

Ideal Carehomes (Number One) Limited

Greenacres

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 and 20 August 2018 and was unannounced on the first day and announced on the second day. The service was last inspected on 7 and 12 June 2017 and at that time the service was not meeting the regulations relating to consent, good governance and sufficient staffing and the service was rated requires improvement.

Following the last inspection, the provider completed an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. At this inspection we found improvements had been made, although some issues with governance still remained.

Greenacres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care for up to 64 people, including people living with dementia. The service was fully occupied at the time of this inspection. Accommodation is arranged over two floors. There are two units on each floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms throughout the home. Each unit has an open plan communal lounge and dining room.

The service had a registered manager in place who had changed their role to work as a care manager, but had not yet de-registered as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed, who had applied to register with CQC and their application had not been finalised at the time of this inspection.

Most people told us they felt safe, although some people said call bells were not always responded to quickly. Since our last inspection we found the registered provider had increased the number of staff on duty by one staff member during the day and at night, which meant people's needs were usually met in a more timely manner.

Pressure care to protect people's skin from pressure damage was not always delivered in line with the care plan. Some risk assessments related to people's bedroom doors being locked or unlocked were not completed.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse.

Effective recruitment and selection processes were in place and medicines were managed in a safe way for

people.

Staff had received an induction, supervision, appraisal and role specific training. This ensured staff had the knowledge and skills to support people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met and they had access to a range of health professionals to maintain their health and well-being.

Staff were caring and supported people in a way that maintained their dignity, privacy and diverse needs. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans. People and their representatives were involved in care planning and reviews and their needs were reviewed as soon as their situation changed.

People engaged in activities and further improvements were being made to support people living with dementia to lead more fulfilling lives.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

The registered provider audited and monitored the service however these audits had not always picked up and effectively addressed the concerns we found with pressure care management and inaccurate or incomplete records.

The registered provider and management team had taken action to improve the quality of the service. The management team knew the needs of people who used the service and most people and staff told us the service was well led.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. People using the service were beginning to be actively involved in staff recruitment and auditing aspects of the service provided, which empowered them to participate in improving the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Pressure care was not always delivered in line with the care plan.

Adequate numbers of staff were deployed to meet people's assessed needs and staff had a good understanding of how to safeguard people from abuse.

Recruitment procedures were robust and medicines were managed in a safe way for people.

Is the service effective?

Good 

The service was effective.

Staff had received training and supervision to enable them to provide support to people who used the service.

People were supported to eat a balanced diet and had access to external health care professionals.

People's mental capacity was considered when decisions needed to be made.

Is the service caring?

Good 

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained sufficient and relevant

information to provide person centred care and support.

People had access to activities in line with their tastes and interests.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

The service was not always well-led.

Audits were not always effective in identifying and addressing some of the issues we found.

The registered manager had improved oversight of call bell response times and falls management, which had improved safety for people.

The registered provider had invested in improving the service and made improvements in almost all areas of quality and safety.

Requires Improvement 

Greenacres

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 20 August 2018 and was unannounced. The inspection was conducted by three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

Some people who used the service used nonverbal, as well as verbal communication methods. As we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time observing the support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service and four of their relatives. We spoke with three care assistants, two senior care assistants, one cook, the lifestyle coordinator, one deputy manager, the current manager, the registered manager, the quality manager and the regional director. We looked around the building including some people's bedrooms with their permission. During the inspection we also spoke with one community professional.

During our inspection we spent time looking at five people's care and support records in depth as well as four others for specific areas of information. We also looked at four records relating to staff supervision and training, three recruitment records, incident records, maintenance records and a selection of audits.

Is the service safe?

Our findings

When we asked people and their relatives if they felt safe at Greenacres the response was mixed. One person said, "I feel safe, there's always someone next door. I think there is enough staff." A second person said, "It feels so safe, no break ins or damage. I feel my things are safe. The staff are busy, not as many at night as we need. I have a buzzer but they don't necessarily come." A third person said, "Staff leave my door open. I hope my things are safe in my room. They could do with more staff, when I press the buzzer it takes a little while," A fourth person said, "Safe, Oh I think so, yes."

One family member said, "There are plenty of staff and they are all very competent." A second family member said, "There is not enough staff there's only ever two on, I have never seen as many staff as there are on today and there is never three helping with serving. [My relative] has had to wait up to an hour when they needed to go to the toilet; I have had to go looking for staff downstairs on half a dozen occasions when someone needs help." A third family member said, "Staff seemed stretched sometimes." A fourth family member said, "When [my relative] had a fall they came so quickly in response to the emergency buzzer."

At our last inspection on 7 and 12 June 2017 we found the registered provider was not meeting the regulation related to staffing, because call bells were not responded to in a timely manner and sufficient staff were not deployed to meet people's needs effectively. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements had been made. We observed there were appropriate staffing levels on the days of our inspection which meant people received sufficient support.

The registered manager told us staffing was allocated according to a dependency tool and the dependency levels of people using the service had decreased over recent months. Staff we spoke with told us staffing levels had improved which meant they could spend more time with people to deliver their agreed, assessed needs. One staff member said, "There are enough staff most of the time – sometimes short. It makes a difference if new staff are on shift – things run a bit slower as they learn." A second staff member told us staffing had improved since our last inspection, "Staff vacancies have been filled – especially on nights."

Minimum staffing numbers deployed during the day and night had increased since our last inspection from 11 to 12 staff during the day and from five to six staff during the night, although the number of people using the service at the time had also increased by six. We reviewed rotas for the previous two weeks and found the required number of staff was on duty on almost all occasions. Additionally several times a week extra staff had been deployed during the day to take people out on trips to places of interest.

We reviewed the call bell monitoring system for the service and found improvements had been made in response times, the responses were being monitored and the manager told us any concerns had been followed up. The manager told us they would ensure action taken in response to the small number of longer call bell response times at night would be recorded by senior staff to evidence action had been taken.

Risk assessments to prevent people developing pressure areas were in place and evaluated monthly. For

example, we saw body maps were in place for one person who had been assessed as at risk from developing pressure areas. The body map showed where staff were to pay extra attention when assisting with personal care and creams were in place to be applied to the identified areas.

For one person, who was assessed as at high risk of pressure sores, the administration of their prescribed cream was not recorded on the day of our inspection and there were gaps in the recording of position changes and personal care. We asked a staff member about this and they told us they had provided this support but thought the second care staff member had recorded it.

Staff told us a new spray had been prescribed a few days earlier and the cream was no longer used, however the spray was not recorded on the MARs or recorded as given in the daily records. When we asked the manager about this they were unable to locate the spray and said it had been brought in by a community professional, who had not recorded it. On the second day of our inspection the manager said it had been located in the staff office and was now being administered as prescribed. They said they would now keep a book to record any creams or sprays brought in to the service by community professionals.

We found airflow mattresses, which are used to minimise the risk of pressure damage to people's skin, were not all set in line with people's assessed needs. We spoke to staff about this and on the second day of our inspection we found action had not been taken to rectify this. We spoke to the manager and they rectified this straight away. There was no evidence of any deterioration in people's skin health because of the above issues; however, the concern had not been picked up by the pressure mattress audit which had been regularly completed. This meant the audit was ineffective in identifying and addressing the potential risk of pressure damage.

The above issues contributed to a breach of Regulation 17 (1) (2)(a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because accurate records were not always kept and audits were not always effective.

The manager was addressing the inconsistencies in recording the application of non-medicated creams on the electronic system. Staff were being supported and trained during our inspection to ensure they were aware of how to complete these records.

Risk assessments related to whether people wished to have their bedroom door locked, closed or open had not all been completed and did not consider the potential risks to people and how these might be managed. Following our inspection, the area operations manager forwarded an example to show these had been completed.

We saw care records included risk assessments to manage risks of falling including the use of equipment such as bed rails to prevent falls from bed. For example, a staff member was able to show us how one person was at risk of falling from bed and the service had arranged for a sensor mat, low bed and crash mats to be used to reduce the risk of injury if this happened. One staff member said, "We minimise risks in every way we can. We keep rooms and bedroom clear and put things away so people don't trip over."

The service was also taking part in a pilot scheme run by local community health professionals to reduce the number of falls people experienced in care home settings. For example, red walking frames were being used to alert people that the walking frame helped to keep them safe, which prompted people to use it. Falls analysis showed the number of falls at the home had reduced in recent months and the registered provider felt the extra member of staff on night duty had also contributed to this reduction.

We found appropriate arrangements were in place for the management of medicines. Medicines were managed only by senior staff who had been trained and assessed as competent to administer medicines. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed. People's medicines were stored safely in a secure medicines trolley and stored in secure medicines room on each floor.

The MAR had been printed by the dispensing pharmacy and included known allergies, the person's name, date of birth and GP details, although one person's MAR stated they were allergic to one medicine and the care plan stated they had ten allergies. We discussed this with senior staff who contacted the pharmacy to rectify this.

We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. Checks on medicines administration had been completed and any minor issues had been followed up. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Medicines care plans contained information about medicines and how the person liked to take them, including a 'when required' medication protocol for the person, although some of these were not dated. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, electric, water and fire safety. Hoists and manual handling equipment including LOLER had been serviced and tested as required.

We found from staff files that recruitment was robust and all vetting had been carried out prior to staff working with people.

We asked staff about what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this. One staff member told us that she had used the whistleblowing policy previously at another service and would not hesitate to report anything to protect vulnerable people.

We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. The incident records showed the event was subject to management review with any lessons learned translated into care plans. The registered manager also completed a very thorough overview and analysis of incidents to look for patterns and ways to reduce future risk and we saw action had been taken.

The premises were clean and there were no malodours anywhere throughout the building. We observed staff wearing personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

At our last inspection on 7 and 12 June 2017 we found the registered provider was not meeting the regulation related to consent, because people's mental capacity was not always considered when decisions needed to be made and the consent of the relevant person was not always recorded. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements 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 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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found DoLS applications had been made as appropriate and managers were aware of any conditions attached. It was clear from observations people's autonomy and choices were promoted. One staff member said, "Most people can make decisions in one way or another – it is about how we present choices – like what someone wants for tea. Most will have the capacity to choose, by asking them or showing them, or offering and seeing what they take. The care plans tell us about people's capacity."

We found there was evidence of good practice in the assessment of mental capacity for important decisions, such as coming to live at the service, finance, administration of medicines, medical interventions and use of bedrails and room sensors. Staff we spoke with understood the need to obtain consent from people before they provided care.

One staff member said, "A well trained team makes a difference – and they are big on training here. Some of the training is renewed each year like moving and handling, and first aid. Definitely lots of training. The last course I did was fire safety, the DVD was gruesome." Staff told us they completed initial induction training and an induction booklet and then shadowed a more experienced staff member for around three shifts, before they were counted in the staffing numbers.

We looked at the training records for four staff members and saw they had completed all basic training, such as moving and positioning, first aid, infection prevention and control, food hygiene, equality and diversity and dementia awareness as well as further training in areas such as mental health, epilepsy and challenging behaviour. We saw from the training matrix training was up to date. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and records showed staff had regular supervision and an annual appraisal. Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Most people told us they enjoyed the food and any comments made had been noted by the cook and management team. One person said, "We seem to have swede every day, although the food is made fresh every day, we have a choice of two meals but I would like more fruit." A second person said, "The food is good." A third person said, "The food is sometimes very nice sometimes not so. It is not always warm enough. Twelve o'clock is too early for lunch and four pm for tea is not time for tea. I have complained but they say it can't be changed because the kitchen staff go home." A fourth person said, "I enjoyed that. I like the soup."

Meals were planned around the tastes and preferences of people who used the service. We observed the lunch service on all four units. People were served with the meals they had chosen the day before and received the support required to eat their meals in line with their assessed needs.

We saw care plans included nutritional risk assessments and people had appropriate records to ensure staff understood their nutritional needs. Speech and language therapists (SALT) were involved where people were identified as at risk from choking.

The cook had a good understanding of people's likes and dislikes because she had taken time to speak to people when they were admitted into the service. The cook knew people who were nutritionally at risk. She told us that cream, milk shakes and prescribed supplements were used to increase the calorific intake for those people. We found people were weighed regularly and had their food and fluid intake monitored. This enabled staff to assess if the person was eating sufficient food to meet their nutritional needs and any concerns were acted on.

Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance. Technology was used effectively to meet people's needs, for example, room sensors were in use where people were unable to summon help physically, or were at risk of falls.

People had access to external health professionals as the need arose and systems were in place to make sure people's healthcare needs were met. We saw from people's care records a range of health professionals were involved. This had included GPs, psychiatrists, community nurses, chiropodists and dentists, speech and language therapy and physiotherapists and the falls team. This showed people who used the service received additional support when required for meeting their needs.

People's individual needs were met by the adaptation, design and decoration of the service. People had access to the well-kept secure gardens with seating. The home was spacious and comfortably furnished with pictures and photographs in the communal areas. Lounges were arranged in a way that encouraged social interaction. People had chosen themes for some communal areas and plans to decorate them were in place. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Is the service caring?

Our findings

People told us they liked the staff and we saw there were warm and positive relationships between them. One person said, "The people are nice, I could recommend it to anyone, come to a place where people really take care of you. They give you the best of everything, they are very caring."

One family member said, "The staff are caring, and the care is very good – and we want this view considered in your report and inspection. Nothing has been too much trouble." A second relative said, "They are good at privacy."

Staff we spoke with enjoyed working at Greenacres and supporting people who used the service. One staff member said, "It makes me happy seeing the residents happy." Staff knew people well and were familiar with their personalities, routines and preferences. Staff spoke about people with respect and affection.

We saw staff sitting with people engaging in meaningful conversations. We saw staff supporting and reassuring one person when they became distressed and spent time speaking with them and helping them to relax. People's dignity was upheld in discreet ways; for example encouraging someone to change their clothing when they hadn't noticed food was split. People appeared well groomed and looked cared for and individual rooms were personalised to their taste with furniture, personal items, photographs and bedding they had chosen.

People's diverse needs were respected and care plans recorded the gender of carer they preferred to support them, as well as their religious and cultural needs. One staff member said, "We have someone from [Name of country]. [Person] has their own ways and food preferences which are a little different from ours, but we accommodate them OK." The manager gave examples of how they supported people with their religious needs and people had opportunities to attend religious services held at the home. This demonstrated the service respected people's individual preferences.

People were supported to make choices and decisions about their daily lives. People told us they had a choice of meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower. Care plans contained details of how to recognise when a person may be in pain, unhappy or happy using non-verbal cues.

One staff member said, "We knock before we enter someone's room. We find out what people like and respect their ways." People's private information was respected and records were kept securely. This showed staff respected people's privacy.

People were encouraged to do things for themselves in their daily life and care plans detailed what people could do for themselves and areas where they might need support. Relatives told us they were welcome to visit any time, which meant people were supported to maintain contact with people who were important to them.

Staff were aware of how to access advocacy services for people when the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

Through speaking with people who used the service and relatives we felt confident people's views were taken into account in planning their care. One family member said, "They have done everything they can to meet [my relatives] needs and they keep trying until they have got it right. Anything you need to know – you've only to ask."

We found care plans were person centred and explained how people liked to be supported, for example, 'Enjoys watching TV in bed before goes to sleep,' along with the name of their favourite DVDs. This is important as some of the people who used the service had memory impairments and were not always able to communicate their preferences.

A lifestyle coordinator had been employed and they showed us completed copies of 'Life history books'. The record included the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations.

Detailed care plans covered areas such as communication, eating and drinking, continence, personal care, supporting the person with activities, cognitive abilities and mobility. People's care plans were reviewed and updated monthly or as soon as their situation changed.

The electronic care planning system used hand held devices for staff to record the daily care and support provided and there were also lap tops available for staff to update care plans. Staff accessed a summary screen for each person which informed them of the main elements of care. We saw one staff member encouraging a person to talk and take part in recording their own daily records.

The manager was aware of the Accessible Information Standard and this had been shared with staff. This requires the service to ask, record, flag and share information about people's communication needs. We saw staff used appropriate communication methods with people. Information regarding people's communication needs, was recorded in care plans, for example information about people's hearing, vision, communication and memory.

Some people told us they were able to access activities in line with their tastes and interests. One person said, "I have been on three trips recently, I have enjoyed them, it varies with the time of year, there were long periods before that with nothing organised." A second person said, "There's not enough to do." A third person said, "They organise a lot of things. I have been on a barge, been to Grease and went to Dewsbury." A fourth person said, "There is not a lot going on." One relative said, "I did suggest they play music from their era and that does seem to be happening."

Since our last inspection a 'lifestyle coordinator' had been employed at the service. We were shown people enjoying a movie in a room specifically set up to create ambience of going to the cinema. The service also had a small shop where people could purchase sweets toiletries and puzzles, run by volunteers, including people who lived at the home. People could also access a hairdresser in a room dedicated to pamper both

ladies and gents. A café area was popular with family and friends. The local Methodist church also visits the service and used the area for a luncheon club.

We observed board games, crafts and reminiscence materials being used to entertain small numbers of people who used the service. Gardens were user friendly and we saw relatives spending time with their family member enjoying the sunshine. The service had also created a sensory quiet room, for people who may respond better to a more sensory environment. We saw someone enjoying the lights and relaxing music during our visit. This meant people using the service were supported to lead more fulfilling lives.

One relative said, "If I needed to complain I would speak to [name] the care plan coordinator." Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw complaints had been dealt with appropriately when they arose and action taken when required. The registered manager and manager were clear about their responsibilities to respond to and investigate any concerns received and demonstrated learning from complaints was implemented to improve the service.

Family members we spoke with whose relative was receiving end of life care at the home were very complimentary about the support and care that was provided to their relative. People and their relatives had discussed preferences and choices for their end of life care including in relation to their spiritual and cultural needs. This was recorded and kept under review. This meant people's end of life wishes were clearly recorded to provide direction for staff and ensure people's wishes were respected.

Is the service well-led?

Our findings

People told us they thought the home was well led, but some people were uncertain about who was the manager. One person said, "There has been a change [of manager] recently. I have only met her once, she is quite approachable but I am not sure how far it would get me. I am fairly satisfied with this place." A second person said, "I don't know the manager. There is one manager for this and one manager for that, they seem nice enough people. They have a lot of meetings. I don't go."

One relative said, "I have not met the new manager and have received nothing about her." A second relative said, "I have met the manager. I would recommend here to my friends."

The service had a registered manager in place who had changed their role to work as a care manager, but had not yet applied to de-register as manager. A new manager had recently commenced employment at the service and was in the early stages of applying to register with CQC.

Staff told us they felt supported by the management team, who acted on any concerns. One staff member said, "[New manager] has only been here two weeks, but she is settling well. She asks us what we think – wants our opinion about how we think things need to be done."

At the last inspection on 7 and 12 June 2017 we found the registered provider was not meeting the regulations related to good governance because effective systems were not in place to assess, monitor and improve the quality and safety of the service. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements had been made, however, some issues with governance still remained.

Systems of governance were not always effective in identifying and rectifying the issues we found with gaps in records and pressure mattress settings. For example; the clinic room cleaning schedule had not always been completed, but had been signed off by a senior member of staff. This had occurred as far back as May 2018. Medicines audits had been completed by night staff and the audits did not include clinic room checks. A recent audit of medicines by the registered provider had identified the issues with clinic room checks and cleaning tasks not being completed but action had not yet been taken to rectify this.

A senior staff meeting in June 2018 recorded the need for pressure mattress setting to be recorded on the electronic care planning system. Whilst the settings had been recorded, they conflicted with the actual settings, although mattress audits had since been signed as completed with no issues.

The above issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because accurate records were not always kept and some systems of governance were not effective.

Following our inspection, the registered provider sent us evidence the issues had been addressed and mattress settings would be checked and recorded on the daily walk round to ensure they were set in line

with the care plan. We saw from staff meeting minutes recording of daily care tasks was an ongoing issue. The registered manager had followed up the recording issue with staff in supervision and staff meetings. The new manager was planning to discuss records at a meeting with night staff planned for the first day of our inspection and with day staff later in the week.

Staff meetings were held approximately every month. Topics discussed included encouraging fluid intake, accident records, learning from complaints, IPC and completing daily records and charts. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

Information was passed to the registered provider in areas including incidents and accidents, safeguarding, training compliance and recruitment. The electronic records system enabled the registered provider to monitor and analyse live information; for example, whether people's fluid intake targets were being met every day. On the first day of our inspection people's fluid targets were not all being met. The registered provider sent us evidence this had been addressed following our inspection.

A 'Resident of the day' quality assurance check was in place where each person had a number of person centred checks to ensure they were happy with the service. A daily walk round was completed by a member of the management team most days and a ten-minute meeting was held with the senior team every day to share information.

The regional director completed regular quality visits to support improvements at the home and to support the new manager. The registered manager had previously worked to an action plan completed in conjunction with the regional director and we saw most action had been completed within the timescales set.

The new manager told us they were aiming to be an outstanding care home. The registered manager told us they had invited community professionals into the service to share expertise in palliative care and staff had also completed additional nutrition training with Kirklees council during the last year to keep up to date with best practice.

People who used the service, their representatives and staff were asked for their views about the service and they were usually acted on. Residents' meetings were held every month and topics discussed included feedback on activities, meals, the environment and outings. Action had been followed up, for example; more flavour in the mashed potatoes being discussed with the cook. The issue of evening meals being too early had been raised by a number of people at a residents meeting in May 2018 and the area operations manager was considering how this might be resolved.

People using the service were beginning to be actively involved in staff recruitment and relatives had completed audits on aspects of the service provided, which enabled them to participate in improving quality. Questionnaires about different aspects of the quality of the service were also completed with people every month. We saw feedback was largely positive and where suggestions were made, action was being taken. Information was posted in the entrance to the home demonstrating action that had been taken in response to feedback from people.

Anonymous questionnaires were sent out to family members and professionals every six months by the registered provider and feedback had been acted on. In July 2018 one community professional had commented, "Greenacres is a lovely caring home with residents well looked after." And a second community

professional commented, "All appear keen to provide the best care for their residents and usually implement any professional advice given. The management team are eager to try new initiatives to improve the wellbeing of residents."

The registered manager understood their responsibilities with respect to the submission of statutory notifications to the CQC and these had all been made appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems of governance were not always effective and accurate records were not always kept. 17 (1) (2) (a) and (c)