutrition. Waterlow is a pressure ulcer risk assessment/prevention policy tool that is used nationally within the United Kingdom. Whilst these were completed monthly we found other areas regarding risks to people were not always clearly identified and reviewed. For example, we found one person who had both a restricted diet and diabetes. Because of the restricted diet there was a risk the person's blood sugars my drop and become a concern. The care records highlighted this and stated staff should monitor the individual for low blood sugars. However, there was no indication in the care plan what would be deemed a low blood sugar for this person. We spoke with the manager about this. She told us staff were aware of the need to monitor but recognised a figure was not written down. She later showed us new monitoring forms being introduced to the home and told us they now contained information on what was a

low or high blood sugar score and when staff should be concerned.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

Risk assessments were in place with regard to the environment of the home. Safety certificates for areas such as fire safety and lifting equipment, portable appliance testing (PAT) and electrical systems were available. We found three rooms with windows that did not have window restrictors fitted. The manager later wrote to us and told us these had been removed because of maintenance work and later confirmed the restrictors had now been refitted.

People and relatives told us they felt the care delivered by the service was safe. People told us, "Safe? Yes I do feel safe" and "I like it here, I suppose. It is secure." Relatives we spoke with also told us they felt their relations were safe and they had no concerns about the care. Professionals we spoke with told us they did not have any immediate concerns about people's care at the home.

Staff had completed training with regard to safeguarding vulnerable adults and were able to describe the action they would take if they had any concerns. Any potential safeguarding matters had been recorded and referred to the local safeguarding team or the person's care manager for review. We saw appropriate action had been taken to fully investigate any such incidents. We asked the manager about whether they had been any consideration of 'lessons learnt' from recent safeguarding issues. She told us she had not identified any such issues but always fed back to staff the outcome of any safeguarding investigations or meetings, to ensure staff were aware of issues.

People and relatives told us they felt there were enough staff on duty during the day time to support people's needs. Comments from people included, "There seems to be enough staff" and "Oh yes, there seems to be enough staff to me." Another person, who spent time in their room, told us, "I can call them anytime. They come if I need them to and come two at a time, sometimes." One relative told us they could always find staff if they needed to, they told us, "Yes, I've never found it hard to find someone (staff member)." They also told us they were aware night staff carried out regular checks.

At the time of the inspection there were 35 people using the service. The registered manager told us on a normal day shift there would be one senior care worker and four care workers on duty throughout the day. In addition, during the week the registered manager and deputy manager would also be available. The registered manager explained how she linked staff to people's level of need. People's dependency levels were regularly reviewed and these figures translated into the number of care hours required per week. She demonstrated the available weekly hours of staff at the home exceeded the identified hours using the dependency tool. Staff we spoke with told us they felt there were enough staff on duty. Comments from staff included, "I think there are enough staff. There is time to do everything" and "There are enough staff to do everything that needs to be done."

We looked at staff records regarding recent recruitment. We found this was undertaken in a safe and appropriate manner. There was evidence of staff completing an application form, a formal interview process and appropriate checks being undertaken; including Disclosure and Barring Service (DBS) checks and the taking up of two references. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. There was evidence staff had been subject to an induction process prior to working independently at the home.

We looked at how medicines were managed at the home. Medicine administration records (MARs) were well

maintained and there were no gaps in records. Some people living at the home were being supported with controlled drugs. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. We found these were stored safely and detailed records kept of the numbers used and the number remaining in stock. Some people were supported with topical medicines. Topical medicines are those applied to the skin such as creams or lotions. Where this was the case there was a specific record for each prescribed cream and a pictorial indication as to where the medicines should be applied. These records were well maintained and up to date. Training records showed staff had received training with regard to the safe handling of medicines.

People, relatives and visiting professionals told us they felt the home was maintained in a clean and tidy manner. On both days of the inspection there were two domestic staff on duty. They told us they had enough hours to carry out their duties and took pride in maintaining the home. One member of the domestic staff told us, "Yes there are enough hours. Enough to do everything that needs to be done." A staff member told us about their role as infection control champion, ensuring staff adhered to infection control policies and also linking in with the wider health and social care community about infection control issues.

Good

Is the service effective?

Our findings

Professionals we spoke with told us they felt the home met people's need well. Comments from professionals included, "They know the residents really well. They seem to manage their needs well" and "They are very proactive and pick up on things." Care records showed people's care needs and choices were assessed and support delivered in line with these needs. For example, one person, who was partially sighted, was assisted to maintain an environment they were familiar with to ensure they could get around in their room. Another person required support to maintain skin integrity through regular movement and changing of their position. We observed this took place and records showed care was carried out in line with their assessed need.

People living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We spoke with staff about their understanding of equality and diversity. Staff told us they had received training in relations to this issue and had an understanding of the issues regarding this area. One staff member told us, "It is about cultural things. People are like everyone else and you work to treat people all the same." Staff told us they had never encountered any issues when accompanying people out in the community.

Records showed, and staff confirmed they had undertaken a range of recent training. Records indicated there had been good uptake of mandatory training. Mandatory training is that which the provider feels is essential for staff to undertake their duties. The deputy manager told us they were responsible for training monitoring within the home and kept an up to date, hand written list of what training had been completed and when. They told us they were going the transfer this on to an electronic system at some time. We noted a small number of people had completed some area of training a number of years previously. For example, two staff had last completed falls awareness in 2010 and another two staff had undertaken nutritional training in 2012. We spoke with the deputy manager about this and they agreed to arrange updates for these staff. Staff we spoke with told us about recent training they had completed. In particular, they spoke enthusiastically about the 'Dementia Bus' that had visited the home recently. This is an interactive service designed to help staff experience and understand how people living with dementia feel and perceive the world. Staff told us this had been an extremely valuable and enlightening experience.

Staff told us, and records confirmed they had access to regular supervision sessions and an annual appraisal. We looked at recent supervision and appraisal records. We saw staff had been asked to complete a personal review prior to meeting with their manager or supervisor. Records contained reasonable levels of information, although future actions were not always detailed. Staff told us they could raise issues in supervision sessions and that they would be listened to.

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). 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.

A number of people living at the home were subject to orders under DoLS. We saw the registered manager maintained a record of when these orders were granted and carried out further assessment or made applications to renew orders in a timely fashion. We found people were appropriately supported to give consent, or where they were unable to give informed consent then a best interests decision had been undertaken. For example, best interests decisions had been made about people receiving care or the use of sensor equipment. Some relatives held lasting power of attorney (LPA) for their relations or had been appointed legal deputies by the Court of Protection (CoP). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. The CoP can appoint individual's to act on a person's behalf. Where this was the case copies of the legal documents were available in people's care records.

We witnessed staff sought people's consent on a day to day basis. Staff framed questions in a manner that supported people having choices over what they did, meals, drinks and other daily activities.

People were supported to access a range of healthcare and social care appointments. Letters in people's care files indicated they had attended a range of hospital or outpatient appointments. On both days of the inspection health professionals visited the home to offer advice or treatment. A visiting health professional told us, "They make appropriate referrals for advice and any treatment. They call us in at the appropriate time. I've no concerns on that score." One relative told us they had asked the home to arrange foot care for their relation and they were now being seen by a chiropodist on a regular basis.

People told us they were happy with the food and drinks provided at the home. We spent time chatting to people over one lunch time and observed how staff supported people with meals. Comments from people with regard to the food included, "The food was lovely"; "It's alright; it's fine"; "The food is quite nice"; "The food is okay. If you don't like it you can get something else" and "The food is nice; everything is ready to eat. You get a satisfying portion; well I do. It is basic English good cooking – vegetables, fruit and meat." We spent time speaking with kitchen staff who had a good understanding of people's individual needs. Kitchen staff were aware if people liked or disliked particular vegetables or meals and were aware of issues such as soft and pureed diets or special diets, such as vegetarian choices. They told us if people wanted something in particular they would try and accommodate them. On one of the days of the inspection one person asked for chips with their lunch. Although not on the lunch time menu kitchen staff freshly cooked a portion of chips for the individual. In a recent meeting one person had commented on the buffet provided as part of the recent royal wedding celebrations. They had commented the food had been, "Fit for a royal wedding itself."

The registered manager told us the home had been fully refurbished and extended approximately two years ago. There had also been the addition of an orangery area, adjacent to the main lounge, completed within the last six months. People told us they liked the new orangery area and a visiting professional said the area had opened up the lounge area and made it more bright and airy. The lounge and dining areas were all interconnected and there were televisions switched on in three different places, meaning there was limited access to quiet areas. Corridors in the majority of the home were wide and easy to access. Toilets and bathrooms had pictorial signs on the doors to help people identify these areas. Overall the home had a

friendly and homely feel. There was a small courtyard area in the centre of the home and a large garden area around the outside which was presently unused and not secure. Two people we spoke with told us they would like better access to outside. We also noted there were limited resting points in the corridors for people to stop at when walking around the building. We spoke to the registered manager about this. She said one of the plans was to build a sensory garden to improve access to the outside. She noted our comments about stopping points along the corridors and access to a quiet area for some people.

Good

Is the service caring?

Our findings

People and relatives told us they felt the care delivered by the service was very good. Comments from people included, "The girls are fantastic. They are on the go all the time and do everything they possibly can. It's been a really fantastic experience"; "I like living here. I feel settled here now. The staff are good; I'm satisfied with the staff. You get good staff and they look after you"; "I'm quite happy. It is very pleasant and seems okay" and "Oh yes. I quite like it here. I'm happy here for the time being." Relatives told us, "The care is really good, all the girls are very approachable" and "It's very good. The staff are very attentive and always respond to anything we ask for. [Relative] settled really well and seems quite happy." Visiting professionals told us, "There are no problems with this home. They seem to manage people's needs well"; "I have observed them do moving and handling in the sitting room and it is always done safely and appropriately" and "I'm in two or three times a week. I think they are very caring."

We spent time observing care during the inspection. We found staff treated people politely and in a caring, thoughtful and considerate manner. We observed one member of staff, who was stopped by an individual as they were passing. The staff member crouched down to the level of the person and spent several minutes chatting whilst also holding their hand. Following lunch on one of the days of the inspection a member of staff asked a person if they would like to help with the tidying up. The person readily agreed and set about wiping the tables and place mats. The staff member told us the person enjoyed helping and it helped keep them active. We asked the person if they minded helping. They told us, "I like helping. It helps me feel useful and then I know it has been done properly."

Records showed some people were involved in meetings to reviews their care. Relatives we spoke with told us they were involved in care decisions or kept up to date with changes. One relative told us, "I call in at least once a fortnight but if not then they 'phone me up. Anything that needs to be reported they give me a call." They also told us, "There is a review next week and we have been invited." Professionals told us, "Staff will always talk to relatives and service users. Families seem involved in making decisions"; "They know the families quite well; know what they families' views are" and "They know the families' wishes."

The registered manager showed us minutes from 'committee meetings'. These 'committee meetings' comprised a number of people who lived at the home and staff discussing issues related to the running of the home and also acted as an information sharing forum. We saw there had been two recent such meetings with 11 people living at the home attending on each occasion. The meeting had discussed the range of activities people wished to see developed, both internal to the home and with regard to trips out. The meeting also discussed furnishing the new orangery. The meeting had also requested ice lollies and ice creams be made available to people as part of a discussion about meals at the home. During the inspection we saw two people were offered an ice cream cone after their meal. A further suggestion had been made by a relative of having staff picture on display for people to be able to recognise staff. We saw this had been done, although the display was quite small and had not been placed in a prominent or easily visible part of the lounge area. Staff also asked people who attended the meeting if they had any complaints or safety concerns. The registered manager told us relatives were able to come along to these meetings but did so infrequently. Relatives we spoke with told us they could speak with the registered manager or staff at any

time, either directly or on the telephone.

Some copies of service questionnaires, sent out in May 2018 were available. The registered manager told us these returns were a mixture of forms filled in by people themselves, relatives and staff recording people's responses. There were six completed questionnaires available to view. The majority of responses were extremely positive about the home and the care delivered. Three people had highlighted they would like to go out more. Four people had responded by saying they did not always feel staff listened to them. We spoke with the registered manager about this. She told us people were sometimes confused and forgot when staff spoke with them. She also told us staff had been on communication training to try and improve their interaction skills. Staff we spoke with confirmed they had completed this training and explained how they had changed the way the communicated with people.

People and their relatives told us their dignity, privacy and independence was supported by staff at the home. We spent time observing how people were cared for during the inspection and noted that where staff supported people with personal care in their rooms, or in bathing areas, then doors were always closed. One relative told us, "Whenever I come, [relative] always looks clean and tidy."

During our inspection one person living at the home sadly passed away. We were informed of this by the registered manager. However, the matter was dealt with in such a private and dignified manner that, had we not been told by the registered manager, we would not have been aware this person's final wishes were being supported.

People were supported to maintain their independence. They told us they were supported to go out and visit their relatives or attend events. Staff told us about one person who was supported to attend church when they wished and another person they accompanied to visit a relative in another care home.

Requires Improvement

Is the service responsive?

Our findings

During the inspection we looked at people's care plans and the information they contained with regard to the support they required. We found the actions care staff were required to undertake to deliver appropriate care were not always detailed.

For example, in one person's care plan it indicated they could become extremely distressed during the provision of personal care and that they could shout and possibly hit out at staff. Instructions for staff indicated they should; 'be aware of the problem', 'provide personal care within limitations to avoid distress' and 'if objective (sic) to return and try again.' There was no other detail about how staff should positively support the person if they became distressed and no indication additional advice or support had been sought around assisting the individual at these distressing times. In another care plan, a person, who could not always communicate directly, was described as requiring regular pain relief. Staff actions highlighted included; 'staff to be aware of the problem' and 'ensure pain is managed.' There was no information in the plan about how staff should recognise when the person was in pain. Another person was described as occasionally suffering with hallucinations. The care records did not detail how staff should respond to the person when they experienced these distressing episodes and the care plan only stated staff should 'reassure' the person. In a fourth plan, one person was required to be supported through the addition of thickener to any drinks they had. Whilst this information was indicated on the person's medicine records, and staff were aware of when thickener should be used, there was no indication of the care plan of how much thickener should be used in the person's nutritional care plan.

Care plans and risk assessment documents were reviewed monthly. We found these reviews were extremely limited and did not always reflect events that had occurred during the previous month. For example, we noted from falls records one person had suffered more than one fall in three of the last six months. We looked at this person's falls risk assessment and care plan. Reviews of risk and care made no mention of the increased number of falls and stated the plan remained appropriate. In another person's care plan we saw their pain relief care had been reviewed in March 2018 by their GP, because of an increase in pain. The GP had temporarily revised their medication for a trial period. Reviews of care for both March and April 2018 stated 'no change' to care and support. The majority of care reviews we viewed contained limited statements such as; 'no change'; 'meets needs' or 'care plan remains appropriate', even when a significant event or change in care needs had occurred.

We also noted several care plans, for varying needs, were stored together at the rear of the care file in a section of the care file titled 'Care Plans.' These care plans were often diverse and related to disparate issues such as 'falls', 'personal care', 'agitation' or 'low mood.' We saw these unrelated plans were reviewed monthly as a single item and again were frequently indicated as 'no change' or 'meets need.' In one person's file two new care plans had recently been added to this section. The monthly review made no mention of these additional care plans and the change in the person's care needs. Other monthly reviews contained no information as to how an individual had presented in the previous month, whether there had been any change, deterioration or improvement in their condition.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

Following the inspection the registered manager wrote to us stating that some of the care plans may have lacked detail, but this had been because staffing issues were being dealt with as a priority and it had not always been possible to fully review plans. She told us staff at the home had a good knowledge of people living at the home.

We spoke with staff about their understanding of people's various care needs. Staff were able to tell us detail about the people we discussed with them, some of their background and their particular likes or preferences. Staff told us they felt care records contained enough information for them to undertake their jobs and to support people effectively.

People's care records contained evidence of an assessment of need prior to them coming to live at the home. Records also contained sections about people's history, background, family and other information about them as an individual.

We spoke with the registered manager with regard to using technology to support people who lived at the home. She told us that as part of the refurbishment the provider had installed automatic lights in the rooms and corridors. These were activated by motion and would come on when they detected someone in the area. This meant people, who may at times be disoriented, did not have to search for a light switch and the corridors would also was be lit, without leaving lights on. As we walked around the home we found the lighting system worked well.

People, relatives and professionals we spoke with told us they felt the service was responsive to their needs. One person told us, "Staff listen to me." One relative, whose relation preferred to spend time in their room, told us, "They are okay with bringing food up here. [Relative] can have breakfast in bed if they require it." Professionals we spoke with told us, "Normally if they call us they have already done things like temperature checks and if they think they may have a UTI (urine infection) they will try and get a sample for us to test"; "I do lots of reviews and they are generally well prepared for those"; "If I ask for a weight they can always put their hands on it" and "They are always prepared and know residents really well. They always have a full range of information to hand."

People we spoke with told us there were a range of activities at the home. Comments from people included, "We go out to places and have games" and "There is always plenty of entertainment – people to speak with and things to do." We asked one person what sort of activities took place at the home and whether they played Bingo. They told us, "That's the one thing we don't play enough of!" One person, who liked to spend time in their room, told us there were activities at the home but they preferred not to join in. They said, "I like to keep my own company, but they do keep an eye on me." We spoke to the home's activities co-ordinator, who had only recently moved from a caring role into the activities post. They told us, "There is nothing worse than seeing them sat down doing nothing." They described a range of activities she supported people with including board games, exercises and knitting. They said people also went out in taxis to local 'Mind Active' events. On the second day of the inspection we witnessed the co-ordinator doing chair exercises with people in one of the lounge areas. They tried to encourage people to do as much as they could and there was a good deal of laughter and banter between people during the event.

We asked the co-coordinator about how they supported people who could not join in such events or who were perhaps confused. They talked about spending individual time with people talking with them and told us they would offer things like hand massage to people who were cared for in bed. They also told us they

had moved sensory lighting equipment into the rooms of these people to provide some additional stimulation and interest. One person told us staff would often, "Come with a cup of coffee and a chat."

People told us their friends and relatives could pop in and see them at any time. During the inspection we saw a number of relatives in and out of the home, visiting people. People told us, "My relatives and friends often come and visit"; "I also get family and friends coming to visit. Plenty of people come in here visiting" and "My relatives are coming to visit me tomorrow." Staff told us some people went out with relatives for family meals or to attend events.

The registered manager told us there had been no recent formal complaints. The last recorded complaint was from June 2017 when a concern had been raised around the serving of meals. This had been dealt with appropriately. People and relatives told us they had not made any recent complaints. Comments included, "Oh I'll never complain. Things that happen are just normal. Nothing would make it better here"; "I've no complaints. I'm quite happy here" and "I've no complaints. Nothing would make it better." A relative told us, "Any issues and they will help us if they can. I've no complaints at all and am reasonably happy with the care."

Where appropriate, people had information in their care files about their end of life wishes. Visiting professionals told us they had worked extensively with the home in developing and reviewing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions and Emergency Health Care Plans (EHCP). Professional told us, "We've quite a few EHCP in here. Staff know the families wishes" and "We've done lots of EHCP and DNACPR reviews. Staff work with me and talk to relatives and service users."

Requires Improvement

Is the service well-led?

Our findings

This was the services first inspection under the current provider. The provider details had changes in May 2017 when a new partnership had registered to run the home. The home had a registered manager who had been registered with the Commission since May 2017, when the new provider took over. The same individual had also been the registered manager for the service under the previously registered providers.

There had been a number of audits and checks undertaken on the environment of the home and the care delivery. These included an infection control audit, recruitment audit, health and safety audit and a medicines audit.

Following the inspection the registered manager sent us further copies of checks and audit documents undertaken at the home. These included handover documents, nurse call checks, personal care check lists and care chart checks. We noted these examples were generally well completed.

We saw there had also been audits on individual care plans and a records audit. We noted the care plan audit had highlighted a number of issues around missing information and the majority of these had been addressed. However, this audit had failed to identify that care plans did not contain sufficient detailed information with regard to people's care needs and the action staff needed to take to support them. The records audit stated risk assessments had been checked, but had failed to identify that risks linked to care delivery were not always fully and appropriately reviewed. We noted the provider carried out an annual audit of the home, the last one being in November 2017. We found this audit was extremely limited and predominantly contained a check list, which had been answered as 'OK'. There was very limited evidence that any detailed review or checks had taken place, or the views of relatives of people who used the service had been considered.

The registered manager maintained a list of actions taken, but this in the main was a list of events or items recently achieved. There was limited evidence, from audits, of action plans being developed, with timescales, and limited evidence these issues had been followed up to ensure responses were of appropriate quality.

This meant quality audits were not undertaken robustly and where checks had taken place action was not always taken to address the issues identified.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Staff and visiting professionals were extremely positive about the role of the registered manager at the home, the support she offered and the direction she was taking the home. Comments from staff included, "[Registered manager] is the best. She has talked me right through everything. She is approachable and a very good manager"; "[Registered manager] is lovely. She is open to any suggestion regarding improvements"; [Registered manager] is brilliant. She has helped me through everything. She has taught me

all about care. She is really supportive and I can talk to her about anything"; "She is a good manager; otherwise I wouldn't have been here that long. You can go to her with any issues. She can be friendly, but if something is not done she will tell you"; "[Registered manager] is brilliant. I feel you can talk to her about anything; everything is confidential. If she needs to pull you up sometimes, she will do it discretely. She is firm but fair"; "[Registered manager] is a good manager. She treats you with respect and is always there for us" and "She is lovely. You can go to her with any problems and she will sort it out for you. If you need anything she will always get it. Any equipment and she gets it straight away."

Professionals we spoke with told us, "The manager is very good. She knows the residents inside out. She is always able to give you information." and "This is a good, nice and well organised home. It is well managed and the manager is always very appropriate. Of all the homes I work with this is one of the best. She seems to run a very tight ship. Any concerns and she will follow things through."

Staff told us they enjoyed working at the home and that there was a good staff team. They said they liked their work and supporting the people who live there. Comments from staff include, "I love it. I've been here a few months, but wish I had done it sooner, the staff are lovely and the residents are lovely. Everyone is different"; "I like working here overall. I want to do what they want to do and try and organise that. That would make my job satisfying"; "It's brilliant, a good staff team; a great team. I love my job and helping others"; "It's quite a happy place. I get satisfaction from seeing the place clean and tidy. I take pride in it"; "I love it. I like giving support. The residents are delightful. Everything I do I really enjoy it" and "I try to do my best for all the residents."

Staff told us there were staff meeting and we saw records of these. We saw there had been meetings for both day and night staff and a separate senior staff meeting. Staff meetings had looked at general administration issues and also followed up on care issues, such as ensuring night staff followed a detailed behaviour plan for one person. Staff were also offered the opportunity to raise any concerns or complaint type issues in the meetings. Staff we spoke with told us they were able to raise any matter in the meetings and they would be addressed or discussed.

With the exception of the issues already highlighted we found daily records were generally well completed and up to date. There were up to date records for food and fluid intake, positional change and application of creams and lotions. Daily records regarding people contained good detail about their activities or presentation.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do.

Although the home had only been formally registered by the current provider for a year and no quality rating was available for the home, the registered manager maintained copies of previous inspection reports in the foyer area for people and visitors to access.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatments was not always provided following appropriate assessments of risk and action being taken to mitigate any such risks. Regulation 12. (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always followed to assess, monitor and improve the quality or the service or mitigate risk. Regulation 17. (1)(2)(a)(b).