HICA

The Hollies - Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 10 and 11 December 2015. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was unannounced; which meant that the staff and registered provider did not know that we would be visiting.

The last inspection was carried out 24 April 2014; at that inspection The Hollies Care home was found to be compliant with the regulations we looked at.

The Hollies is a care home in Hessle in East Yorkshire which provides accommodation and care for up to 48 older people. On the first day of the inspection there were 40 people living at the home. The home is divided into two units, 'Humber' which provides support for people who require residential care and who may have a mild cognitive impairment and 'Tranby' which specialises in support for people with more complex dementia related conditions.

The home is required to have a registered manager in post and on the day of the inspection there was a registered manager in post who had been registered with the Care Quality Commission (CQC) since August 2015. A

Summary of findings

registered manager is a person who has registered with 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.

We found that although the homes premises were mostly clean and properly maintained the home had ineffective systems in place to ensure that all equipment was repaired and replaced within reasonable timescales. This was a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Assessments of risk had been completed for each person and plans had been put in place. Incidents and accidents in the home were accurately recorded and monitored monthly.

We saw that there were sufficient numbers of staff on duty and people's needs were being met. We found that effective recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The home had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medicines as prescribed.

The registered manager was aware of guidance in respect of providing a dementia friendly environment and progress had been made towards achieving this.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the home deemed essential, such as safeguarding, moving and handling and infection control and also home specific training such as dementia awareness.

Staff told us they felt well supported by the registered manager and could approach them if needed. They told us they received formal supervision, but could also approach the registered manager with any concerns at any time.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that Mental Capacity Act (MCA) (2005) guidelines had been fully followed. We saw that when decisions were made on people's behalf these were discussed at a best interest decision meeting to ensure the least restrictive option was always chosen.

People's nutritional needs were met. However, we saw the lunchtime experience for people was inconsistent with people in the dining room enjoying a relaxed and pleasant environment, whilst the atmosphere for people in the lounges was less pleasing.

People were supported to maintain good health and had access to healthcare professionals and services. People were encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments when necessary.

We observed good interactions between people who used the service and the care staff throughout the inspection. We saw that people were treated with respect and that they were supported to make choices about how their care was provided.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. The care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

The home employed activity coordinator's and offered a variety of different activities for people to be involved in. People were also supported to go out of the home on day trips or to access facilities in the local community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were appropriately actioned.

Summary of findings

We found the provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support.

Summary of findings

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.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

Is the service effective?

Requires improvement

The service was not always effective.

Scales used to weigh people were awaiting repair and as a result people living in the home had not been weighed for over a month. This meant that people's nutritional needs could not be fully assessed.

The homes manager was able to show they had an understanding of

Deprivation of Liberty Safeguards (DoLS) and we found the Mental

Capacity Act (MCA) (2005) guidelines were being fully followed.

Staff had received an induction and training in key topics that enabled them to effectively carry out their role. However, some staff lacked sufficient knowledge in relation to the MCA.

We saw that when people required support to eat and drink this was provided. However, we found the lunchtime experience for people in the home was inconsistent

People who used the service received, where required, additional treatment from healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led.

The service had effective systems in place to monitor and improve the quality of the service.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

The Hollies - Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 10 and 11 December and was unannounced. The inspection team consisted of one Adult Social Care (ACS) inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service from the home. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

The provider was not asked to submit a Provider Information Return (PIR) prior to the inspection, as this was not a planned inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three visiting relatives, four members of staff, and the registered manager. We spent time observing the interaction between people who lived at the home, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for four people, handover records, the incident / accident book, supervision and training records of four members of staff, staff rotas, and quality assurance audits and action plans.

Good

Is the service safe?

Our findings

The service had policies and procedures in place to guide staff in safeguarding people from abuse. The registered manager used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that safeguarding concerns were recorded, audited weekly and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents. We looked at training records for staff and saw that all had completed safeguarding training within the last 12 months.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with four members of staff about safeguarding, how they would identify abuse and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would initially report any incidents to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. One staff member said "If I saw anything that didn't look right I would first of all make sure the person was safe and then report it to my senior immediately." Another said "I'd go straight to the manager. If they didn't sort it, I would go higher up."

We saw the home had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included an assessment of risk for falls, pressure care, mobility, nutritional status and more specific assessments including epilepsy and diabetes.

All accidents and incidents were collated, accurately recorded and included detailed information on whether this was a major or minor incident, the time of day it occurred, what action had been taken and which external agencies had been notified. These were audited on a monthly basis. This provided opportunity for the registered and regional manager to monitor whether any patterns were developing and put in appropriate interventions to minimise the risk of them occurring again.

We saw Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Records confirmed that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, portable appliance testing (PAT), gas boiler, fire extinguishers, emergency lighting and also all lifting equipment including hoists. This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

On the first day of the inspection we noted that one of the homes two hoists was awaiting repair, this had been reported through the estates team and the service engineer arrived on the second day of the inspection to repair this. We also noted that the scales were also awaiting repair and had been for almost a month. We discussed this with both the regional director and the registered manager who both acknowledged that these should have been repaired sooner and that a contingency plan was required to ensure that when items of equipment required repair replacements can be sourced more quickly. On the second day of the inspection we were informed that two new sets of scales had been ordered, one for each side of the home, so that in future if one set breaks the service would have a backup.

We asked the registered manager about how they ensured there were enough staff on duty to safely meet people needs. The registered manager told us that the number of staff required was determined by the needs of the people living at the service and was adjusted accordingly. They said currently they had two people who required one to one support to ensure that their needs were met in a safe and effective way. We spoke with the regional manager and the regional director who told us the registered provider is

Good

Is the service safe?

currently in the process of developing a staffing tool to provide clearer guidance to registered managers regarding the levels of staffing required to meet the needs of the people they care for.

The staff we spoke with told us that three senior carers and three carers had recently left the service. We discussed this with the registered manager who told us they had already started work towards replacing the staff who had left and in the interim period they were using some agency staff to ensure that suitable staffing levels in the home were maintained. They had contacted the agency providing the staff to request where possible the same group of staff were allocated to the home to ensure continuity of care for the people living at the service.

When we discussed staffing levels with the care staff they told us "We are always very busy, some days I do not always have time to take the breaks we are entitled to, however, we always make sure that people's needs are met before our own." Another told us "It gets busy on Tranby as the lay out makes it more difficult to keep an eye on everybody. Also, there is no office, so if you need to make a phone call you have to go through to the other side which can leave you short for a while." We discussed these issues with the registered manager, they told us that the new layout on Tranby should help to address some of the concerns raised and as they are also increasing the number of beds on that side they will also be increasing the number of staff to ensure people's needs are met.

One relative told us "There's normally enough staff on shift, however, they can be a bit short during handover or if somebody needs hoisting because that can take two staff" and, "It's not usually a problem but it means they (people living at the service) might have to wait a bit longer if they need to go to the toilet." We spoke with a visiting health care professional who told us, "I know they have had some recent issues with staffing but it seems much better now." We saw that there was enough staff to meet the needs of the people living in the home, although their deployment at busy times could be improved.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This helped to ensure staff knew what was expected of them.

We saw that all medicine delivered into the home was checked and signed for by staff. Support was received from the local pharmacist who dispensed people's medicines into a monitored dosage system (MDS) prior to delivery. An MDS is a way in which medicine is repackaged into a "box" or "blister system" which indicates the days of the week and times of day medicines should be taken.

We looked at the medicine systems and records for ten people. We saw that people were receiving their medicine as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MARs). Any medicines which had not been administered were signed for by staff to acknowledge why this had not been given. The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed. We saw that if a medicine was refused then it was bagged up individually and placed with the returns medicine. This ensured that medicine was disposed of in line with the homes policy and procedures.

All medicines were stored securely; the medicine cabinet was secured to the wall and locked in a designated medication room. We saw that controlled drugs (CDs) were stored separately to other medicines in a secure cabinet. We saw that there were only four CDs on the premises and that the number remaining of each tallied with the number in the CD book. We saw that there was a designated fridge in which medicines were stored and both the medication room and fridge temperatures were within the required temperature range.

A staff member told us medicines were continually audited to ensure that errors were kept to a minimum. Records showed that a full audit of medicines, including people's MAR, was completed each week. This helped identify any gaps on MARs, discrepancies in stock levels and also room and fridge temperatures. The pharmacy that provided medicines to the home also carried out audits to ensure

Good

Is the service safe?

that systems were working as intended. We saw a copy of this audit was present in the homes records and indicated only one minor recommendation that the registered manager had actioned.

We found the home to be clean and tidy and free from odour on the Humber side although we noted a slight odour on one corridor on the Tranby side. We discussed the odour with the manager and they informed us that they continually deep cleaned the carpet but due to one person's incontinence they cannot completely eliminate the odour. The manager confirmed that the carpet will be replaced with a more suitable non slip, easy to clean flooring during the renovation. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. Visitors to the home told us that the homes environment had improved since the new manager had come in to post. The registered manager told us they had replaced flooring where appropriate and there were further plans to improve the layout of the home in the new year.

Requires improvement

Is the service effective?

Our findings

We saw the home used the Malnutrition Universal Screening Tool (MUST) to help assess people's nutritional needs and determine what 'plan' a person should be on in relation to their current weight and body mass index (BMI). The MUST is also used to inform the staff when a referral to the GP or dietitian is necessary to fully assess a person's nutritional status. We saw that people's weights were recorded in their care plans; however, we noted that people had not been weighed since the beginning of November.

We saw that one person had lost 15% of their body weight between August and the 11 November 2015. Although a referral had been made to the dietitian by the GP this had not been actioned by the homes staff. We saw from the persons care records that no weights had been recorded since this referral had been made, nor had any other means of assessing a person's weight been implemented.

We spoke with the registered manager regarding this and they told us that the person had spent a period of time in hospital since they were last weighed and since returning had up until recently been cared for in bed. They told us the weight they had lost was due to illness and the GP had been consulted throughout. Records we saw supported this. The registered manager also told us that due to the care and support they had received their health had now improved and they were able to return to their previous routine and spend time in the lounges with other people.

The registered manager told us that people were weighed on a monthly basis, unless the person had lost their appetite, or had experienced a significant weight loss, then they would be weighed weekly. However, the scales used to weigh people living at the service had broken and were awaiting repair, so they had not been able to weigh people in line with their policy.

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

People's nutritional and dietary requirements were met. We saw that people were offered a choice of two hot meals and two desserts and they could also request other smaller meals such as sandwiches if they preferred. We saw staff let people decide where they wanted to sit for their meal and also ensured where possible that those people who chose to stay in their rooms received their food at the same time as people eating in the main dining room. We saw that the member of staff responsible for serving food used a thermometer to ensure that the food was served at the right temperature.

We observed the lunchtime meal on both sides of the home and found that those people who chose to eat in the dining rooms had a relaxed and enjoyable experience. However, the way in which staff were deployed in the Tranby side of the home meant that people who chose to eat in the lounge area did not enjoy the same relaxed atmosphere. We saw one member of staff attempt to provide assistance with eating to one person whilst also providing reassurance and prompts to four other people. This appeared to be a stressful experience for all concerned as one person continually paced around the room, invading the personal space of the other people in the room. We discussed this with the registered manager who informed us that the home has a 'tools down' policy across mealtimes so all staff, including domestics and the activity coordinators would support the care staff during this busy period of the day. However, the activity coordinator was currently off work therefore they did not have a full complement of staff to deploy. The registered manager told us that they would normally provide additional support during meal times and would ensure all staff knew she was available if required.

One relative told us, "[Name] wouldn't eat when they were at home, but since they have been here [Name] has started to put a bit of weight on."

Some people had food and fluid recording charts in place to record the quantities of food and drink they were consuming. This was to ensure that people's nutritional needs were being met. We saw that these were accurately completed and included totals for fluids and also informed us of the type and quantities of food that had been eaten.

Staff we spoke with told us they completed a thorough induction before they were able to start working in the home. One staff member said, "I completed five days training at the head office, we covered lots of different topics including moving and handling and using the hoist, food hygiene, infection control and safeguarding vulnerable adults." The registered manager told us that once the new staff member had completed their induction

period they were given the opportunity to work alongside more experienced staff to gain an understanding of what was expected of them and so their competency could be assessed.

We looked at the homes training records and saw that staff had completed training in moving and handling, RESPECT (managing behaviours that challenge), dementia awareness, health and safety, safeguarding, Mental Capacity Act (MCA) 2005 / Depravation of Liberty Safeguards (DoLS), fire safety and infection control. We saw a small number of staff required refresher training in some of these topics; the registered manager informed us they had already booked these staff on the next available training course. We could see from the training records that all of the staff received the same training irrespective of what their role in the home was. This meant that the whole staff team had the skills and knowledge to be able to support people in a variety of ways throughout the home.

We spoke with one relative who told us "The staff appear to be very well trained. They all seem lovely and know what they are doing."

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities for staff and address any concerns or issues regarding practice. One member of staff told us "I had supervision at the weekend. We discussed if I had any concerns, shifts and hours of work, my health and also whether I was enjoying my role." We saw supervision records to support this.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

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 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 saw six people using the service were subject to a DoLS authorisation and the service had made 12 applications in total to the local authority at the time of the inspection. Staff told us they had completed MCA training both during and after their induction and records confirmed this. However, we found during our discussions with staff that their level of understanding of the key principles was inconsistent. We fed this back to the registered manager who confirmed they would address this through supervision and team meetings.

We saw evidence that best interest meetings had taken place to ensure that people received care in the least restrictive way. For example one person consistently refused their medicine, so the registered manager in partnership with the pharmacy had held a meeting to discuss whether it would be in the person's best interest to have their medicine administered covertly. This is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. We found that all the relevant people had been consulted and a copy of the decision was kept in both the persons care plans and within the medicine records.

The registered manager told us that they currently only used specific low level hand holds to enable them to support one person with personal care. Records informed us that staff had received the training to enable them to safely perform this intervention. In the persons care plan we saw that a best interest meeting had been held involving the family, GP, district nurses and the registered manager. The minutes of the meeting included detail of the holds that were permitted and had been signed by those present.

Peoples health needs were supported and were kept under review. One relative told us "If [Name] is ill they always get the doctor in straight away" and, "If anything they are a

Requires improvement

Is the service effective?

little over cautious." We saw from care records that people had detailed information recorded regarding their health. We saw that other professionals were involved in people's care for example their GP, social worker, psychiatrist or dietician.

A visiting healthcare professional told us, "The staff know the needs of the residents and there is always staff available to take to me to the patient when I visit. This is important as it helps to ensure that you are always treating the right person and also they can tell you how they have been since your last visit."

We found the registered provider had taken steps to make the homes environment more suitable for people with memory impairment. This included the introduction of different coloured bedroom doors, contrasting handrails and toilet seats and clear signage for toilets and bathing areas. We saw there were rummage boxes and tactile wall arts that people could stop to touch and feel. We looked in peoples rooms and found that most had been personalised by the person's family to make the room more homely. One in particular was full of the person's most sentimental possessions that were on display for them to continue to enjoy. Personal items had been brought in including items of furniture and personal effects including photographs, pictures and ornaments.

Good

Is the service caring?

Our findings

Throughout the inspection we saw that visiting relatives, friends and professionals were all made to feel welcome by the staff at the home. Some relatives clearly knew the staff very well and were able to approach them with confidence to get an update about the person they were visiting and to discuss any concerns or developments in how the person was. All of the people we spoke with told us staff were caring. One visiting relative told us, "This is a very, very good place. The staff are really very good, they are very caring and their approach is excellent." Another said, "I can't fault them; they have a very caring approach. They involve me in [Name]'s care. When they come to assist they always ask if I want to help with things such as feeding." This told us that the care staff knew the importance of involving families and friends, where appropriate, in people's care.

As the people who lived in the home were unable to reliably communicate their thoughts on the service, we carried out some observations. We found that the approach from staff was professional but friendly and caring. Staff were competent in their roles and knowledgeable about the care and support that people required from them. We saw they were quick to intervene when people needed support and they had the confidence to distract and divert people's attention to help alleviate signs of anxiety or distress. We observed staff interacting with people in a manner appropriate to each person, they knew who they could have a laugh and a joke with and who would respond better to a more formal approach.

During the inspection we observed two members of staff use a hoist to move a person from their wheelchair to a chair in the lounge. Staff spoke to the person throughout the process to provide reassurance and explain what they were going to do at each stage of the move. This meant the person knew what to expect and when; they also ensured that the person legs were covered with a blanket throughout the procedure to protect their dignity.

We saw that where possible, staff would make time to stop and chat to people who lived in the home asking how they were, if they were ok and if there was anything they needed. We observed one staff member stop and assist one person with the opening of some Christmas cards they had received. They read each one to the person letting them know who they were from and any message they had sent.

One staff member told us, "I have a good relationship with all the residents here. I always try and make every second with them count. So, when I am helping them with washing or getting dressed I always make sure we have a good chat and ask how they are today and if they are feeling ok." And "I always come to work in a good mood because if you sound and look happy then people around you will be happy as well."

The layout of the home enabled people to have a choice of where and with whom they spent their time. Both the Humber and Tranby sides of the home had quiet areas for people to use in addition to larger communal areas. Some people had developed good relationships with other people living in the service and we saw that they enjoyed each other's company and were able to spend their days together.

We saw that people were given choice about how their care was delivered. We saw that people were able to get up when they wanted and were told that they could go to bed at a time of their choosing. At mealtimes people were offered a choice of food and could decide where they wanted to eat their meal, they could also choose to eat at a different time if they wished. Staff told us people were given as much choice as possible and would encourage people to choose what clothing they wanted to wear and also how they wanted to occupy their time.

We saw that care plans and personal information were stored securely in the shift office and that staff discussed personal issues with residents in a way that respected their privacy. We saw that the home had a number of different lounges, a sensory room and smaller 'breakout' areas where the people who lived there could choose to sit if they wanted some time away or if they wanted their own space or privacy.

Good

Is the service responsive?

Our findings

As part of the admission process people had all aspects of their life assessed to ensure the home was able to meet the needs of the person. The registered manager told us they carried out these assessments so they were fully aware of what was required to care for the person and also to assess any impact this could have on staffing levels. From this initial 'focus' assessment people's dependency levels were determined and more detailed care and support plans and risk assessments were developed. This included, for example, information on a person's mobility, nutritional needs, personal care and medicines.

Care files included patient passports and lifestyle profiles which described in detail the person's normal daily routines, such as what time people usually liked to be woken up, what they liked for breakfast and whether they were normally awake throughout the night. Patient passports explained how to care for people should they be admitted to hospital. These included key information regarding whether the person had any allergies or any habits that would enable the hospital staff to provide more personalised care.

As some people living in the home were unable to effectively communicate their wishes and feelings in relation to how their care was delivered, the registered manager had ensured that where possible family and friends were consulted during the development of care plans. We saw that 'getting to know you' questions, which were answered by people's friends or relatives, were included in the files. We also saw that the spouse of one person had signed the care plan to indicate their approval of its content. One relative told us, "We were asked about [Name]'s likes and dislikes on arrival and any habits [Name] might have."

People who were assessed to be at increased risk of falls, weight loss, pressure sores or who displayed behaviours that challenge had monitoring charts put in place. The charts we viewed were accurately completed. This enabled the homes staff to closely monitor the person and respond quickly if any changes were identified.

Care plans were reviewed on a monthly basis and the registered manager also audited 10% of the care plans on a monthly basis to ensure they reflected the needs of the people living at the service. However, we noted the information in one of the care plans was no longer reflective of the person's current level of need. This appeared to be an isolated occurrence. This was brought to the registered manager's attention who assured us they would amend the care plan.

The home employed three activity coordinators who provided a total of 65 hours of activities per week. On the day of the inspection the activity coordinator was off work. However, we saw that there was an activity board on display in the reception area and this outlined the types of activities that were on offer throughout week. The registered manager told us that in addition to the activities advertised the home also invites the pat dog scheme into the home and that the activity coordinators delivered 'oomph' exercise and activity classes. These aim to improve physical mobility, social interaction and mental stimulation for people living in the home. We also saw that one person was making use of a doll that had been introduced to the home. Doll therapy is one way to try to ease anxiety and bring joy to people with dementia. This is seen as a positive way to engage people while giving them a purposeful and rewarding activity.

On the first day of the inspection we saw eight people were playing skittles and ball games in one of the lounges. All involved looked to be enjoying themselves, smiling, laughing and interacting with each other. We also saw that the Christmas party was advertised throughout the home and that this year an Elvis Presley impersonator had been booked to provide the entertainment. Relatives told us, "They're great at getting people to come in the home to provide entertainment." And "They have a lot of activities going on; the trouble is there's very few people who can take part in them." And, "They go out quite a lot; they have a minibus and got to places like garden centres."

People were encouraged to offer feedback, share their experiences or raise any concerns. The service had policies and procedures in place to effectively manage any complaints that they received. We saw that both written and verbal complaints and compliments were recorded by the home. We saw that complaints were always fully investigated and that the complainant always received a prompt and thorough response. There was evidence that appropriate action had been taken in response to complaints received, and that complaints were discussed during staff meetings and used as an opportunity for learning.

Good

Is the service responsive?

A copy of the complaints procedure was available in the reception area of the home and families were also provided with a copy in the homes service user guide which was given to families when their relatives moved into the home. Relatives we spoke with told us they knew how to make a complaint or raise concerns if they needed to. One relative told us, “I know I can speak to the manager if I have any concerns or there are issues.” Another said “I have made complaints before, but the issues were all sorted out and we are happy with the care now.”

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager in post. At this inspection there was a registered manager in post who had been registered with Care Quality Commission (CQC) in August 2015. We saw the registered manager was an integral part of the staff team and on arrival found them providing one of the people who lived at the service with assistance to eat their breakfast. From observations carried out during the inspection we saw that they knew people's names and interacted with them in a familiar but respectful manner.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. We saw that the registered provider had the rating from their last inspection displayed at the front of the building and they were clearly working hard to ensure that the home continued to improve and remain compliant.

The staff we spoke with told us that the registered manager had an open door policy and that they could be approached at any time with any concerns they might have. They were all aware of the procedure to raise concerns and also who to contact if they were unhappy with the response. One said, "I can go to [Name] with anything, they are very approachable and I can speak to them at any time." Another told us, "I can approach the manager with any concerns." A relative told us, "[Name] is very approachable if you have any concerns."

Staff also told us they received formal supervision, an annual appraisal and attended staff meetings. This provided them the opportunity to discuss any issues of concern, address any training requirements, discuss any changes in people's needs and enable the homes management team to share any information of importance or address any areas issues within the home.

The registered manager monitored the quality of the service by regularly speaking with both the people who lived at the home and their family and friends to ensure they were happy with the service they received. They held a 'cheese and wine night' which attracted interest from relatives and enabled open discussion about any issues or concerns they had. This resulted in a number of suggestions including a request to improve the garden areas of the home and another to replace some worn out carpets. Both of these issues were addressed and resulted in the home winning the registered providers own internal 'gardens in bloom' competition. The carpets were also replaced and this had resulted in a notable improvement to the homes environment. One relative told us, "There used to be a smell when you walked through the door but now it is much better."

There were a range of audits carried out to ensure that the systems at the home were being followed and that people were receiving appropriate care and support. These audits included, for example, the environment, medicine systems, recruitment systems, care plans, maintenance of equipment, health and safety, infection control systems and accidents/incidents. We saw that when audits identified any areas for improvement, actions were taken to rectify the problem and where necessary systems were altered to prevent any reoccurrence.

In addition to the audits we saw that surveys were also completed by visitors to the home and the staff team. We saw that survey and audit information was gathered and then analysed and an action plan produced to make changes based on that information. This was then fed back to people that contributed their views in surveys.

The registered provider runs a number of friendly competitions between the homes throughout the year such as the best gardens, mince pie competitions, Christmas card competition and also awards for staff who are nominated for excellent work within their own service. We saw in the homes quarterly newsletter that the handyperson had been nominated by a relative for a 'shine award' for the way in which they had supported a new person to settle in to the home. The handyperson attended the registered providers annual 'Shine Ball' as recognition for the positive impact they had on the person. This showed that the registered provider recognised excellence amongst their staff team.

The registered manager told us that although they had been registered with the CQC since August they were only just starting to see the effects of the changes they had implemented. They said that there were plans to renovate the home increasing the number of beds available for people living with more advanced dementia. It was evident

Good

Is the service well-led?

that they were keen to see the improvements continue and they told us that they felt they had the support of the registered provider to enable them to implement the changes required.

The registered manager told us that they wanted family and friends of people living in the home to feel supported during what can be a difficult period for them coming to terms with the changes their relative or friend may be experiencing. The manager had established links with a support group for the relatives of people living with dementia and it was hoped that this would result in an increased understanding of the illness and enable the home to work in a more unified way to meet the needs of the people they cared for.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable equipment because of inadequate maintenance. Regulation 15 (1)(e)