

S K Care Homes Ltd

Holmfield Court

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Holmfield 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. At the time of our inspection there were 22 people at the service.

This comprehensive inspection took place on 25 July 2017 and was unannounced. At the last inspection in June 2016 the service was found to require improvement to be safe, effective and responsive. At this inspection we found further improvement was required. There is full detail of the action taken within the main part of the report.

There was a registered manager in place. 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.

There were systems in place to look at the quality of the service provided. Although action was taken where some shortfalls were identified, there was a failure to adequately assess the safety of the service and take appropriate remedial action. Quality assurance systems had not identified all shortfalls.

The registered manager had good knowledge of the service and there was a clear ethos of care.

The systems in place to make sure that people were supported to take medicines safely were not sufficiently robust. Required improvements had not been made since the last inspection. There was a lack of information for staff to support people safely in an emergency. There was no fire risk assessment in place to identify and mitigate risks. Some aspects of the environment had not been made safe.

People told us they felt safe at the service. Risks to people in relation to their needs had been assessed and plans put in place to keep risks to a minimum. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

There were sufficient numbers of staff on duty to make sure people's needs were met. Recruitment procedures made sure that staff had the required skills and were of suitable character and background. Staff were supported by a comprehensive training programme and supervisions to help them carry out their roles effectively. Staff were led by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

practice.

People were provided with sufficient amounts of food and drink. Where people required support with eating or drinking, this was appropriately provided, taking into account people's likes and dislikes.

People told us that staff were caring and that their privacy and dignity were respected. Care plans showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access to health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

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 required improvement to become safe.

The environment was not kept safe and the systems for dealing with emergencies were not sufficiently robust.

The management of medicines was not sufficiently robust.

Staff were confident about using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that care staff were of suitable character and background.

Is the service effective?

Good ●

The service was effective.

People were supported by care staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and to access relevant services such as a doctor, or other health professionals, as needed.

Is the service caring?

Good ●

The service was caring.

People told us that it was a caring service.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care. Support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Is the service well-led?

Requires Improvement ●

The service required improvement to become well-led.

There were systems in place to look at the quality of the service provided. However these systems had not been effective at making the improvements required.

There was a registered manager in post and staff told us that management was supportive.

There was a positive, caring culture at the service.

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 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 25 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor 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 by experience for this inspection had experience of supporting someone living with dementia.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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.

Prior to the inspection, we also sought feedback from Leeds Quality Monitoring Team and Healthwatch.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a care service. This included four recruitment records, the staff rota, notifications and records of meetings.

We spoke with five people who received a service and four relatives. We met with the registered manager, a nurse, four care staff, a cook and the maintenance person.

Is the service safe?

Our findings

At our last inspection, carried out in June 2016, we found the service required improvement to be safe. We identified improvements were required with medicines, fire safety and recruitment. At this inspection we found the recruitment system was now robust, but further improvements were required with medicines and fire safety.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. We saw from the controlled drugs records that the stock balance records were correct. Although the medication policy stated, "Stock should be checked weekly", we saw that controlled drugs stock balance was checked on a monthly basis.

The home had a policy on the safe handling of medicines, although this was not dated. Sample signatures of staff administering medicines were in place and these had been updated on a monthly basis.

We observed a staff member administering medicines. They explained to people what medicine they were taking and why. People were given the support and time they needed and offered a drink of water. The staff member checked that all medicines were taken before signing the medicine administration record (MAR).

There was a lack of guidance about the use of 'as required' medicines, such as when to use and the dosage. This meant there was a risk of these medicines being used inconsistently by staff. For medicines with a choice of dose, for example, one or two tablets, the records did not show how many tablets the person had been given. The manager told us they were working on the guidance for these types of medicines. They aimed to implement the new guidance at the end of the month. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

The service did not have guidance for the use of topical creams, stating where to apply and the frequency of application. The records to show when topical preparations had been applied were used inconsistently and there were unexplained gaps in recording. We noted that the manager had raised this with staff on several occasions. However, continued errors meant we could not be sure if people were having their medication administered correctly.

Although records were kept of the temperature of medicines storage areas, these had not been consistently logged. There were gaps in recording on some days in July 2017, and where the temperature had been recorded as above recommended levels, no remedial action had been taken. This meant that the quality of medicines may be compromised, as they had not been stored under required conditions.

We looked at audits carried out by the manager and these had identified most of the issues we found. The manager reassured us that progress was being taken with the issues, but there was no specific action plan in place, with timescales. Occasional external audits were carried out and these included actions to make improvements. However, not all the required improvements had been made.

Records showed that people did not have personal emergency evacuation plans (PEEPs). These are used to make sure staff were aware of the level of support people required should the building need to be evacuated in an emergency. There was a list of each person and their level of mobility, but this did not provide clear instructions about how to support each person in an emergency. This meant that staff did not have the information they needed to keep people safe. The manager told us they would make sure PEEPs were written for each person.

There were regular checks on the fire system to make sure it operated correctly. These included weekly fire point tests and monthly emergency lighting checks. The most recent fire drill took place in January 2017, although we noted that no fire drills took place in 2016. This meant there was a risk that staff were not sufficiently familiar with fire procedures. There was no fire risk assessment in place. This was concerning because we found the laundry room to be cluttered and a potential fire hazard. The manager subsequently informed us that they had arranged for the risk assessment to be completed. We have reported these concerns to the local fire authority who will be carrying out a check at the service.

We found some issues with the safety of the environment. Although communal areas and bedrooms were kept clean and tidy, the laundry room was cramped, cluttered and disorganised. An ironing board and iron was set up in one part of the room, but there was inadequate space to use it safely. We noted that the laundry room had been identified as an infection control issue in a recent external audit. The manager was aware of the issues and said it had been raised with the provider. When we checked bathrooms and toilets we found two taps had not been cleaned properly and in one toilet there was a soiled bin under the sink. We also noted an unpleasant odour near the lounge in the morning, although the odour has dissipated in the afternoon. There was a noticeable dent in one of the steps in the stairwell which presented a trip hazard.

The identified concerns with medicines, safety procedures and the environment meant that care and treatment was not provided in safe way. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

All the people and relatives we spoke with told us Holmfield Court was kept clean. We observed domestic staff cleaning throughout the day. One person told us, "They always seem to be cleaning the place" and another person said their room was cleaned every day. A relative mentioned that sometimes there was an odour and that this, plus some of the décor, "Let the place down". Another relative felt the service needed new carpets on the ground floor.

People and their relatives told us that they felt it was a safe service. One person told us, "I feel safe here because I like it here. Nothing makes me feel unsafe and the people are nice". Another person told us they felt safe because, "There are plenty of people around most of the time". A relative commented on safety at night and said, "Staff keep a check on my relative at night and have a mat to alert them if they get up".

There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Staff had received training in keeping people safe, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being.

Records showed that any incidents or accidents were recorded and appropriate action taken in response.

The manager reviewed each record shortly after the incident to make sure they had been completed properly and to add any follow up actions. Each incident was also logged on an overview spreadsheet which was checked at the end of the month to identify any trends or patterns. Any serious incidents or concerns had been reported to other authorities, such as CQC or the local safeguarding team.

The care planning process included the completion of risk assessments, which detailed the risks to each person and the action taken to reduce them. Risk assessments were completed for areas such as moving and handling, nutrition and hydration and skin integrity. The provider used recognised risk assessment tools, such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments.

Regular checks were carried out on the environment and equipment to make sure it was safe. These included checks on fire doors, bed rails, hoists and wheelchairs. There were up to date test certificates in place for electrical wiring, gas safety and legionella. Environmental risk assessments covered areas such as health and safety, manual handling and windows.

There was robust system in place to make sure new staff had the right qualities to care for older people. We reviewed staff recruitment files and saw that applicants had completed an application form which was discussed at interview. References were sought prior to employment and checks were carried out on each applicant's suitability for the position. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. The manager told us the opinion of people who used the service was important and applicants met with people as part of the recruitment process.

There were sufficient numbers of staff to meet people's needs and keep them safe. The registered manager told us that they tried to use bank staff to cover vacancies and if they used agency staff they made sure they knew the service. We noted that the bank staff on duty on the day of our inspection knew the service very well. This meant that the staff team was consistent and recognisable to people who used the service. The service was supported by ancillary staff including domestics, cooks and maintenance staff. The manager used a dependency tool to check staffing levels to make sure there were sufficient numbers of staff to meet people's needs. People and their relatives told us there were usually enough staff on duty but that occasionally there was a shortage of staff. Most people told us they did not have to wait long for care if they required assistance.

Is the service effective?

Our findings

At our last inspection, carried out in June 2016, we found the service required improvement to be effective. We identified improvement was required to the monitoring of people's weight. At this inspection we found the necessary improvements had been made.

At this inspection, records showed that people's weight was recorded every month, and more frequently where there were specific concerns. Assessments had been carried out using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

People told us they received enough fluids and that they just had to ask for something if they were thirsty. We observed people being given refreshments mid-morning and afternoon, although none of the people we saw in their rooms had jugs of water, which would allow them to help themselves.

Staff monitored one person's food and fluid intake to minimise the risk of malnutrition or dehydration. This was recorded on a 24 hour observation chart. However there was no specific detail recorded regarding the food portion sizes, together with fluid intake goals and totals. The manager reassured us that they would implement a separate food and fluid intake chart immediately, to more effectively monitor the risks.

All the people we spoke with told us the food at Holmfield Court was good and there was plenty of choice. They also told us they got enough to eat and drink and that food is hot enough. Comments included, "The food is very good. They give me plenty of choice and alternatives, but I think they should have a bar", "The food is nice and there is plenty of choice. I need to lose weight for my health and they are helping me by giving me salads. They know I like fruit and they get it in for me" and "I like the food. Never had anything I don't like and the portions are good. If I don't like what is on the menu they give me something else. I have never been said 'no' to". A relative commented on the quality of the food and told us, "My relative loves the food here and is putting loads of weight on. They used to be very picky about their food, but eat it all here".

We spoke with the cook who confirmed food was freshly cooked and that people had an alternative. They told us, "I check with residents that they liked the food. I make high calorie foods for people at risk of losing weight. Although we have mealtimes, people can eat when they like". The cook maintained a list of each person's preferences, allergies and special requirements, for example, vegetarian or soft food diet. Care records included notification to the kitchen regarding food likes, dislikes and dietary needs. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We observed lunch and people seemed to enjoy their food and most ate it all. Some people were given small portions as requested. People were offered alternatives, and one person tried three different options before settling on something. Another person kept saying they didn't like anything they were offered and did not want to eat anyway. They were then offered scrambled eggs on toast which they really enjoyed. This demonstrated how staff understood people's needs in relation to food.

All the people we spoke with told us they felt they received care from staff who were trained and knew what they were doing. Comments included, "They have got a tough job and deal with individuals well. They are well trained. Pretty good all round" and "Staff seem well trained because of the way they approach people and do things".

The staff we spoke with told us that they felt supported in their roles and there was good teamwork. Comments included, "We are a good team and try to give the best care. We know each other's strengths and weaknesses" and "I love it here. All staff work well and do their fair share".

The manager explained that, because of the absence of a deputy manager, supervisions and appraisals had not happened as frequently as they would like. They added that they aimed to carry out four formal supervisions a year for each member of staff. Records showed the last supervisions took place in February 2017. Supervision records showed that topics for discussion included training, work issues, support needs and work satisfaction. The manager also made use of occasional group supervisions to discuss particular issues, such as medicines management.

The manager told us that yearly appraisals last took place in May 2016. They were aware that they were overdue and acknowledged there had been a delay. They added that all staff had been made aware of the current difficulties and were advised to talk to the manager if they had any issues. This was confirmed by some of the staff we spoke with. One staff member told us, "Any problems I can always speak with a manager. Currently there is no deputy" and another staff member said, "I feel supported. I am able to go to management". The manager said that they often had informal chats with staff, either to check that they were okay, or because the staff member wanted to talk about something.

Staff told us they got the training they needed to maintain skills and their own professional development. Staff had received training in key areas such as dementia awareness, safeguarding and moving and handling and this was regularly updated to make sure it was current. One member of staff told us, "I have the training I need. There are opportunities to do NVQ (National Vocational Qualification) and attend Leeds County Council training. My understanding of dementia has improved". The manager told us that the majority of training took place externally and was classroom based. This provided staff with an opportunity to discuss training as a group and share practice examples.

New staff were provided with an induction pack to support them in understanding their role and the routines at the service. Induction included two days shadowing other staff although the manager told us that new employees only carried out full care duties once they were confident. Induction included regular review of workload and progress with the manager.

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.

There was evidence in care plans that people's capacity was considered when decisions needed to be made. For those people that did not have capacity, mental capacity assessments and best interest decisions

had been completed. These were decision specific and documented on a 'My decisions based on my capacity' form. This covered every day choices and routines, such as activities, what to eat, what to wear, what time to get up in the morning, how they would like to spend their day and whether they preferred male or female care assistants. The manager explained that, when assessing capacity, they tried speaking to people at different times of the day because their capacity to understand could vary. This was good practice.

The manager monitored the dates for when a DoLS authorisation needed review or reauthorisation. The majority of people at the service were under a DoLS and the manager explained that, although they had requested reauthorisation in a timely manner, they were still waiting for the local authority to carry out a review.

The manager and staff were aware of the importance of consent and understood the MCA and DoLS procedures. Staff had received training in this topic to support their understanding.

The people we spoke with told us staff asked for their consent before providing care and explained what they were doing, giving them time to process the information. One person told us, "They are very good. They tell me what they are going to do and ask if it is okay". Throughout our inspection we observed staff asking for consent before carrying out a task with people.

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms, which meant if a person's heart or breathing stopped, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and the correct form had been used. Details included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

All the people we spoke with told us staff contacted the doctor for them if needed. Relatives confirmed that people were referred to other healthcare professionals, such as the chiropodist or dentist as required. Where there were concerns about people's weight, or problems with eating, a referral was made to a dietician or the Speech and Language Therapy team.

Some people were at varying risk of pressure ulceration due to skin breakdown. Assessments had been carried out to identify which people were at risk of developing pressure ulcers and preventative pressure relieving measures were in place for those people who required them. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. Care plans evidenced access to the district nurse to assess people's skin condition and provide specialist support on what was needed in terms of care and pressure relieving equipment.

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and caring. Comments included, "I wouldn't stay here if they weren't", "The staff are okay. There's no grumbling. They are as good as you could possibly expect", "Staff are always nice and pleasant", and "They have a good sense of humour. You can have a laugh with them". Relatives also described a caring service. One relative said, "I cannot emphasise enough how caring the staff here are".

The staff we spoke with felt that people were well cared for. One staff member told us, "It's very homely. A very nice home. People are looked after and we provide them with what they want". Another staff member said, "We provide good care and communicate well. We try and understand how people might feel".

We spent time in the communal areas of the home. There was a friendly, positive atmosphere throughout our visit. We saw that people's requests for assistance were answered promptly and politely. Throughout the visit, the interactions we observed between staff and people who used the service were kind, caring and person centred. Staff displayed open body language, good eye contact and got down to people's level to communicate with them. People appeared relaxed and comfortable in the company of the staff on duty.

We observed one person who was confused and distressed and saw that staff reassured them regularly. Another person liked to move the furniture around in the lounge. Staff supported this by keeping a check that the person was not at risk, or affecting others, while still being able to do what they clearly enjoyed doing. There was good banter and friendly relationships between people and staff. Staff clearly knew people well and showed genuine interest in people's lives.

All the people we spoke with told us staff treated them with respect and dignity and that their privacy was maintained. Comments included, "They respect me perfectly well and keep me covered up when doing personal care" and "They are very good. They never just dash in to my room. They always knock". We observed staff maintained privacy by discreetly talking to people and carrying out personal care behind closed doors.

People were encouraged to maintain independence and make decisions about day to day activities and routines. This was confirmed by the people we spoke with. Feedback included, "They are very good at helping me if I am stuck, but they encourage me to do as much as I can for myself and don't interfere", "Staff are good with what everyone says. They leave me to get on with my own care" and "Staff are very good. They have always acted on what I say. They are really getting to know and understand me, and therefore give me time".

People had communication care plans which contained specific information for staff to be aware of in relation to how they engaged with people. For example, one person's care plan stated, "I am able to verbally communicate my needs and on the surface it does appear that I have clear understanding. However, as conversation deepens my cognitive impairment becomes more obvious. I can be quite anxious at times which does affect my communication". This supported staff to make sure people with communication

needs were engaged in decision making.

People had been consulted about their wishes when they were approaching the end of their lives. Care records contained end of life care plans for each person, which meant information was available to inform staff of the person's wishes at this important time. For example, one person had requested, "Try to avoid hospital visits and please care for me at Holmfield Court with the input of GPs and nurses".

Is the service responsive?

Our findings

At our last inspection, carried out in June 2016, we found the service required improvement to be responsive. We identified improvement was required to care plan information. At this inspection, we found the required improvements had been made.

The people we spoke with told us staff knew how to support them and understood their specific needs and preferences.

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. We reviewed people's records and saw they were detailed and focussed on individual needs.

All the care records we looked at contained a pre-admission assessment to identify people's needs before they moved into the home. This was to make sure the service could meet people's needs and had the necessary equipment to ensure safety and comfort.

Following an initial assessment, care plans were developed detailing the person's care needs in relation to areas such as moving and handling, health and personal care. Care plans had recently been re-written by the manager and care staff to make them easier to access and understand. One member of staff commented on this and said, "Care plans are simpler and describe how to work with each person".

Care plans were up to date and reviewed at least monthly. They were reviewed more often where changes in needs had been identified. There was evidence in care records that people and their relatives were involved in the care planning process, where possible. Most of the relatives we spoke with told us they had seen care plans and were involved in care plan reviews.

Care plans contained a social profile. This meant that there were details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. This was important information and necessary for when a person could no longer tell staff about themselves. This supported staff to better respond to people's needs and enhance their enjoyment of life.

The manager told us that although an activity coordinator was in post they were currently on long term absence. The explained that care staff did their best to arrange activities whilst the coordinator was away. However, they accepted that there had been some impact on the range of activities people could participate in.

The people we spoke with said there was enough to do during the day. They listed a variety of activities, such as exercises, music, singers, religious services and quizzes. Comments included, "I am never bored", "Some good singers come in. They are like a club turn" and "We all enjoy the religious services and we love the singing. I look around and everyone is singing and enjoying it. It is lovely". Two relatives felt that the activities offered were good, although one relative felt that there was not enough for people to do. One

relative told us, "I never got the feeling [Name] was looked after at the last place and they did not socialise there. They socialise now because staff are proactive and give personal attention. They take part in activities now and they are more mobile".

A complaints procedure was in place which detailed how people could raise a concern. Relatives told us they were aware of how to make a complaint but had not had to do so. The people we spoke with were unsure if there was a complaints procedure but confirmed they had not had to raise any concerns. One person said, "If anyone didn't treat me properly I would be the first to moan about it".

We looked at the record of complaints received over the last year. There had been two complaints, both of which had been responded to in writing by the manager. Responses were written with sensitivity and included an apology. Each complaint was clearly recorded, together with a summary of the action taken in response, such as extra monitoring.

Is the service well-led?

Our findings

All the people and the visitors we spoke with told us Holmfield Court was well managed. One person told us, "It's run bang on. Nothing done wrong. You are not wishing you can get out, because you are looked after here". A relative commented, "The home is well managed because the manager is determined to make it good. That message comes down to the staff so that when the manager is on holiday, or not on duty, the staff are just as reactive. The communication is very good and you are always kept in the loop. The manager is really 'hands on'".

The manager had been registered with the CQC since February 2016. The manager explained that they had to overcome a number of issues over the last year. There was currently no deputy manager and one member of staff was under suspension. They added that the deputy manager was a supernumerary position which provided a lot of support to the manager, so their absence had had an impact on the overall management of the service.

We looked at the quality assurance systems in place. The manager carried out a number of audits to check procedures were being correctly followed. These included a monthly audit of support planning, infection control, activities and skin care. Audits identified if there were any actions needed to make improvements and showed when these had been completed. However, although the manager was aware of most areas of practice which required improvement, action had not always been taken in a timely manner. In addition, the manager had not identified all the shortfalls found during our inspection. Although we noted the service had improved in some areas since our last inspection in June 2016, we identified continued concerns in relation to the safety of the service.

The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

After the inspection, we spoke with the area manager about the concerns highlighted in the report and the failure to make sufficient improvements. They were keen to sort out the issues and have agreed to a meeting with CQC to discuss how the improvements will be made.

We talked with the manager about their motivation and the culture of the service. They told us, "I love it here. I have been at the home seven years and started as carer. I am driven. I like to know that anything and everything we do is helping people". They added, "We support families to overcome their concerns. I love helping and working with people living with dementia. Everyone is different. This is their home".

The manager said they felt supported by the provider, especially over the last year. They described the regional manager as, "Very good" and explained they visited the service every three weeks for a walk around, review of records and a chat with staff. The provider had another home locally and the manager told us the two homes had regular contact.

The staff we spoke with felt supported by the manager and said they had opportunities to contribute to how

the service was run. One member of care staff told us, "I feel involved and that my opinion matters". There were team meetings every three months which gave staff members a forum to discuss practice issues and areas for improvement.

People who used the service and relatives were given opportunities to feed back their views and make suggestions about the service. There were resident meetings every three months. A relative told us that action was taken after these meetings, for example, chairs were refurbished after they were raised as an issue. There were also relative coffee mornings every two months. The manager said that there was low attendance at these meetings and they wanted to encourage more relatives to attend as it could be a useful meeting to share feelings and thoughts. Relatives told us that they knew the manager and that she was often visible in the service.

Satisfaction questionnaires had been sent out to people and their relatives earlier in the year. These had been used to assess and improve the quality of the service, for example, providing better chairs and painting doors.

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 A lack of robust systems in place regarding medicines management, safety procedures and the environment meant that care and treatment was not provided in safe way. Regulation 12(1)(2)(a)(b)(d)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b).