Meridian Healthcare Limited

Holme Lea

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 24 and 26 January 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

Holme Lea 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; both were looked at during this inspection.

Holme Lea is a purpose built, two-storey building in its own grounds. It offers accommodation for up to 48 older people. Communal rooms and dining areas are situated on both floors offering people a choice of areas to relax. There is a passenger lift between the floors.

As part of the homes registration conditions it is required to have a registered manager employed to oversee the day to day running of the service. 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. A manager had been in post at the service since October 2017 and registered with the CQC since January 2018. However, following the inspection visit we received a call from the registered manager to say they were no longer in post and it was their intention to de-register.

At the last comprehensive inspection on 01 August 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to person centred care and treatment, this was because the service offered a limited programme of meaningful activities to people using its service. Following the inspection, we asked the provider to complete an action plan to show how they would ensure service compliance in the area identified and in what time frame this would be done.

At this inspection we found the service was now compliant in this area. We saw a detailed activities programme had been created and people we spoke with told us they could access a variety of activities each day if the wished.

During this most recent inspection we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to good governance.

We found people's care files lacked evidence of professional referrals such as GP and Dietician. Although the management team contacted the identified professionals and evidenced the referrals had been done this information was lacking from the services records. In addition to this people's nutritional records were not always completed in full.

Approximately 10 weeks prior to this inspection the provider had identified areas of service improvement. This was identified through their own internal audit processes. The provider employed a, 'turnaround manager' and implemented an action plan in relation to the areas in need of development. A turn around manager's role is to work alongside the management team to identify and support action plans highlighting non-compliance. In addition to this a new registered manager was also recruited. At time of inspection this action plan was embedded into the services practice and improvements had been made in areas, however we also acknowledged that this work was still in progress and the CQC will monitor this accordingly.

Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns and what abusive practice looks like. Staff received training in this area and a record of safeguarding referrals was kept securely.

Safe recruitment procedures were followed and new staff received a period of induction before being assessed as competent in their new role.

The service had recently transitioned through a period of change with a high staff turnover. However the management team assured us that most of these positions had been recruited too and at the time of inspection the service only had two care staff vacancies and one night staff member vacancy. The management team assured us that familiar agency staff were block booked until these vacancies were recruited too. The CQC will monitor this progress.

Risk assessments were in place in each person's file we looked at to manage identified risks associated with daily living and also recognise individual risk taking. Environmental risk assessments were also completed for both internal and external areas. Appropriate checks were done by registered external tradespersons on areas such as gas appliances, fire equipment, electrical appliances, hoists and lifts. The service also employed a maintenance team who monitored the service daily.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People had personal evacuation plans and fire audits were completed by both external agencies and internally by the maintenance person.

The service had a planned refurbishment plan in place where all areas of the service were to be decorated and receive new furniture and soft furnishings where required.

The provider had identified some failings in medicines practice and had implemented an action plan to remedy this. At time of inspection we found the service to be compliant with medicines practice.

People had care files which contained person centred information. Each care file was written in a way which reflected the individual and only contained documents relevant to the person. People's human rights and diverse needs were reflected within each plan and we received positive feedback during the inspection which evidenced people were being treated fairly and in line with their personal preferences.

The service had identified gaps in relation to people's DoLS authorisations. At time of inspection these gaps were being addressed. The CQC will monitor the progress of DoLS applications and service compliance in this area.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to

maintain control over their lives. People's opinions were routinely sought and acted upon by means of questionnaires and residents meetings and resident committee meetings. This enabled people to provide influence to the service they received.

Positive feedback was received from people who used the service and staff about the management structure. People told us they were able to ask for assistance from the management team when required. People felt able to raise complaints when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and were cared for by staff that would listen to any worries then may have and act upon them appropriately.

Medicines were administered in a safe way by staff who had received training appropriate to the role.

Appropriate maintenance and environmental checks were carried out to ensure the environment was fit for purpose and free from hazards.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutritional records were not always completed with relevant detail and health referrals were not always present in people's care files.

Staff were appropriately trained to ensure they had the correct skills to support people using the service effectively and in line with their preferences.

Is the service caring?

Good

The service was caring.

People told us they were cared for well and involved in their care choices.

Interactions between staff and people living at the home were kind and caring.

We observed people being treated with dignity and respect and offered choice throughout the day.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which captured their personal preferences and people received care and support which was responsive to their needs.

Procedures were in place to deal with people's complaints. People told us they were confident that any complaint would be dealt with appropriately.

People's human rights were being respected. People's care files considered their diverse needs and requirements.

Is the service well-led?

Requires Improvement

The service was not always well led.

At time of inspection visit the service had a manager employed who was registered with CQC. However following the inspection we received a call to inform the registered manager was no longer in post.

Audits had identified areas of improvement in the service and action plans had been implemented, however recording gaps in people's care records were still found.

Holme Lea

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 the 24 and 26 January 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in older adult's residential and dementia care.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports, action plans and any notifications sent to us by the home including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

Prior to the inspection the provider had 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.

At the time of the inspection there were 40 people living at the home. During the day we spoke with the registered manager, quality director, area director, regional quality director, turn around manager, five people who lived at the home, two visitors and eight staff members including the maintenance person, cook and kitchen assistant. We also looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included five care plans and six staff personnel files.

Throughout the day we observed how staff cared for and supported people living at the home and observed lunch being served to see if people's nutritional needs were being met.

Good

Is the service safe?

Our findings

All people spoken with told us the service was a safe place to live in respect of personal safety. One person stated, "I feel very safe here." During the inspection we observed staff de-escalate a situation where a person became upset and confrontational with another person. Staff reassured and intervened in a constructive way, giving the person time to express themselves, as well as keeping others safe.

Safe recruitment practices were followed. We sampled six staff recruitment files which all contained a full application form with full employment history, references had been sought and Disclosure and Barring (DBS) verification had been done. These checks are essential to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The service used a staff dependency tool to determine the number of staff hours required based on the needs of each individual. On the day of the inspection there were numerous managers and staff on duty, these staffing levels provided safe care and support to the people using the service. Family members we spoke with had also observed this, however were keen to express their views in relation to the recent high staff turnover, which meant more agency workers had been required who were less familiar with people using the service. With regard to safety and in particular the supervision of residents in lounges, several staff and family members, felt that due to fluctuating staffing ratios, residents were being left alone for short periods whilst staff attended to other priorities in adjacent areas or bedrooms.

This had also been highlighted to the inspection team by the quality director and area director who stated there had recently been a shift in permanent staff members leaving due to an improvement plan being implemented, which meant ways of working which were previously not acceptable had been improved. Therefore in the interim agency staff had been utilised until the positions had again been recruited too. The area director added "We are currently only using one agency company and we ensure familiar carers are blocked booked to ensure familiarity." At time of inspection we were given assurances and provided with evidence that staffing levels were appropriate and an on-going recruitment drive had provided new staff to fill the vacancies at time of inspection we were told by the area director that the service was carrying two care staff vacancies for days and one for nights. The registered manager added, "We have had quite a few staff leave recently, however I see this as a new start to move forward with new staff."

In addition to this we noted that senior care duties such as medicines administration appeared to run later than expected this was because we observed the morning medicines round finishing at 11.30 on the first day of inspection. We spoke with the quality director and area director about this who informed this had already been identified and a second senior position had been recruited to alleviate this.

We will monitor this at next inspection.

The provider ensured procedures and guidance were in place to inform staff and people using the service including their visitors about safeguarding/abuse matters. Safeguarding concerns were referred to the local authority and CQC where appropriate and the provider's compliance team would also monitor incidents for

any trends and themes. Staff we spoke with gave appropriate examples pertaining to safeguarding matters. One staff member told us, "Safeguarding can cover things such as financial abuse, isolation, physical abuse and bad personal care." A second staff member told us, "I can approach any of the higher management with concern's, we have procedures to follow. But if I want to I know I can also contact CQC or the safeguarding team too."

People's care files contained a series of risk assessments personal to their own circumstances. For example one person's file identified that this person was at risk falls. Due to this a risk assessment had been created to inform staff how to mitigate the risk, in addition a mobility care plan had been created for the person and provided further information to staff about the person's risks and equipment had been introduced to reduce the risk. Another person was at risk of choking, relevant risk assessments and care plans were in place to clearly identify the person's risk and detailed the exact information recommended under the speech and language team.

Further risk assessments were seen covering areas such as, communication, hearing and vision, pressure areas, mental health, social isolation and diet.

The service had a policy in place to guide staff in supporting people to make informed decisions around risk taking. The policy highlighted the importance of supporting people's independence to take reasonable risks wherever possible by providing each person with information and choices to inform their decision making.

Fire audits were in date and fire safety checks were completed. Appropriate fire signage and extinguishers were seen around the home. We noted training had been given to staff to deal with emergencies such as fire evacuation. Personal emergency evacuation plans (PEEPs) were in place in people's care files and copies of the plans were kept at the main entrance in the form of a 'grab file' to ensure they were easily accessible should an emergency situation occur. The grab file also contained floor plans, showing where the fire escapes were as well as the 'safe zones' in the event of a fire.

Business continuity plans were in place detailing steps to follow in the event of any unforeseen or anticipated significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The service also had policies to support these procedures. This ensured minimal disruption if any to services provided to people

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We noted arrangements were in place to identify any hazards and clear assessments were evident to remove or reduce the risk. We reviewed health, safety and building maintenance records and saw documentation and certificates which demonstrated relevant checks had been carried out in respect of gas and electrical safety, substances hazardous to health (COSHH), risks associated with waterborne viruses and hot water temperature checks.

The service had a planned refurbishment plan. This highlighted that all areas of the service would be decorated and receive new furniture and soft furnishings replaced where required.

The regional director told us that the provider had identified failings in relation to medicines management and had implemented an action plan to ensure improvements were made. The turnaround manager told us she had worked hard on this area and felt proud of the improvements. We noted at time of inspection there had only been two medicines errors which had been looked at by the local safeguarding team. The service had been open and honest about these errors and referred appropriately to the local authority and the CQC.

On the day of inspection we found medicines storage was secure and behind a locked door and medicines stock was well organised. Medicines temperatures were also being consistently recorded.

MAR's detailed the person's picture for identification purposes and contained relevant information to enable staff to safely and confidently administer people's medicines as prescribed. We reviewed a sample of six separate people's MAR records covering a three week period. It was concluded that these were adequately completed with only one missing signatures found which was the day of inspection, however we were able to verify that the person's medicine had been administered, however the staff member had not signed to evidence this.

Controlled medicines were stored appropriately in line with National Institute for Health and Care Excellence (NICE) guidelines and all stock was accounted for.

'As required' medicines (PRN) protocols were in place, these explained what the medicine was, the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine.

Information to guide staff when and where to apply creams was in place. A body map was completed to identify where creams were to be administered and a separate record was maintained by the care staff to demonstrate they had been administered. Creams were stored out of view in people's bedrooms.

Policies were in place for self-administration of medicines. At time of inspection one person was independently administering their own medicines. Procedures were in place to ensure the person was taking their medicine each day and relevant risk assessments had been completed.

The environment was light, clean and nicely presented. Corridors were clear of debris and items of equipment put away. Daily and weekly cleaning duties were highlighted and the service employed a full time domestic person. The laundry area and kitchen area also appeared clean and tidy with appropriate equipment and soils bags being used.

The service had recently received an infection control audit where it scored 88% this was because the service was found to have overfilled external bins and two clinical waste bins were broken. Two new bins had been ordered at time of inspection.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they felt staff were good at their job and were approachable. People also told us they felt staff were trained well and, "Put their training to good use." We observed staff to interact in an informed and positive way with all people using the service. People responded well to this, staff knew people and called them by their first names.

Information on special diets was displayed in the kitchen and there was also guidance around special diet types. We saw evidence of diet and fluid charts for people who required monitoring in these areas, however not all entries on records were completed in full. For example on one person's fluid intake record was not being totalled at the end of each day in addition to this the records had not been signed as per instruction.

A second food intake sheet was inadequately completed stating, "Refused", however the detail of what had been offered had not been captured making it impossible to know what meal and quantity had been refused. In addition interim snacks were not documented where a person had been assessed as losing weight and required snacks between meals. This lack of information would indicate the person was not being offered additional snacks as per instruction from dietician. When we spoke with staff about this it was evident that these snacks were being offered just not documented.

Food amounts were not always being recorded for example half a bowl or full plate. The lack of detail captured on these documents made it difficult to ascertain exactly what people had eaten each day and if they had received sufficient nutrition and hydration.

We also found that although health referrals had been made at times there was lack of evidence of this in the person's file, therefore no audit trail could be seen. During the inspection the management team contacted the GP surgery to fax evidence these referrals had been done.

Although the area director evidenced that this issue had previously been identified and work had been done to rectify this position, during this inspection we found further examples of gaps in recent live records.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.

People living at the service had nutritional care plans in place, with Malnutrition Universal Screening Tool (MUST) assessments also completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required.

We observed meals and drinks being provided to all people either in the lounges or in their bedrooms. People confirmed that food was plentiful, warm and enjoyable and felt portion size was good.

We observed a lunch time meal experience and noted it was relaxed and people were not rushed. Tables were equipped with table cloths and condiments and people who chose to eat their meals in the communal areas and bedroom were able to do so without restriction.

Service induction training was offered to all staff prior to working independently. Service induction allowed each new member of staff to work in addition to the normal care team so that when the time was appropriate for them to be integrated into the team the staff members basic learning and training had been completed and they were familiar with people using the service and their individual needs. Staff we spoke with informed us they had been subject to this process and felt it useful and equipped them with the correct skills to work as part of the team in a confident and knowledgeable way.

On-going training was also offered to the staff team. We saw evidence of staff training in staff personnel files and the staff we spoke with gave examples of recent training courses they had attended. We looked at the staff training matrix and noted staff had received mandatory training subjects such as, safeguarding, moving and handling and first aid. We noted further training topics were also offered such as COSHH, fire safety and privacy and dignity, nutrition and hydration and person centred approach to dementia. Each manager was required to check the providers system each week to ensure staff are up to date with training. If any staff member is over their time frame it shows as red on the system.

We saw evidence of staff 1-1 sessions. These sessions provide an arena for the staff member to speak with their line manager about further training, development and issues they face. These meeting are a two way conversation and are also used to feed back any good/ bad practice examples. Staff told us they valued these sessions and felt they were useful. Management also informed additional 1-1 sessions were also held should they be required. The quality director added, "We have a system which turns red when people's supervisions are due. Each manager is required to check this system each day. As a fail safe area directors are alerted if these meetings are out of date."

In the care files we looked at we saw people's capacity to make their own decisions and choices was considered through the services care planning process. Care files were person centred and contained information that was personal to each person's circumstances and history. However some lacked consent documentation. The quality director told us that it had been identified that not all people's care files had historically contained assessments and that this had been a piece of work which had been prioritised over the past months and was still on-going.

We will monitor the progress of this at next inspection.

People told us they were able to freely move around the building and access the community with family and staff should they wish to. We observed people returning to their rooms without restriction over the two days of inspection.

Staff received training in equality, diversity and human rights. The Registered manager told us a private room was made available should a person wish to meet the clergy of their chosen denomination. At time of inspection there was no person using the service who had an alternate diet or life style preference. Therefore we could not assess if their needs were being met appropriately.

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 the mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 or authorisations to deprive a person of their liberty were being met. The management team and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority.

The provider had identified that not all people who met this criteria were subject to a DoLS. In response to this a piece of work had been carried out by the service to identify any people who required this restriction would be referred to the appropriate authorities for authorisation. We saw evidence that this was being done, however due to the detailed process of the application there were still some people living at the service who were not subject to the DolS. We identified that this was piece of work was underway and the management team gave assurances that all applications would be submitted within the following week.

The CQC will monitor the progress of these applications.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to have a bath and access the upper floors should they wish.

Good

Is the service caring?

Our findings

Without exception people we spoke with told us staff were caring, kind and attentive. We observed staff comforting and encouraging people throughout the two days of inspection. Similarly we observed staff conduct which respected the people they supported.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

The service ensured people were consulted about their daily living choices. We saw examples over the two days of inspection of staff asking people what they would like to do. Staff gave relevant examples about how to ensure a person was enabled to make their own choices. One staff member stated, "Even if a person was unable to select something I would always still give that choice, I would explain a little more about what I was doing and why. Sometimes people who are living with a dementia have a smaller attention span therefore it is important to keep them engaged as it reduces anxiety."

It was evident that people had been encouraged to personalise their bedrooms and had input into the décor of the home along with soft furnishings. Each bedroom was individual to the person and contained their personal possessions such as small furniture items and ornaments.

Residents meetings took place and we saw evidence of this. Meetings covered areas such as, food, staffing, activities and decoration. This showed the home was consulting with people about their concerns and involving them in day to day changes. The registered manager informed us the most recent meeting was held in order to introduce herself as the new manager.

The quality director added, "We have just introduced a residents committee. This meeting will take place each Tuesday and people can attend and have a buffet, cakes and coffee. One of our residents will chair the meeting each week, it is designed for people to bring forward ideas such as fund raising, outings, however it is the residents meeting therefore they can discuss what they like. The registered manager will be present so any ideas can be actioned." We spoke with the person identified to chair this meeting who told us they were very much looking forward to the meeting the following week.

People told us their privacy and dignity was respected at all times. People added staff sensitively supported them with the personal care requirements and never made them feel exposed or compromised. Staff gave relevant examples about knocking on people's doors before entering and ensuring the person's dignity whilst supporting them with intimate care needs.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared

about people was on a need to know basis and people's right to privacy was safeguarded.

Good

Is the service responsive?

Our findings

People indicated they felt listened to by staff. We observed people speaking freely and openly with staff about any worries, requests or questions they had.

At last inspection on the 1 August 2016 the service was found in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care. This was because the service offered limited programme of meaningful activities to people using its service.

At this inspection we found the service was no longer in breach of this regulation.

During the two days of inspection we observed three activities co coordinators offering a variety of activities to people. We did however note when reviewing the staffing rotas that the number of coordinators was not usually so high. We spoke with the area director about this. They informed us they had recently recruited to the post and due to this an experienced coordinator has been asked to mentor the new staff member.

We saw a detailed activity schedule displayed in the communal area. This highlighted the following month's activities such as; pamper days, cake decoration, bingo, arm chair aerobics, social club and entertainers. The quality director added, "We now have a wish tree. The idea is that each person hangs a wish on the branch and we will grant them within reason." We saw evidence that some of these wishes had already happened and we spoke with one person who told us how they had been out and really enjoyed their day. They stated, "I thoroughly enjoyed it, I used to do this with my family." We also observed staff talking to people and their families about their life histories.

Pre-assessments were undertaken prior to a new admission being accepted. This assessment looked at areas of the person's specific needs such as the person's wishes and feelings, background, perceived historical and current risk, aims and goals. In addition to this the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan would be used to influence the services care plans along with the input from the person and their relatives where required.

The service had historically identified not all care files captured a true reflection of the person's individual care needs and in response to this had created an action plan to review all care plans and add appropriate care plans. We saw at time of inspection that the service was in the process of reviewing each care file. It was evident from the care files we looked at they were now centred on the person's individual needs and contained relevant and detailed information. This enabled care staff to understand the person's need in each particular area which ensured the support offered was in line with their preferences. Care plans covered a varied number of areas such as, communication, mobility, mental health, cognition, behaviour, diet, and daily routine.

People and their relatives we spoke with confirmed they had been a part of their care plan review and were informative about the content of their files. Two people told us their care files now contained specific reference to bathing and showering and this was happening more frequently in line with their requests.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff gave examples of ensuring people were treated fairly and their lifestyle choices honoured at all times. In addition to this staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences in a person centred way.

Daily reports provided evidence that people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being. We were able to determine that before each shift started a staff handover was also carried out.

We looked at how the home managed complaints and saw the home had a complaints file and procedural guidance was evident. We could also verify that the service had recorded previous complaints and responded to them appropriately. Several people and their family members confirmed they had raised issues with the management about frequency of showers, meal times and staffing changes. They added the quality director appeared to be actively dealing with these matters and they felt the management structure was beginning to build a culture that recognised active problem-solving.

At the time of inspection there was no person receiving end of life care and support. Holme Lea is not a nursing home and therefore does not have qualified nurses employed; however they are able to offer care and support to a person nearing the end of their life with the support of the district nurse team and the hospice staff. The compliance director added, "We are ensuring at each admission this is something we explore with the person and their families. People who are beginning to enter the final stages of their lives have been identified and we are actively prioritising these people and discussing this at their care file review." She added, "We also have staff who are six steps trained." Six steps is a programme which educates and trains care workers to deliver high quality end of life care.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at time of inspection that had been registered with the Care Quality Commission since January 2018. 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. However, following the inspection visit we received a call from the registered manager to say they were no longer in post and it was their intention to de-register.

Approximately 10 weeks prior to this inspection date the provider had identified areas of service improvement. This was recognised through their internal audit processes. The provider employed a, 'turnaround manager' and implemented an action plan in relation to the areas in need of development. In addition to this a new registered manager was also recruited. The area director told us the provider had focussed a lot of its resources on ensuring improvement was implemented on areas of service delivery to ensure the service was compliant with the regulations. They recognised that a substantial amount of progress had been made in a short space of time, however acknowledged that the piece of work was not complete at time of inspection, however gave assurances that this would be complete in the next month.. As detailed under each section of this report the CQC will monitor the progress of the on-going work at next inspection.

Internal audit systems had been successful in identifying gaps in service delivery, which enabled the provider to use additional resources to remedy some of the short falls. However, although the internal audit systems had identified issues with incomplete records of care in respect to the nutritional and hydration intake of people we found further examples of gaps in such records during the inspection. This meant the service was found in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. Due to this breach we cannot rate the well led domain any higher than requires improvement.

People we spoke with felt the management team was approachable, fair and kind. People knew who the newly appointed manager was and felt there had recently been a good presence of management in the building. The management office was located at the main entrance of the building which made it easy to locate and accessible for people should they wish to speak with them. During the two day inspection was saw people approaching the office conversing with management in a comfortable way. Management knew people by name and people were aware of who each staff member was.

The service had a wide range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. Policies included, manual handling, meal planning, medicines, mental capacity, person centred care, safeguarding, health and safety, whistleblowing and human rights. We were able to determine they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full and staff we spoke with told us these were useful.

Staff surveys were distributed on a yearly basis. The results of 2017 survey scored 91% for best health and care for people and 81% for the best working environment. Staff added there had been a shift in staffing recently which had been difficult, however this was improving. One staff member stated, "There is now more training and repairs being done. Management are also realising more staff are needed for certain job roles and are doing something about it."

As identified in the report the service used a range of other systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home, such as day to day discussions, resident meetings and quality questionnaires for people using the service and their relatives.

The area director told us she visited the service each month or more frequently is required to complete an audit of service delivery and look at people's care files and in addition to this this the providers internal quality audit team visit two monthly to test service delivery. The provider's internal monitoring system is monitored on a daily basis by the quality regional managers and peer checks are carried out when required. The registered manager is required to complete a monthly report which covers areas such as people's weights, bed rails, infections and hospital admissions. The service is also subject to contract quality visits by the local authority quality monitoring team.

The service rating was clearly displayed on the providers website.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain an accurate, complete and contemporaneous records for some people using the service and did not always have an audit trail for health referrals in people's files.