

S K Care Homes Ltd

Holmfield Court

Inspection report

58 Devonshire Avenue
Roundhay
Leeds
West Yorkshire
LS8 1AY

Tel: 01132664610






Date of inspection visit:
01 October 2018
18 October 2018

Date of publication:
15 January 2019

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?	Inadequate 

Summary of findings

Overall summary

This inspection took place on 1 and 18 October 2018 and was unannounced. At the time of our inspection, there were 18 people receiving residential care at the service.

At the last inspection in July 2017, we identified two breaches of regulation. These were regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment. This was because robust systems were not in place regarding medicines management, safety procedures and the environment. The second breach related to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance. This was because the provider had failed to assess, monitor and improve the quality and safety of the service.

We asked the provider to complete an action plan to show what they would do and by when to improve the key question; 'Is the service safe?' and 'Is the service well led?' to a rating of at least good. At this inspection, we saw some areas of improvement. However, the service remained in breach of regulation 17 and we identified three further breaches of regulation.

Holmfild Court 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.

Holmfild Court is situated in the Roundhay area of Leeds, within walking distance of shops and local amenities and close to a main transport system into the city centre. The service is registered to provide accommodation for up to 25 people. It specialises in providing accommodation and care to older people, some of whom are living with dementia.

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

The governance of the service was not robust and had not ensured the necessary improvements at the service. The quality monitoring systems in place had not identified the concerns we found.

The service was not clean. Cleaning schedules were in place but these did not cover all areas of the service. This meant areas missed included furniture, carpets, clothing and bedding. There were no cleaning schedules in place for people's mobility equipment. Poor standards of cleanliness at the service were not identified by the management team.

Some of the issues relating to cleanliness also impacted on people's dignity. This included clothing which was heavy soiled which was found in one person's bedroom. Used continence pads were not always

removed in a timely manner and there were malodours linked to the age of some of the furniture in the home.

People who required support with their food and fluid intake were not always supported in a consistent and effective manner. Staff did not always complete documents regarding people's nutritional and hydrations needs. We saw the mealtime experience for people was chaotic and disorganised. The registered manager told us this aspect of the service was not monitored.

The provider had failed to ensure staff had proper guidance within care plans and risk assessments on how to meet people's needs. Care records and risk assessments were not always updated following a change in people's needs.

All of the people using the service had a diagnosis of dementia. The provider could not demonstrate that they had utilised available best practice guidance to ensure the best care outcomes for people. The premises of the service had not been adapted to meet the needs of people living with dementia.

Activity staff and care staff had not completed training on how to plan and facilitate activities for people living with dementia. We have made a recommendation about this.

People's medicines were administered safely. Topical creams were not always stored at the recommended temperature. We spoke with the registered manager who told us they would take action to address this.

People who used the service were asked for their views and opinions on the service.

Care staff did not demonstrate a working knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. We have made a recommendation about this.

Staff were recruited safely and received appropriate support. Inductions were completed before staff started work and training was refreshed annually.

People accessed advocacy services and were supported to practice their religious beliefs. People and their relatives were complimentary about the service and said they would recommend it.

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.

The service was not clean. The monitoring systems in place were not robust and cleaning schedules did not include equipment used to assist people.

Topical medication was not stored appropriately.

Recruitment records showed a robust recruitment process.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's nutritional and hydration needs were not always met by the service.

The provider did not have regard to best practice or national guidance regarding achieving the best outcomes in dementia care.

Improvements were needed to the provision of MCA and DoLS training for staff.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People did not live in a clean environment. The provider did not have respect for people's personal belongings.

People's dignity was not always respected by staff.

Relatives told us they had been involved in the care planning process.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Records had not been fully completed and did not always

include people's current care needs.

The provider had not ensured activities were based on best practice guidance for people living with dementia.

There was a procedure in place for managing complaints. People and relatives knew how to raise concerns or make a complaint.

Is the service well-led?

The service was not well led.

The governance systems in place had not enabled the provider to make the necessary improvements to the service.

Quality assurance checks in place had not identified areas of concern that we found.

Maintenance and cleanliness issues had not been identified by the provider.

Inadequate ●

Holmfield Court

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 checked 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 1 and 18 October 2018 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider. A notification is information about important events which the service is required to send us by law. We spoke with the local authority commissioning and safeguarding teams. We contacted one healthcare professional for feedback on the service but did not get a response.

We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two members of staff who provided people with care and support and the activity coordinator. We also spoke with the registered manager, the deputy manager, the cook and domestic staff.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing people's medicines and recording accidents and incidents. We reviewed five staff's recruitment, induction, supervision and appraisal records, as well as training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in July 2017, we found the provider had failed to ensure the environment was kept safe and that systems for dealing with emergencies were sufficiently robust. We contacted the fire service following our visit and the provider worked closely with them to ensure the service met the legal requirements. We also found the management of medicines was not sufficiently robust.

At this inspection, the provider had made the necessary improvements. We found there were systems in place to ensure the safety of the premises, including regular servicing of equipment. Up to date certificates were available for electric portable appliance testing, gas safety, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. Risks associated with moving people in the event of an emergency in the home had been assessed. Personal Emergency Evacuation Plans (PEEPs) were in place which provided information for staff to follow on how people should be supported to evacuate in the event of an emergency. A robust business continuity plan was in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Medicines were managed safely but those which required storage at a maximum of 25 degrees centigrade were not always appropriately stored. We found these located in people's bedrooms and bathrooms.

The care staff who administered medicines had received training and had been assessed to be competent to complete this task. There was written information about the medicines each person had been prescribed to receive and records showed that these had been administered in the right way. We also saw care staff correctly giving the medicines at the right times. When medicines were no longer needed they had promptly been returned to the pharmacy. We observed that people's consent was sought when medicines were administered. People who were prescribed medicines on an 'as required' (PRN) basis had protocols in place. These provided staff with guidance as to under what circumstances they should administer these medicines. One person told us, "If I have a headache I only have to ask the staff and they get me pain relief."

We found areas of the service, including carpets, furniture, equipment used to assist people and their belongings were not clean. Cleaning schedules were in place at the service however, these were not robust and did not include all areas. For example, wheelchairs and pressure mats were found to be dirty and no one was responsible for cleaning these items. Carpets were not cleaned on a planned, regular basis and upholstered chairs were found wet, stained and had debris under the seat cushions. The arms of chairs were stained and had food encrusted on them. The manager of the service told us both themselves and the deputy manager checked the cleanliness of the service on a daily basis. There were no records to evidence this and they were not aware of the issues we identified.

Many areas of the service required maintenance and had not been identified by the provider. These included, pull cords for people to summon assistance in bathrooms and toilets were not always long enough, toilet paper rolls were stored on window sills out of the reach of people, wooden casing around pipework was water damaged, a floor strip between two rooms was short and the carpet beneath was frayed which may be a trip hazard, ventilation units were covered in dust, radiator covers were broken and

had paint that had chipped away.

This demonstrated a breach of Regulation 15 Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. These covered areas such as mobility, falls and medication.

The service had an incident and accident reporting policy. However, this did not contain appropriate guidance for staff on the action to take following an accident or incident. We raised this with the registered manager on the first day of our inspection. In response, the provider introduced a protocol for staff to follow. We looked at the records of accidents and incidents and found these were appropriately recorded. Despite the registered manager monitoring for themes or patterns, we did not see that this was used to help prevent future risk.

People and their relatives told us they felt the service was safe. Comments from people included, "I feel safe here"; "There is always someone around to help" and "I feel very safe here there seems to be plenty of staff." Relatives told us, "I feel sure that the service is safe. The staff and manager are always quick to inform me of anything I need to know" and "The staff know my relative well. I am sure they are safe."

There were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who used the service on how they could both report and escalate concerns. Staff understood the different types of abuse and their responsibility to report any safeguarding concerns. They told us they had received safeguarding training and felt confident in raising concerns with a senior member of staff. Staff also knew that they could contact the local authority safeguarding team, as well as the Care Quality Commission. Comments from staff included, "I would always go straight to the management. We would never put up with anything abusive here, the staff all care too much about people" and "I would trust the manager to take action if we reported anything to them."

People we spoke with told us they felt staffing levels were generally good. People told us staff responded promptly. They also told us they received care when they needed and did not have to wait long for care. Comments included, "There seems to be plenty of staff, always plenty around" and "There is never not a staff around if I need them." Both relatives told us they thought there were enough staff on duty whenever they had visited the service.

We checked to see if there were sufficient numbers of staff employed at the home. We viewed four weeks of staff duty rotas, including the previous two weeks before our inspection. We saw staffing levels indicated on the record matched the number of staff who were working during our inspection. The provider had a dependency tool in place which we looked at and it showed the service's current staffing levels were above what was recommended to meet people's needs. The registered manager told us both they and the deputy manager provided on call cover to the service to ensure staff were supported. They could also be flexible and increase staffing when or if people's needs changed.

Safe recruitment and selection processes were in place. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Is the service effective?

Our findings

The service did not ensure people's nutritional and hydration needs were met. The registered manager told us all people who used the service had a diagnosis of dementia. This meant some people required support with eating and drinking. We observed staff supporting people at lunchtime on the first day of our inspection. We found it to be disorganised and chaotic, and not a pleasant experience for people. People with dementia were not offered appropriate support from staff to choose their meal when they had forgotten what they had ordered earlier. Staff could have supported people better by showing people what the options were. However, they did not do this and people appeared confused and became irritated when questioned by staff.

People were not always supported to eat in different areas of the service. We saw and heard staff telling people to go to the dining room. Despite some resistance and one person's request not to, staff assisted everyone to the dining room. One person did not want to enter the dining room and their requests for assistance to be taken for a lie down were ignored by staff. The dining room was small and not set out in a way that enabled people to move about freely. The person who asked to leave required staff to use equipment to support them and we saw this was a difficult task given the limited space available.

We reviewed records relating to the monitoring of people's food and fluid intake which were completed by staff. These showed that staff did not have guidance as to how much fluid people should have on a daily basis. Staff had also failed to total the amount the person had drank. This meant it was not possible to assess whether the person had their needs met. Following the inspection, the registered manager sent us a 'resident's requirements' document regarding people's dietary needs.

Records we reviewed showed three people had lost weight over a four-month period. The service involved health care professionals but the advice was not always followed. For example, care plans stated people should be weighed weekly but records showed this was not always done. Care plans stated, 'encourage eating and drinking' but we were unable to clarify with any of the staff how they ensured this was carried out. We spoke with the one of the cooks who told us the service did not offer finger foods for people who were unable to sit and eat a meal in the dining room.

The registered manager confirmed that the service had not paid regard to best practice or national guidance on how best to support people with dementia at mealtimes. For example, the tables were not set with contrasting crockery and there were no pictorial aids included on menus to help people see what meal options were available. One person told us they did not know what they were going to eat. The registered manager told us they completed competency audits of staff performance during mealtimes, but did not monitor or review the mealtime experience. They were therefore unaware of the concerns we identified. Following the first day of our inspection, the registered manager told us they had designed a mealtime audit for the service which they planned to use with immediate effect. Dementia friendly crockery and table cloths were also in place for the second day of our inspection.

This demonstrated a breach of Regulation 14 Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us all of the people who used the service had a diagnosis of dementia. This meant their needs may be complex and staff would need to have appropriate knowledge and skills to support people. All staff, including the management team had completed awareness level training. Staff we spoke with could not give us any examples of how the training enabled them to specifically support people with dementia. We asked about the use of national and/or best practice guidance to inform people's care at the service. We were told by the registered manager that this had not been considered.

This shortfall in the service was also repeated in relation to the lack of adaptation and design of the premises. Some signage for toilets and bathrooms was in place but the service had not considered the use of guidance when designing the accommodation for people. For example, there were no areas of interest for people, access to outside space was restricted and activities were not planned or delivered by staff who had completed appropriate dementia training. This meant the provider could not assure themselves that they were meeting effective care outcomes for people. Following the first day of our inspection, items to carry out activities were made available for people in the conservatory area of the service.

Staff completed training in a range of subjects such as fire safety, first aid, infection control and manual handling. All staff had completed an annual refresher and told us the provider training package was thorough and applicable to their roles. Staff told us and records confirmed that they had received three monthly supervision with either the registered manager or the deputy manager. Staff also told us they had annual appraisals of their work. Minutes from staff meetings were reviewed. We saw they showed that a range of topics were discussed and staff had opportunity to share their views and opinions. Staff we spoke with told us they felt supported by the management team at the service.

Staff told us they completed an induction before they started work at the service. This included attending training and shadowing more experience staff. This allowed them to get to know people who used the service and understand the practical aspects of their role. The registered manager told us they met with staff throughout their induction to check their competency and support them. Staff we spoke with confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support. Applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept. People's records showed that where specific decisions needed to be made, for example in relation to medicines or restrictive practice, a mental capacity assessment was completed along with a 'best interest' meeting. Staff we spoke with demonstrated a limited understanding of MCA. They said they always asked people before giving any care and would report any refusals to the registered manager. They explained that some aspects of people's care were delivered in line with their best interests. They did not know what DoLS were and under what circumstances these would be required.

We recommend the provider reviews the provision of training for staff related to dementia care, the MCA and DoLS.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with their GP, dietician, speech and language therapists, dentist and opticians.

Is the service caring?

Our findings

People's dignity was not respected because they did not have a clean environment to live in. This included people's belongings such as furniture they had brought with them when they moved into the service. In one person's bedroom, we found a foot stool and armchair which were dirty and badly stained. When we lifted the cushion on the chair it was very dirty underneath. It was clear this had not been cleaned. One person's bedroom had a strong malodour. We checked the person's mattress and found it to be the cause. The person required assistance with their continence needs but the service had not provided a suitable mattress for them.

One person was upset and needed staff support with their continence needs. In the absence of staff, one of the inspectors assisted the person to their room and made staff aware of the person's needs. However, the staff member proceeded to say that they had to return the person's lunch tray to the kitchen before they could assist the person. We reported this to the registered manager who told us they would speak to the staff member about this.

We spent time observing the care provided by staff. Staff spoke politely and caringly towards people, however we found that interactions were often task orientated and there were missed opportunities by staff to engage with people.

During our inspection we saw that the general appearance of several people who were unkempt, including clothes that were stained. On the first day of our inspection we noted that one person had food remnants down their jumper and staff had not assisted them to change their top or clean this. On the second day we spoke with another person who we saw had long, dirty finger nails. The deputy manager told us they checked everyone's finger nails on a daily basis. We asked that the person be assisted by staff with this. These issues did not demonstrate a respectful approach to people's dignity by staff or the provider.

This demonstrated a breach of regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they had been involved in their relative's care planning. One relative told us they had been really impressed with the level of detail the registered manager had included about the management of their relative's behaviour at times when they were distressed. They said this assured them that the service could meet the needs of their relative. Another relative told us the level of communication they received from the service was very good and any changes or incidents were reported to them in a timely manner.

Staff and people's relatives told us they would recommend the service to people. One staff member told us, "Yes I would recommend the service. I think it's a lovely home and people seem very happy here." A relative told us, "I looked for a long time for somewhere that my relative would be able to call home. It's not home, but it's the next best thing for them." The service had received thank you cards and letters containing compliments on the level of care provided to family members. Comments included, "Words cannot convey how grateful we are for the care and love our relative received" and "Thank you so much for making my

relative's last year so good."

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this.

People had access to advocacy services. The registered manager confirmed that two people currently accessed local advocacy services. Advocacy services represent people where there is no one independent, such as a family member or friend, to represent them and their views.

Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Personal and confidential information relating to people who used the service was kept secure. This included hard copy files being stored securely in lockable cupboards and information held electronically was password protected with only relevant people having authorisation.

Is the service responsive?

Our findings

People had their needs assessed before they started using the service. However, we found areas of assessment documentation which had not been completed. These included respiration/breathing, chiropody care, awareness of personal safety and risks. This meant records did not always clearly show what people's needs were.

We saw care plans and risk assessments had been developed in line with people's needs. However, we saw examples of where care plans and risk assessments had not been updated when people's needs changed. For example, where one person had three falls in the last month, the service had failed to update the care records to reflect the current increased level of risk. We discussed these issues with the registered manager who said they would ensure people's records were up to date.

All people had a nutritional needs care plan which had been written to guide staff on how to support the person. However, for people who required support and were at risk of losing weight, the care plans did not always provide staff with guidance on how best to support the person. For example, in one person's care plan there was no guidance for staff on how to support the person when they refused to sit in the dining room, or left the dining room which meant leaving their meal. We saw this happened for a number of people on the first day of our visit and staff did not engage with the person, or offer them alternatives to ensure they had enough to eat.

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

The provider employed a dedicated activity coordinator who had developed an activity plan for the service. The registered manager told us that the activity coordinator had not completed any training in relation to planning and facilitating activities for people who were living with dementia. We saw the plan in place offered a regular schedule of activities. However, we were concerned that without a clear understanding of what was meaningful to people using the service, there was a risk that people's social needs may not be met.

When we arrived at the service we saw seven people were seated in the main lounge area. Four people were asleep in armchairs and no staff were present. When we returned to the lounge an hour later, people were sat in the same seats and no staff were present. The TV was on but people did not have anything to occupy them. We saw that people remained in the same chairs until staff said it was lunch time. The activity staff member was not on duty, and in their absence, staff did not ensure people were engaged in any form of meaningful activity. The service had planned entertainment for later in the day.

We recommend the provider reviews the provision of activities at the service to ensure it is based on available guidance for people living with dementia. This includes ensuring staff have the skills to plan and facilitate activities which are meaningful to people.

At the time of our visit, the service was not supporting any person with end of life care. The registered manager told us that they would liaise with appropriate health care professionals to ensure people's needs were met should they require this level of care at the service.

Technology and equipment was sourced to assist staff to support people with physical needs. These included hoisting equipment and sensor equipment to alert staff to people's movements. No one at the service used communication aids and the registered manager confirmed people's communication needs had been assessed.

The provider understood the requirements of the Accessible Information Standard (AIS) and had implemented this at the service. The AIS requires publicly funded bodies to ensure their information is provided in accessible formats for people who may require this. People had their communication needs assessed and included in care plans, which staff were aware of and followed.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. People and their relatives told us they knew how to complain. One person told us, "I have no complaints, I like it here." Relatives said they could raise concerns with the registered manager and were confident they would be responded to.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. A policy was available to guide staff which reflected the protected characteristics exploring people's religion or beliefs, race and sexual orientation and the implications for care practice. It guided staff on action to take when planning and delivering care and support. This helped to promote people's human rights.

Is the service well-led?

Our findings

At this inspection we found that despite concerns raised at our previous inspections, and the action plan we received from the provider, no significant improvements to the overall provision of the service had been made or sustained.

Both the registered manager and the deputy manager told us they had not completed training regarding completing some aspects of their role. This impacted on their ability to properly assess and monitor areas of the service they were responsible for. For example, carrying out health and safety checks, having an oversight of the cleanliness and maintenance of the premises and equipment which was used to assist people.

We spoke with the deputy manager who told us they held regular meetings with domestic staff. However, they had not reviewed the accuracy of completion of the cleaning schedules. They also said they checked the cleanliness of the premises on a daily basis. However, there were no records to show what their findings were. The management team had not identified the areas of the service which we found to be unclean and requiring maintenance works.

On the first day of the inspection, we found a used incontinence aid in a private bathroom area and although we highlighted this to the registered manager on the first day of inspection, when we returned 17 days later this had not been removed. Audits were carried out on mattresses but these did not always highlight where these were in need of cleaning or replacement as we identified at our inspection

We reviewed records of monthly provider visits to the service dated June, August and September 2018. We saw that for all three visits, reference in the reports to the cleanliness at the service was an action for the management team and all staff to 'Maintain tidiness/Cleanliness of home' with the expected and actual completion date as 'ongoing'. These reports showed that concerns we found had not previously been identified via the providers quality monitoring systems.

The registered manager monitored accidents and incidents which had occurred at the service. These were included on the quality monitoring visits carried out by the provider. However, we found no evidence to show that actions had been taken in response to trends and themes being identified. This meant the provider's quality monitoring systems in place were not sufficient.

The provider had failed to have regard for best practice and national guidance on dementia care. The registered manager had not completed any additional training in dementia care. This meant the provider had failed to ensure the registered manager had the knowledge and skills to lead the staff team in the provision of high quality, dementia care.

This shortfall in the service was also repeated in relation to the lack of adaptation and design of the premises. This meant the provider could not assure themselves that they were achieving the best possible outcomes for people who used the service.

The provider had failed to ensure that records relating to people's care needs were up to date and reflected people's current care needs. Care plans and risk assessments had not been regularly updated and reviewed.

We reviewed the results from surveys carried out in April 2018 by the provider. Comments from relatives and stakeholders were positive but some feedback was received about the layout of the lounge making people's movements difficult and some parts of the service being dated and requiring work. We did not see any evidence which showed how the provider had responded to the issues raised.

This demonstrated the management systems at Holmfield Court were inadequate and the service remains in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Residents meetings were held on a monthly basis. This allowed people to share their views and opinions on the running of the service. Staff were asked for their views and opinions on the service in April 2018. A total of eight out of 23 staff responded to the survey. Staff reported that overall, they were happy with their job and that the service was a really good place to work.

Staff told us the registered manager was a kind, caring and approachable person and they felt supported. One staff member said, "She (the registered manager) is such a lovely lady. I feel able to go to her with any issues as I know she always listens. She genuinely cares about this place and all of the people who live here." Relatives we spoke with were very complimentary about the management of the service. One relative told us, "Without the attention to detail by the registered manager, my relative would not be as well cared for as they are. The registered manager took on board a lot of the little quirks, and behaviours of my relative and this means the staff know them so well now."

Staff at the service worked in partnership with other organisations and professionals to make sure they were following guidance given and the people in their care were safe. These organisations and professionals included social services, healthcare professionals including General Practitioners and district nurses.

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 10 HSCA RA Regulations 2014 Dignity and respect The service did not respect and promote people's dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The service was not meeting people's nutritional and hydration needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not clean and maintenance issues we found were not identified by the provider.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance of the service was poor and had failed to drive necessary improvement of the service.