

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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We last carried out an unannounced comprehensive inspection on 26, 28 January 2016 and 1 February 2016. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us serving two warning notices and making six requirement actions. The overall rating for this service was requires improvement. The warning notices stated that the service must be compliant with these regulations by 13 May 2016. The service sent us an action plan informing us what action they intended to take to ensure they met all the regulations. They informed us they would be compliant with these by July 2016 and requested an extension until that date, which we agreed.

Holme Lea is a purpose built, two-storey building in its own grounds. It provides accommodation and personal care for up to 48 older people in single bedrooms, many of which have en-suite facilities. The service is divided into three units each having their own lounge area. The building is situated in a residential area of Stalybridge and is close to a main road offering public transport links. Car parking is shared with the adjacent home, Stamford Court. The home is run by Meridian Healthcare Limited which operates several other care homes mainly in the North West of England.

This was an unannounced comprehensive inspection which took place on 28 July 2016 and 1 August 2016 to check the required improvements had been made and to follow up on what action had been taken to address the warning notices and requirement actions.

During this inspection we found significant improvements had been made and the warning notice had been met.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs and staff received the induction, training, support and supervision they required to be able to deliver effective care.

We found the home was clean, tidy and had no malodours. We saw that significant improvements had been made and a programme of refurbishment including re-decoration, new flooring and furniture had been undertaken. Care was taken to ensure effective infection control was maintained.

People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored thoroughly. The food within the service was nutritionally balanced and plentiful. All the people we spoke with told us the food had improved.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People's care records contained information about their interests and hobbies, but we found there were very limited meaningful activities regularly scheduled to provide stimulation for people who used the service.

The home is required to have a registered manager. Since our last inspection a registered manager had been appointed but was no longer working for the organisation. At the time of our inspection there was no registered manager in place at Holme Lea. 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 home did not have a registered manager in post. The service had a relief manager in place. Everyone we spoke with was positive about the manager and the improvements they had made. We found the manager to be enthusiastic and committed to improving the quality of the service. They had only been at the service a short time, but we found they knew people well.

The service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS authorisations as they are required to do. However we found that one safeguarding from June 2016 had not been notified to CQC. We confirmed to the service that a notification needed to be made. It was received 18 days after our inspection.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment in the service. Correct procedures were being followed and the service was working within the principles of the MCA. Staff had received training in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not all staff could demonstrate a clear understanding of MCA or DoLS.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed

People told us they felt safe at Holme Lea. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

Care records showed that people's needs were assessed before they moved into Holme Lea. Care plans were written in a person centred way and contained good information about people's support needs, preferences, interests and routines. Risk assessments were in place for people who used the service and staff. They described potential risks and the safeguards in place. People and their representatives had been involved in planning and reviewing the care provided.

A system of quality assurance had been put in place. There were a number of weekly and monthly checks and audits. There were three occasions where errors had not been found or highlighted during audits.

All the people we spoke with were positive about the improvements that had been made at the service and the caring attitude of the staff.

During our inspection we found the atmosphere to be relaxed. Staff were caring, polite, friendly and supported people in an unhurried way. Staff spent time sat talking with people. Visitors told us they were made to feel welcome at the home.

Care records were held securely and people's confidential information was protected.

There was a complaints procedure for people to use if they wanted to raise any concerns about the care and support they received. There was a system in place to record complaints and the service's responses to them. We saw that action was taken to resolve complaints and information was passed to staff to prevent reoccurrence. People knew about the complaints procedure and were confident that they would be listened to and action would be taken to resolve any problems they had. People told us they could raise any issues with the manager.

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.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs.

Systems were in place to ensure that people received their medicines safely. Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Is the service effective?

Good ●

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. Staff had received training in the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) although not all staff could demonstrate a clear understanding of MCA or DoLS.

Systems were in place to ensure people's nutritional needs were met. People said the food had improved.

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with were positive about the staff and the care and support they received.

The staff and managers knew people well. They spoke fondly

about people who used the service. We saw staff provided support in a caring, patient and unhurried way. They took time to listen and respond to people.

People were treated with dignity and respect by the staff who cared for them.

Is the service responsive?

The service was not always responsive.

There was a lack of meaningful activities on offer for people who used the service.

Care records were written in a person centred way and contained good information about people's support needs, preferences, interests and routines.

People knew about the complaints procedure and how to make a complaint. They were confident that they would be listened to and action would be taken to resolve any problems they had.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager. There was a relief manager at the home.

The service had not notified CQC of all significant events in a timely manner as they are required to do.

There was a system in place for monitoring and reviewing the quality of the service provided.

People we spoke with were positive about the manager, staff and the service. Staff felt supported and enjoyed working for the service.

Requires Improvement ●

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 was an unannounced comprehensive inspection which took place on 28 July 2016 and 1 August 2016. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority for their views on the service.

During our inspection we spoke with four people who used the service, four visitors, the relief manager, deputy manager, seven care workers, the cook and the providers senior service quality inspector.

As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We carried out observations in public areas of the service. We looked at seven care records and twelve medication records. We also looked at a range of records relating to how the service was managed including four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our last inspection we found the service was not always safe. We identified that Holme Lea did not have sufficient numbers of staff to ensure that people received the care and support they needed in a safe and timely manner. A warning notice was issued.

During this inspection we found improvements had been made and the warning notice had been complied with.

The people who used the service we spoke with felt that there were enough staff employed to meet their needs. One person told us, "Yes, I think there are enough, they always come and help quickly." Another said, "They respond quickly to the buzzer when I need them."

Visitors said, "They are very busy, but everyone that works in a home is busy", "There seems more staff in the day time", "There's more staff and they don't sit just writing notes, they are more hands on now." Other visitors told us that, "There seem to be a lot of agency on nights, they don't always know people" and, "They were always short, you were always on your own. I do feel there have been improvements, there is always someone [staff] in the big lounge."

We asked staff for their views and opinions of staffing levels within the home. One staff member said, "On nights they are not good, there is not enough. Using an agency a lot at the moment and they don't know the residents, which makes it harder. There is four staff on at night, I think we need five." Other staff members told us, "Staffing levels have improved a lot; we can manage everyone's needs at present", "Since I have been here they have improved, at the moment they are fine, everyone seems happy with them" and "There wasn't enough staff but we can spend more time with people now. That extra staff has been consistent [provided on rota]."

We asked the manager how staffing levels in the home were determined. The manager told us that since our last inspection staff recruitment had taken place and staffing levels had been increased to two senior staff and five care assistants during the day. We looked at the last ten weeks rotas and saw that staffing levels had been increased since our last inspection and were consistent with what we had been told. The manager told us that three care staff had been recruited; one was undergoing the pre-employment checks the other two were completing their induction. They said these staff would be used to increase the number of permanent staff on night time shifts and reduce the use of agency staff. They also told us that a senior care staff would also be starting to work on the night shift; this would provide three care staff and one senior and would result in improved support and supervision for night care staff.

The manager told us the staffing levels were based on need, but was not able to show us any overall staffing level assessments. Care records we looked at contained an individual dependency assessment, this indicated the person's support needs, including if they needed two staff to provide any of their care. We found that this information was updated at least monthly or when a person's needs changed. The manager told us that this information for each person was not compiled centrally or used to guide the service with an

overall assessment of staffing levels.

During our inspection we observed that staff responded in a timely manner to people's requests for support and there were sufficient staff to meet people's needs. We recommend the service explore a formal process for identifying the level of staffing needed to ensure staffing levels are based on an accurate and current assessment of the service user's needs.

Since our last inspection the service had introduced a pager system to alert staff when people used their call bells to request assistance. Each staff member carried their own bleeper which alerted them to where assistance was needed and how urgently it was required. This meant there were no loud buzzers or alarms sounding, which promoted a calmer and quieter atmosphere. Staff we spoke with told us this was a better system and allowed staff to respond more efficiently. One relative we spoke with told us it was much better as it was a quiet system. They said, "It's much better; the buzzers aren't going off all the time now." On the first day of our inspection the service was also having a new electronic recording system fitted to the staff call system. The manager told us this would require staff to swipe an electronic fob when they entered and exited people's bedrooms and would allow managers to better review the times people were supported and how long that support was provided for. They told us this would help them to monitor staffing needs and ensure people's needs were responded to in a timely manner. Any unexpected time delays can be further explored by the manager..

At our last inspection we found significant areas of the home were not clean. We found unsafe infection control practices by staff members were putting people at risk of cross contamination by not wearing appropriate, disposable protective equipment. The environment was not clean to adequately protect against the risks associated with not effectively preventing and controlling the spread of infection. People's risk assessments were not effectively and accurately reviewed. There were no personal emergency evacuation plans (PEEPS) for people who used the service. Accident and incident reporting was inconsistent. Investigations were not carried out and effective monitoring was not in place to identify, address and remedy accidents and incidents. A warning notice for all the breaches we found under regulation 12 was issued.

During this inspection we found significant improvement had been made and the warning notice had been complied with.

On our unannounced arrival at the home, we completed a walk round of the building to look at the systems in place to ensure the home was clean and safe infection control practices were maintained. We saw toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels liquid soap and foot operated pedal bins. We checked all hand gel sanitizer dispensers are these sanitizers and saw that these were fully stocked and operational. We also looked in several bedrooms and all communal areas and found these to be clean and tidy. We found the building to be bright and well decorated with no malodours. The bedrooms we went in were well furnished and were personalised with people's own photographs and ornaments.

The manager told us that since our last inspection new flooring had been purchased for all the lounges and some bedrooms. New furniture had been purchased for one of the lounges and two bathrooms had been refurbished to create level access shower rooms. People we spoke with told us the home was cleaner. A visitor told us, "The cleaning is better."

We saw that new handwashing sinks had been fitted in the kitchen areas of each of the units. During our inspection we observed staff using these to wash their hands before serving food. We observed two lunch

time services and one evening meal, the staff serving food wore protective aprons during two of the meal times, which is good hygiene practise when handling food.

We looked at the systems in place for laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The laundry was tidy with good procedures for keeping dirty and clean laundry separated. One visitor said, "Clothes used to go missing or end up with the wrong person. It's got a lot better recently."

The registered manager told us the service had a new supplier for personal protective equipment (PPE) such as disposable gloves and aprons and that supplies of PPE were now kept in each bedroom and bathroom. Staff we spoke with told us PPE was now always available and used. During our inspection we saw PPE in each of the bedrooms we looked at. We saw that staff wore appropriate PPE when carrying out personal care tasks. We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Records we looked at showed that infection control and wearing of PPE had been discussed at a recent team meeting. Records showed that staff had received training in infection control and their good practice was reflected in our observations during the days of inspection.

We looked at seven people's care records. We found that since our last inspection new care records were in place and all risk assessments in the records we looked at had been reviewed and updated into the new format. We saw these records we detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included mobility, choking, pressure areas, continence, nutrition, weight loss, falls and medicines. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated. One person's risk assessment relating to skin integrity and development of a pressure area had been updated following advice from district nurses and had then been updated again when the risk had reduced.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included fire, bathrooms, communal spaces, electrical appliances, the lift and hoists, medicines, window restrictors and legionella. We noted that all risk assessments had been regularly reviewed.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. These were kept in a file in the 'Fire Grab bag.' This was kept in the office for use in the event of a fire. It also contained emergency first aid kit, high visibility jackets, and torches. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

Records we looked at showed that accidents and incidents were recorded. They were recorded by staff on a paper form and then put onto the electronic system to enable the manager to monitor all incidents. We were told this was used to create a monthly report where action taken and any patterns were identified. One accident form we looked at only gave brief details of the specific circumstances of the accident, but we found the full details were contained in the handover record for that day and on the electronic system. We saw that following an accident another person's care records had been updated. We saw advice and instructions had been given to staff on how to reduce the risk of further incidents, including additional support and extra night time checks for the person, records showed staff were recording these additional checks.

During our last inspection we found safe and effective recruitment procedures were not in place and appropriate checks had not been made on staff to ensure that suitable staff had been employed to care for vulnerable people. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found that significant improvement had been made and the requirement action had been complied with.

The manager told us that following our last inspection all staff files had been reviewed by senior staff and action taken to update files where needed. We saw that a robust and safe system of recruitment was now in place. We looked at four staff files. The staff files we saw contained an application form including full employment history, interview questions and answers, professional references, proof of address and identity including a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of recruiting unsuitable staff.

We saw that when staff started at the service staff were issued with a 'Role Profile'. This gave them information about their responsibilities, codes of conduct and disciplinary procedures, health and safety, protecting people's privacy and dignity, infection control, safeguarding and end of life care. Staff files we reviewed contained copies of these that had been signed by the staff member to confirm they had read them. This information should ensure that staff know what is expected of them in their roles.

The people living at Holme Lea told us they felt safe. One person told us, "Yes, I feel safe here." Another person said, "I feel safe, it's very nice here and the staff are very nice with me."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We looked at medicines management within the home. Since our last inspection medicines and medicines trolleys were now stored in a larger treatment room. We found the medicines room to be clean and tidy. We observed that each person had a Medicine Administration Record (MAR) chart in place, which included their date of birth, date of admission, room number, GP details, any allergies, any potential difficulties in taking their medicines and choice of how and where they would like to take them, for instance in their room with a glass of water.

We observed five people being given their medicines. Two staff members carried out the task, with both checking the medicines against the MAR chart, before one administered the medicines whilst the other stayed with the medicines trolley. Both staff then signed the MAR chart to confirm medicines had been

administered.

We viewed 12 MAR charts during the inspection. We saw that all prescribed medication had been administered and signed off correctly. We saw that the correct recording procedure for any discontinued medicines had been followed, with the home recording who had authorised this, date when the medicine stopped along with two staff signatures to confirm. We saw that people who's medicine was applied using patches had a body chart in place, where staff had recorded the position that each patch had been applied, to ensure it had been located in a different place each time as per administration guidelines. We saw that a specimen signature chart was in place and this matched with the staff signatures on the MAR charts.

We completed stock checks of seven people's medicines including one who was prescribed a controlled drug. All medicines we checked had the correct amount remaining, indicating that all medicines had been administered and recorded correctly.

We saw that the home had when required medicines (PRN) protocols in place. These explained what the medicine was, the required dose and how often this was required, time needed between doses, when the medicine was needed, what it was needed for, if the person was able to tell staff they needed it and if not what signs staff needed to look for along with any potential side effects. This ensured that any 'as required' medicines were being administered safely and appropriately.

We noted that the temperature of both the medicines room and the medicine's fridge had been checked and recorded daily. We saw that over the last month the temperatures had remained within recommended levels.

We checked the controlled drug (CD) cupboard. We saw that this was kept locked with the key stored in a separate locked container the key to this was held by the person in charge of medicines on that shift. We checked the stock levels of all medicines in the CD cupboard and saw that these tallied with the CD register. We also noted that all entries were supported by two staff signatures as is required.

We saw that the home had detailed medicines policies and procedures in place all of which were up to date. We saw that all staff authorised to give out medicines had completed training in this area. We saw a computerised record which indicated that the staff had also had their competency assessed. We reviewed two staff training records of those on the computerised system, they included paper certificates of medicines training and competency, including ordering and disposing, preparing and administering medicines and application of topical creams.

We saw that medicines audits were completed on a monthly basis with action points generated and timescales for completion included.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had an emergency contingency plan. This informed managers and staff what to do in the event of such an emergency or incident and included lack of availability of staff, loss of computer systems and telephones, loss of gas, electricity, catering, fire, outbreak of infection and severe weather. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

Is the service effective?

Our findings

At our last inspection we found people were not receiving care in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards because 11 people were being deprived of their liberty without the required application/authorisation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found significant improvement had been made.

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. When they lack 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 when it is in their best interests and legally authorised. The application procedures for this 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. We found the service was working within the principles of the MCA.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. We saw that, where appropriate, relatives had been consulted about people's wishes. At the time of our inspection authorisations for DoLS were in place for three people who used the service. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. A further 10 applications had been made and were waiting authorisation.

Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS authorisations, as they are required to do. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS. However during our last inspection we found two staff we spoke with only knew a little bit about this subject although they had previously had training. During this inspection the manager and some care staff we spoke with had a good understanding of MCA and DoLS, however most care staff we spoke with did not have a clear understanding of MCA or DoLS. Some care staff did not know if any people who lived at the home were under a DoLS authorisation. Staff understanding in this area needs to be developed further to ensure that staff are able to safely and effectively provide care and support within the legal framework of the Mental Capacity Act 2005 (MCA).

We looked at how the home sought consent from people who lived there. One person we spoke with told us, "Staff ask me before helping to get me ready." Whilst another said, "My consent is sought, before staff support me."

In all the care records we looked at we saw that individual care plans indicated whether the person could consent to their care and treatment. We also saw more formalised documentation around consent to have

photographs taken. During our inspection we heard people's consent was sought prior to support being provided. We heard staff asking people if they would like to eat, take their medication and complete other tasks. We saw a staff member ask a person who was seated too far from the table to comfortably eat, if they could push them closer to the table before doing so.

At our last inspection we found the service was not always effective. Staff did not receive the induction, training and supervisions they required to carry out their roles effectively. A warning notice was issued.

During this inspection we found improvements had been made and the warning notice had been met.

The staff we spoke with had differing opinions about whether they had had enough training since starting to work for the home. One staff member told us, "I wouldn't say I did induction training when I started, it only lasted a couple of hours." Whilst another staff member said, "I completed induction training, can't remember all the areas that it covered, but it was enough for me to do the job." Other staff told us, "I had none when I first started, but it's been great since [manager] started, she has worked through all the induction and mandatory training with me" and "I completed an induction, manual handling was a practical session, the rest was on touch [computerised training system], we had to do assessments at the end of it." Another said, "My induction was great, I did eight booklets about different things, I had to complete a module every week."

Staff files we looked at showed us that staff recruited since our last inspection had either completed or were in the process of completing an induction programme. We reviewed the staff training files of two new starters, they contained the induction work booklets and copies of certificates of completion. We saw that the induction was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete work books to demonstrate their knowledge and understanding.

Not all the staff we spoke with could remember the training they had received in the last twelve months. One staff member said, "Not had any so far this year, but I know I am due for some." Whilst another said, "I've done no training in the last 12 months." Other staff told us that since our last inspection training opportunities had increased. One staff member told us "I have done loads." Another said "I have done all my mandatory training."

The service uses an online training system to record all training that has taken place and is due to be completed. The manager told us that since our last inspection staff had started to work through the training that was identified on the system for their roles and that all must be completed by end of August 2016. We saw this training included; manual handling, infection control, food hygiene, fire safety, pressure care, end of life care, person centred care and first aid. The manager did not have an overall training matrix but was able to produce reports for each of the training subject areas. This identified when training had been completed and when refresher training was due to be completed. We saw that staff had either completed training or had dates set when the training was due to be completed. Staff we spoke with, who could remember what training they had done, and staff files we looked at confirmed staff had attended the training as listed on the training reports.

We looked to see what support staff were given to undertake their roles. We found that since our last inspection there had been significant improvement. Records of staff supervision were kept in a file in the manager's office. We saw that all care staff had received at least one formal, recorded supervision since our

last inspection. The manager told us that appraisals would be completed after the summer holidays. Staff training will be discussed as part of the appraisals.

The manager told us care staff and seniors meeting were now held monthly. Records we saw showed that staff meetings had been held in June 2016. A seniors meeting and a care staff meeting had been planned and happened, on the first day of our inspection. Records of the meetings we reviewed showed that issues discussed included confidentiality, documenting residents care, PPE and infection control. We saw that staff were asked to put forward ideas for how the home could be improved.

The staff we spoke with told us they felt supported. They said that team meetings now took place where they could discuss their work. One staff member told us, "We have team meetings; however there doesn't seem to be any for night staff." Another said, "We have team meetings, about once a month or so." Staff we spoke with told us the manager had started to give awards to staff at the meetings in recognition of good practise. One staff member told us, "I have had supervision and an appraisal." Others told us, "I know what's expected of me now" and "I feel supported, if I needed anything I would say."

At our last inspection we found that people who use the service were at risk of not receiving nutritional support as indicated by health care professionals. Food and fluid charts were not fully completed. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found that improvements had been made and the requirement action had been complied with.

We looked at how people were supported to eat and drink. We saw people had appropriate nutritional care plans and risks assessments in place which provided staff with information about people's nutritional needs and how best to support them. We saw that where any risks had been identified food and fluid monitoring charts were being used and had been completed fully. This helped to ensure staff had accurate information about what people were eating and drinking and helped to ensure people get the nutrition they needed to keep them healthy.

We were told that two people who used the service were on modified diets, which meant their food needed to be prepared in a specific way to reduce the risk of choking. Care records of one person who used the service contained a report from a speech and language therapist which recommended the person required a stage 3 diet as they were at risk of choking. It also stated 'revert to stage 2 diet if required.' A stage 3 diet means that people need to avoid specific foods and have their food prepared to a mashed or minced texture. We found that the person's risk assessments and care plans reflected this. Their care records contained a 'diet notification record' which also detailed the same information. During our inspection we spoke with cook and they were able to tell us accurately about the two people who were on modified diets and how the food needed to be prepared. They showed us a file which was kept in the kitchen which contained copies of 'diet notification records' for each person who lived at the home, however we found that the record for the person on the stage 3 diet was not the same as the copy in the main file, it was not accurate, it stated stage 2. The manager told us this had been an error by the member of staff who had transferred the information. Whilst the cook was aware of how to prepare the person's food safely, this was not accurate which meant that the systems in place for checking the information were not effective. This is dealt within the Well-led domain in this report.

We did however note that whilst the information from the speech and language therapist referred to stages 2 and 3 the forms used by the service were pre-printed and only allowed staff to tick a box for texture 'A- E'. It

required staff at the home to write on which stage in numbers the speech and language therapist had instructed. The manager told us they would discuss having the form amended to reduce the risk of confusion for staff.

The cook was able to tell us about supplements that were used for people who were at risk of losing weight. We saw that the service had a stock of high calorific snacks available for people.

At our last inspection we found that choice of food was very limited and the times and types of meals was rigid. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

We asked people living at the home for their views on the food. People told us that the food had improved since our last inspection. One person told us, "The foods alright, I would say it's average," whilst others said, "Its nice" and "It's very nice." People told us they now had more choice. One person said, "There's more choice, It's not just soup and sandwiches for tea. There's pasta and wedges."

During meal times we observed that the dining areas were nicely set out, with drinks provided on all tables. The staff were clearly aware of their roles, ensuring that everyone was served in a timely manner and empty dishes removed promptly. Every person was asked what they wanted. We saw that each table had a daily menu, to inform people what they could choose from that day.

On the first day of our inspection we saw that the lunch time meal. The food was plentiful and nutritionally well balanced. We saw that people were offered choice and staff took meals to people's table to show them what was available.

We found the kitchen was clean. The service had received a 5 star rating from the national food hygiene rating scheme in February 2016 which meant they followed safe food storage and preparation practices. We saw the cook had received training in food preparation and food hygiene. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods. The manager told us that a head chef had recently been recruited and was undergoing their pre-employment checks.

We found the cook had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. The cook kept information about each person's preferences and added to it as they found people liked or did not like a particular food. We saw that people's preferences were respected.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

One weight monitoring chart we looked at indicated that the person had lost four kilogrammes in one week and no action had been indicated in the chart. When checked during our inspection this was found to have been an error in recording by the staff member and the person had not lost the weight. However an audit of the weight charts by staff had not identified this error. This is dealt within the Well-led domain in this report.

People who used the service had access to healthcare services and received on-going healthcare support.

Care records contained evidence of visits from and appointments with district nurses, the mental health team, opticians, speech and language therapist and dietician. One visitor told us that people used to miss appointments because information was not always passed, but they had had no problems recently.

Care records we saw also contained a resident transfer form. This included important information about each person's support needs and medical conditions and was given to health care professionals if the person needed to go to hospital. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Is the service caring?

Our findings

During our last inspection we found that the service was not always caring. We the atmosphere in the home was rushed and task-led, and staff had little time to spend with people. People were not always treated with dignity and respect.

During this inspection we found significant improvement had been made.

The people we spoke with told us they liked living at Holme Lea and were happy with the care they received. They told us, "They look after us all very well", "They're nice the girls here, they are lovely", "The staff here are nice and kind." Another person said, "They are brilliant, they look after me.

A visitor we spoke said of the staff, "They are very, very kind. Nothing is too much trouble." One visitor told us that one of the cleaning staff put their relative's nightie on their bed ever night. They said the cleaner was, "A belter."

During the inspection we spent time observing the care provided in all areas of the home. We saw staff members warmly greeting people upon first seeing them, saw them sitting and chatting with people, making appropriate physical contact such as hand holding. On one occasion we saw a staff member showing a person they were supporting a photograph of where they were going for their holiday, they asked the person if they had ever been there, which led to a chat about holidays, with the person smiling and animated throughout.

During meal times we observed staff asking people what they would like to drink, offering wine, tea, juice or water. People's glasses were refreshed quickly after confirming what the person would like. We saw one person say they did not want to eat anything; a staff member tried to persuade them to eat something and offered to get them alternatives to what was available. Which the person accepted and enjoyed.

The people we spoke with said they felt treated with dignity and respect by the staff who cared for them. One person told us, "I feel respected and I feel listened to." Whilst another said, "Yes, I feel respected and staff always knock on my door before coming into my room." A visitor told us, They get to know them [people who use the service] as individuals."

We asked staff how well they knew the people they cared for and how they knew what they wanted. One told us, "They tell me what they would like and I do this." Two more staff members told us this information was in the care plans, and they also asked the person directly as well as family members. We asked staff how they gave people choice about the care they received. One staff told us, "I ask them what they want." Another staff member said, "I always ask them."

We saw that as part of the review of a person's care, family members were asked to provide feedback. We saw that one family member had stated, 'I believe staff are providing as good a standard of care as possible, they provide a conscientious caring service and treat [person who used the service] as a friend.'

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One member of staff said. "Give people lots of choice; let them do what they want." Another told us, "When getting someone up, I give them a choice of what they want to wear, suggest what might look nice but let them decide, I encourage people to wash their own face and do things for themselves if they can."

The manager told us the home had an open door policy to people's visitors. Visitors we spoke with said they were made to feel very welcome. During our inspection we saw lots of visitor coming and going. One visitor told us, "They know my family well. You are made to feel welcome."

Some people's care records contained information about how they wished to be cared for at the end of their lives. This showed peoples spiritual and cultural needs were considered.

Is the service responsive?

Our findings

At our last inspection people had no input into the planning or decisions around what activities were on offer and no individual options were available to those people who did not want to participate in the predetermined activities. This meant that people's preferences, choices and personal opinions had not been sought or considered as part of their right to participate in making decisions about their daily choices. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found the requirement action had not been met.

We asked the manager about the activities that were offered to people that lived at Holme Lea. The manager told us that the activity co-ordinator had not been working at the service in the previous two months and that as a result not all activity's that had been on offer previously were available to people who used the service. People's care records included information on their interests and hobbies but people had not been consulted about activities they would like to do in the home.

We asked the people who lived at the home what activities took place. One person told us, "There are no activities really; I just tend to walk about and stuff." Others told us, "I watch TV mostly, when my friend comes through, we sit and chat as well" and "I get bored, but [staff member] will come and sit with me." Visitors we spoke with told us, "Activities are lacking" and "There are no activities."

We asked the staff how they supported people to become involved in activities. One staff member told us, "Make it fun, we had the exercise man in the other week, every one enjoyed this." Another said, "Join in, encourage them and get them to make suggestions about what they want to do."

During our inspection we saw a film being shown on television in one lounge on the first day but did not see any to other planned activities. We were told that an aerobics instructor came every fortnight and the hairdresser came twice per week. Of the other activities shown on the activity poster on display only aerobics, film afternoon and hairdressing were happening regularly.

This meant that the required improvements had not yet been made. During this inspection we found there were limited activities regularly scheduled to provide stimulation for people who used the service. People's preferences and needs were not being met. This was a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care and treatment was not designed to make sure it met all their needs.

The manager told us they had asked care staff during the staff meeting on the first day of our inspection to organise activities until the activity coordinator returned. They showed us that a weekly activity plan had been arranged for August. This included chair exercises, parachute and board games, bingo, puzzles and a film afternoon. We also saw that events were planned for the coming months including a 'Zoo lab' where animals would be brought into the home for people to look at and touch, a harvest festival and a travelling

theatre company.

At our last inspection we found that people were not treated with dignity and respect because they did not receive assistance to have a regular bath or shower. This meant they were not having their basic needs met nor their choices and wishes respected. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found some improvements had been made and the requirement action had been met.

The people we spoke with, told us that they were happy with the amount of baths and showers they had and that it was their choice whether they had one or not. A visitor said their relative was now having more baths and showers and that they were, "All spruced up and had talc on."

We looked at eight peoples bathing charts, we found people had more full body washes than showers or baths. We saw that all eight people had received a shower, bath or upper body and lower body wash most days, unless they had refused, which had been recorded on the care chart. The charts did not indicate if body washes had been the persons choice.

However these charts were completed inconsistently, with numerous days left blank. We asked a member of staff whether the gaps could relate to the person being away from the home, such as on a family visit but was told that no, this was likely because the staff had forgotten to fill them in. This is dealt within the Well-led domain in this report.

We saw that in one person's care plan it stated that they preferred a bath to a shower and should be bathed once a week. According to their personal care chart, this person had not had any baths so far that month; however had received 17 full body washes, with seven days' worth of data not completed. Records did not indicate if this had been the person's choice.

The manager told us that before people moved into Holme Lea their needs were assessed. Care records we saw contained copies of these assessments. We saw the assessments included information about people's support and health needs, medicines, allergies, mobility, nutrition, communication, likes and dislikes, interests and hobbies, capacity and consent. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in.

We saw these assessments had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people. During our last inspection we found that care records contained very little information about the persons social and life history or preferences and aspirations. The manager told us that since our last inspection all care records had been updated and were now in a new format that contained this information and was easier for staff to use.

We looked at seven people's care records. We found they were person centred and also included information about people's daily living skills, routines and preferences. All the care records we looked at contained a 'remembering together' document which included information about the person's family, friends, work history, hobbies and interests. Each care record also had a 'resident profile' in place, this provided information about the person's preferences, things they must have, important things about their lives, their likes, how they tell people what help they require and their personal care needs, These two documents helped formulate the persons care.

All care plans also provided guidance around nutrition, communication, continence, mobility, skin integrity, falls, personal hygiene and medication. All of the care plans contained a section containing the person's preferences and support needs. Each person had risk assessments in place which were all specific to the individual rather than being generic. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. We saw that people and where appropriate their representatives had been involved in developing the care records.

Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed. The review notes included a list of who had been present. We looked at whether people had been involved in reviewing their care plans on a regular basis. In one care plan we saw that the staff had recorded that a review had taken place however stated '[person's name] has chosen not to express their views.' This had been recorded for each individual care plan; however we did not see any signatures from the person, to confirm that the review had occurred or that they had chosen not to express their views. Some care plans we saw had written comments that indicated that people were happy with everything but had not signed to confirm this. Others records contained the person's signature or where appropriate their representatives signature to show they had been involved and had agreed with the outcome of the review. We spoke to people living at the home and asked if they had been involved in planning their care. One person told us, "Yes, I have read my care plan and am happy with what's in it."

We were told that staff were made aware of changes in people's support needs during the handover that happened each morning. We observed a handover and reviewed the handover book. We found it to be detailed and included information about the support people had needed during the night and appointments and important tasks for the day shift, such as contacting a GP. We asked staff how they were informed of changes to a person's needs. One staff told us, "I look at care plans and charts, plus we get told at handover." Another staff member said, "This information is put in the handovers or we get told straightaway." Whilst a third told us, "Any changes are passed on via the communication book and at handovers."

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 told people what they could do if they were unhappy with how the service had dealt with their complaint. We reviewed the service's complaints file and saw that the manager had responded to complaints. Electronic records were kept of any complaints and the actions taken by the service to resolve them. We saw that issues raised about food and fluid charts not being completed had been discussed at a staff meeting.

Is the service well-led?

Our findings

During our last inspection we found the provider did not ensure that accurate complete and up-to-date records were kept in respect of each person. They did not operate sufficient and effective systems to monitor the safety, quality and risk of services provided to people within the home. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found improvements had been made but further improvement was needed.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found good systems of quality assurance had been put in place since our last inspection. There were a number of daily, weekly and monthly checks and audits including cleaning, health and safety, medicines, care records, daily recordings and charts.

However we found that in three instances the auditing systems had not identified errors in care records. In one care record a person's weight had been recorded incorrectly, in another incorrect paper work regarding diet was held in the kitchen and some bathing charts had not been fully completed. None of these errors had been found or addressed during audits. The manager told us these had been oversights and had not been found when the monitoring had taken place. During our inspection the manager updated the information and told us that quality monitoring would be discussed again at seniors meetings and in the manager's quality monitoring group.

Records we looked at showed that each morning the manager or a senior staff member completed a walk round the building and checked the care being provided to people, cleanliness of the building, kitchens and laundry. The manager and senior staff had also started to undertake 'Dignity in Dining - meal time experience checks'. This included sitting with people who lived at the home and sharing a meal. This meant they were able to look at the choice and quality of the food and how people were supported during meals. The service also had a 'resident of the day'. All staff involved in the persons care would review the care and support they were receiving. Records we saw showed this included a full clean of the person's room including carpet shampoo, a review of their choice of food and review of their care records. We found that the person and where appropriate their representatives were involved in this process.

At our last inspection we found the provider did not ensure the security and confidentiality of personal information around people who lived at the home and systems did not adhere to the Data Protection Act 1998. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During this inspection we found that significant improvements had been made and the requirement action had been made.

Care records were kept in locked cupboards in each unit or in a locked cupboard in the senior's office. Personal information was not displayed publically in the offices. This meant that people's personal information and confidentiality was protected.

The service is required to have a registered manager in place. Since our last inspection a registered manager had been appointed but was no longer working for the organisation. At the time of our inspection there was no registered manager in place at Holme Lea. A registered manager is a person who has registered with the CQC 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 provider had recently arranged for a relief manager to take over management of the service on a temporary basis.

One visitor said of the manager, "She's very good." Another said, "She is open and responsive." Others said of the changes since our last inspection, "There has been significant investment. They have made a genuine attempt to make further gains" and "Overall I am very happy, but it's up in the air I don't know what's going on [about a permanent manager]." Others said "It's got better, if I have mentioned things they have reacted" and "I really like the place."

Staff were very positive about the relief manager and the changes they had made within the service. They said, "She's a breath of fresh air, absolutely wonderful", "She's so strong, she has the right approach" and "She is the best manager, she's fantastic." The staff we spoke with felt that the manager was approachable and they felt comfortable in bringing things up. One staff member said, "I am very vocal, I am happy to speak up." Another told us, "I feel that it would be okay to bring things up if I wasn't happy."

During our inspection we found the manager to be enthusiastic and committed to improving the quality of the service. They had only been at the service for six weeks, but we found they knew people well.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS authorisations since our last inspection as they are required to do. Notifications allow us to see if appropriate action had been taken by the service to ensure people are kept safe. We saw the service had made 16 notifications since our last inspection but we found that one recent safeguarding from June 2016 had not been notified to CQC. During our inspection we discussed this with the manager. They told us this had happened before the relief manager was in post and they thought this had been a misunderstanding by the person covering in the absence of the manager. The incident had initially been reported by CQC to Tameside council safeguarding, following information they had received. They told us the service had not realised they still needed to notify CQC. We confirmed to them that a notification needed to be made. We received the notification 18 days after our inspection.

Staff said of the changes that had been made since our last inspection, "We are going through evolution" and "Everyone, all the staff and residents are calmer." The staff we spoke with told us they enjoyed their work and told us that there was a positive culture within the home. Staff said; "I love my job", "The atmosphere here is really good", "On the whole the atmosphere is really upbeat and everyone is enthusiastic" and "I love it. It's my second home."

The service had recently sent a feedback questionnaire to relatives of people who used the service we saw that only three had been returned. Records we saw showed there had been a relatives meeting in June 2016 where updates had been given. We saw this included concerns raised about laundry. The manager told us that they were planning to hold a cheese and wine evening for relatives in the week following our inspection.

They also planned to hold open door events where people could come to meet them. They told us these events would be used to inform people about plans for the service but also to seek their opinions.

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 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not designed to make sure it met all their needs. People's preferences and needs were not being met. |