

Abbeyfield The Dales Limited

Fern House

Inspection report

Fern House
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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Fern House is a large purpose-built complex which consists of an independent extra care housing scheme and a 30-bedded residential and respite unit. The complex is situated in the grounds of the old Bingley Hospital and overlooks Bingley Moor. On the day of our inspection there were 13 people living on the residential unit and 20 people receiving care and support in the extra care housing scheme.

The residential unit at Fern House 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 self-contained apartments at Fern House provide care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There was no registered manager in post at the time of inspection. However, the recently appointed manager was in the process of registering with the Commission [CQC]. 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.

This inspection took place on 31 August and 12 September 2018 and was unannounced. This was the first inspection of the service since it registered with the Commission [CQC] in July 2017.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had received safeguarding training, and they were confident they knew how to recognise and report potential abuse.

Risks associated with personal care were well managed on the extra care housing scheme. However, on the residential unit risk assessments did not always provide staff with accurate and up to date information.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA). This helped to make sure people's rights were protected.

Systems were in place to ensure people received their prescribed medicines safely. However, staff did not always follow correct procedures when administering medicines therefore we could not be certain they were being given/applied as prescribed.

There were enough staff available to meet people's needs but staff were not always deployed effectively. In addition, safe staff recruitment and selection procedures were not always followed

Staff received appropriate training and told us the training provided was informative and relevant to their role. Staff were supported by the management team and received formal supervision where they could discuss their ongoing personal development needs.

Infection control policies and procedures were in place. However, staff on the residential unit did not always follow the correct procedures when managing clinical waste.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

The care plans and supporting records and reports identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity but on the residential unit they did not always provide accurate and up to date information.

Relatives told us they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relative's care.

Private accommodation and communal areas on the residential unit were well maintained and provided people with a pleasant, comfortable and safe environment.

People told us they enjoyed the food and there was a good choice at every mealtime. However, we found the food and fluids charts in place for some people on the residential unit were not always being completed correctly by staff.

There was a complaints policy available which detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Systems were in place to assess and monitor the quality of care provided to people and to drive improvements. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required. However, they were not always sufficiently robust and had not identified some shortfalls in the service highlighted in the body of the report.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 consistently safe.

People were protected by staff who knew how to recognise and report any concerns about people's safety and welfare.

There were enough staff available to meet people's needs. However, staff were not always deployed effectively and safe staff recruitment and selection procedures were not always followed.

The home was clean and tidy. However, care staff did not always follow correct infection control procedures.

Medicines management was not always safe which meant we could not be confident people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received a varied and nutritious diet and people told us they enjoyed the meals provided. However, food and fluid input charts were not always completed correctly.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted and staff supported people to make choices about the care they received.

People were supported to maintain relationships with their friends and relatives.

Is the service responsive?

The service was not always consistently responsive

Care plans were in place to ensure staff provided care and support in line with people's preferences. However, they did not always provide accurate and up to date information.

There was an extensive range of activities for people to participate in, including activities and events in the home and in the local community.

People and their relatives knew how to make a complaint and raise any concerns. Complaints were responded to in line with the provider's policy.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was no registered manager in post at the time of inspection.

Systems were in place to assess and monitor the quality of care provided to people and to drive improvements. However, they were not always sufficiently robust and had not identified some shortfalls in the service highlighted in the body of the report.

The service sought and acted upon feedback from people who used the service, relatives and outside agencies to improve service delivery.

Requires Improvement ●

Fern House

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.

The first day of inspection took place on 31 August 2018 and was unannounced. The inspection team consisted of one inspector. The second day of inspection took place on 12 September 2018 and was unannounced. On this occasion the inspection was carried out by three inspectors.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority commissioning service.

We also usually ask the provider to send us in the Provider Information Return [PIR] submission. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion we did not ask the provider to send this information.

Throughout the inspection we observed care practice, the administration of medicines as well as general interactions between the people and staff. We looked at documentation, including six people's care and support plans, their health records, risk assessments and daily notes. We also looked at five recruitment files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

We spoke with the manager, deputy manager, the head of care services, six care staff including the activities co-ordinator, the head chef, head housekeeper and two healthcare professionals. We also spoke with four

people living on the residential unit and three relatives. On the extra care housing scheme, we spoke with five people who used the service and one relative.

Is the service safe?

Our findings

All the people we spoke with on the residential and extra care housing scheme told us they felt safe and secure in their accommodation. One person said, "I have this [showing her pendant alarm], if I need staff I press this and they (staff) come to me straight away, [day or night]." Another person said, "I used to be frightened at night and I worried when it got dark. Now I feel safe and always have someone to contact if needed."

Systems and processes were in place to safeguard people from abuse. Staff received safeguarding training and understood the different ways people could be subjected to abuse. Staff knew how to report any concerns and were confident any concerns raised with the manager would be dealt with appropriately.

The service supported some people to manage their personal money. We found there were clear procedures in place for staff to follow to reduce the risk of errors or financial abuse. We saw regular checks were carried out by senior staff to ensure these processes were being followed.

Risks associated with personal care were well managed on the extra care housing scheme. We saw care records included risk assessments to manage risks of falling including the use of equipment. For example, one person had been assessed by an occupational therapist and physiotherapist to use a hoist. These professionals had given the service written guidance for staff to follow when moving and handling the person. We observed staff looking at the person's care plan before transferring the person from their armchair to their wheelchair. They did this with confidence and ensured the person was safely transferred. Staff spoke to the person throughout the transfer, making sure the person knew what staff were doing at each stage.

However, on the residential unit risk assessments did not always provide staff with accurate and up to date information. For example, the nutritional risk assessment for one person showed they were still eating a soft diet assisted by a staff member however they were actually on end of life care and were only taking fluids. This was discussed with the manager on the first day on inspection and they acknowledged some risk assessments required updating to reflect people's current needs. On the second day of inspection there was evidence this updating process had been started.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, involving relevant healthcare professions to help prevent falls.

The people we spoke with on the extra care housing scheme told us that they preferred staff to support them with their medication and we saw consent records which confirmed people's decisions to have their medication administered by the staff.

People we spoke with showed us their medication which was dispensed from a monitored dosage system and could tell us why they had been prescribed each medicine. We saw when staff administered medicines

they signed their medication administration records (MAR) as required.

On the residential unit we found medicines were safely and securely stored and the temperature of the storage area and fridge were monitored daily. However, there were several omissions on the MAR charts we reviewed whereby staff had failed to sign the MAR or enter a code with the reason the person had failed to take their medicine. This meant it was unclear whether these people had received their medicines as prescribed.

There was a stock control system in place for medicines prescribed on an 'As and when required' [PRN] basis and protocols in place showing under what circumstances they might be administered. However, we found the protocols did not always contain sufficient information. For example, they gave no guidance on what other action staff should take alleviate the problem prior to the medicine being administered.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines and should be administered and witnessed by two staff members. We looked at the controlled drug register and found several occasions where only one staff member had signed the register. In addition, in some instances staff had only recorded the time the medicine was administered and not the date.

We also found creams and ointments were not always recorded correctly on the MAR and some staff were unsure if creams and ointments were kept in the drug trolley or in people's own bedrooms. We therefore could not be certain they were being applied as prescribed. We discuss this with the manager and head of care service. They confirmed some shortfalls in relation to the safe administration of medicines had been identified through the internal quality assurance process and action was being taken to address the concerns highlighted.

However, we concluded this was a breach of Regulation 12 (1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were generally sufficient staff on duty to care for people safely although the manager confirmed the service had experienced difficulties recruiting and retaining staff which meant agency staff were used to cover some shifts. The manager confirmed that if agency staff were used they tried to employ the same staff member to ensure people received continuity of care.

The manager told us they had trialled different ways of deploying staff considering people's dependency levels and the layout of the building. For example, at the time of inspection care staff were allocated their place of work on a daily basis however staff allocated to work on the extra care housing scheme assisted on the residential unit at some periods during the day. However, the staff we spoke with told us this overly stretched them, caused some confusion and meant that care tasks and documentation especially on the residential unit didn't always get completed in a timely manner. We did find some shortfalls in the documentation completed on the residential unit which confirmed this. In addition, we spoke with two healthcare professionals who told us that while the staff were caring there were issues around the continuity of care people received. This was discussed with the manager and head of care services who confirmed they would look again at staff deployment and ensure this matter was addressed.

We looked at the employment files for five members of staff. References had been taken up and checks made with the Disclosure and Barring Service (DBS) prior to new staff taking up employment. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. There was no evidence in the recruitment files that 'gaps' in employment had been

explored. Some application forms had been poorly completed and staff had not included their education details. This had not been identified through the audit systems in place and meant we could not be fully confident only people suitable to work in the caring profession were employed.

We therefore concluded the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act Regulations 2014.

As part of the inspection process we looked at the environment and found the building was well maintained and provided people with a pleasant, comfortable and safe environment. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded, apart from one agency staff member who told us they had not been shown how the system worked. Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

All areas of the residential unit were clean and tidy. However, there was a very unpleasant odour on entering the residential unit and particularly in two bedrooms. In these rooms we found soiled incontinence pads had not been placed in bags before being disposed of in the clinical waste bins. In addition, through discussion with the manager and head housekeeper it was apparent that the floor covering in these rooms may not be appropriate to the needs of the people occupying them.

In the clean laundry room, we also found soiled linen which had been put in red bags had been placed on top of other laundry including tea towels in the general laundry skip. There was also an unpleasant odour in this room. We asked staff when the dirty laundry would be taken to the laundry room. They told us the night staff did this when they came in. These matters were discussed with the head of care services who confirmed they would take immediate action to address this matter.

Is the service effective?

Our findings

People's needs were assessed before they were offered a service. The deputy manager explained anyone requiring personal care would have their needs assessed before they were offered a service. This was to make sure they could meet their needs. Anyone thinking of moving into the residential unit was encouraged to go for a two week stay to make sure it would be the right decision for them. We saw some people had moved from the apartments to the residential unit when their needs had changed and they required more care and support.

The deputy manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included, infection prevention, moving and handling, palliative care and safeguarding. There was a good system in place to make sure staff training was kept up to date.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the manager at any time for advice or support. No annual appraisals had taken place as no staff members had been in post for 12 months.

Nutritional care plans and risk assessments were in place and people were generally weighed monthly on the residential unit, although this not always done consistently. We saw food and fluid charts were in place for some people to ensure they had sufficient to eat and drink. However, we found the fluid charts were not always completed correctly and there was no indication the amount of fluid people had drank was being totalled up and checked by senior staff. In addition, we found staff were at times recording people's food and fluid intake in other documents including the daily reports which made finding the information difficult. This was discussed with the manager and head of care services who confirmed they would address this matter.

People living in the extra care housing scheme told us they always had their breakfast in their flat but would join others in the restaurant for lunch and tea. People told us mealtimes were flexible and we saw people joining others who were already dining. This confirmed to us that meal times were very flexible. Staff were attentive throughout the meal with hot and cold drinks being offered.

We observed the lunchtime meal served both on the residential unit and the restaurant and found people experienced an enjoyable mealtime experience. Meals on the residential unit were transported from the main kitchen to the unit in hot trolleys and served from the unit kitchen. The dining room was a pleasant and comfortable area for people to socialise and enjoy their meals and the atmosphere was calm and relaxed.

We spoke with the head chef. They had a good understanding of people's dietary needs and obviously took pride in ensuring people received a varied and well-balanced diet. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved onto the residential unit or into the extra care housing scheme.

Everyone we spoke with told us they really enjoyed the meals. One person said, "The chef knows that I don't like large portions and they make sure they don't over-face me." Another person said, "There is always two or three meals to choose from. If I don't like the choices I can order an omelette or jacket potato." Another person said, "I have porridge and an apple for my breakfast but today I just had porridge because I am going to the coffee morning and they have wonderful cakes, all home made by the volunteer."

People told us they could access their own health care services including doctors, district nurses, audiology, physiotherapist and occupational therapist. One person said, "When I was in hospital they lost my hearing aids. Staff have arranged for me to get new ones." Another person told us district nurses were visiting twice a week to redress their legs. We also saw one person had been reassessed because their personal care needs had changed. We spoke with two healthcare professionals who confirmed they had initially raised some concerns with senior management about the high dependency needs of some people accessing the service and had now held monthly meetings with them to ensure clear lines of communication and accountability.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. In the case of Domiciliary Care applications must be made to the Court of Protection.

We found the manager had a good understanding of MCA and could tell us how they involved people in decisions about the care they received and ensured people gave consent before care and support was provided. For example, they said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005. This demonstrated to us if people were unable to give consent their preferences were discussed with everyone involved in their care, support and treatment.

In addition, the manager was aware of the need to know if people's relatives had lasting power of attorney (LPA) and the implications this may have in relation to their care and welfare. A LPA is a legal way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA, one for health and welfare and the other for property and financial affairs.

Fern House is a large purpose-built complex which opened in 2017. We saw a lot of thought had gone in to the planning, design, layout and facilities to make sure it was suitable and safe for people who used the service. Guidance had been used to make sure the environment was the best it could be for people living with dementia. The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users.

Is the service caring?

Our findings

All the people we spoke with living within the extra care housing scheme said staff were caring and supportive. People described staff as, "Fantastic, brilliant, they (staff) can't do enough for you, they go the extra mile for me."

We found staff spoke to people with understanding, warmth and respect, and considered their privacy and dignity. People living on the extra care housing scheme told us that staff always rang their doorbell, knocked and waited for a response before entering their apartment. When we visited the people in their apartments staff ensured they introduced us and asked their permission before leaving their flat.

We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while considering their individual needs and preferences. We saw staff enabled them to be as independent as possible while providing support and assistance where required.

Daily records made by staff described how the person had been throughout the day, tasks or activities they had taken part in and how their mood had been. The records we looked at were sufficiently detailed and informative.

The people we spoke with and their relatives on the residential unit also told us staff were kind and caring. One relative said, "The staff are really lovely and obviously care about the people they are looking after." Another person said, "They care for [Name of person] very well and always keep us informed of any changes in their health or general well-being."

The manager told us people's relatives and friends were able to visit without any restrictions and our observations confirmed this. We saw visitors were able to spend time in people's rooms or in the comfortable lounge areas. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshments.

We were told that if required people who lacked capacity to make important informed decisions but had no family, they were assisted to access the services of a local advocacy service to represent them. Advocacy services provide independent support and encouragement that are impartial and act in the person's best interests in advising or representing them.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the manager and deputy manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. We saw no evidence anyone living at Fern House was discriminated against.

There were policy and procedure for the management and storage of data and documents to ensure people confidentiality. However, on the first day on inspection we found confidential documentation left on the unattended reception desk of the residential unit which could easily have been accessed by members of the public. This was discussed with the manager and on the second day of inspection this matter had been addressed.

Is the service responsive?

Our findings

The manager told us prior to people being admitted onto the residential unit a thorough assessment of their needs was undertaken to ensure the service could provide the care, treatment and support they required. On admission, a range of care plans were produced which covered areas including diet, skin care, mobility and any specific health conditions. An allocation process was in place for people wishing to move in to the extra care housing scheme.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found information recorded about people's likes, dislikes, preferences and routines to help ensure they received care and support in a way they both wanted and needed.

However, we found information provided in the care plans on the residential unit did not always provide accurate and up to date information and was at times difficult to find or missing. For example, there was no paper copy of the care plan in place for one person on palliative care, the only copy available was on the electronic system and this was very poorly completed. Only senior staff have access to the electronic records therefore it was apparent care staff were not using the care plan and supporting documentation as working documents.

When we looked at the care documentation for the same person we found the nutritional assessment was dated February 2018. However, the weight record showed between April and June 2018 the person had lost 11.4Kg, but the care plan had not been updated to reflect significant weight loss. Daily records showed the person had been seen by their GP on 13 July 2018 and they had advised staff to monitor their weight over the next few months. However, the weight record showed that no one on the unit had been weighed in July 2018.

The senior care assistants on duty told us the service had experience staffing problem which had impacted their ability to keep all records and reports updated. This was discussed with the manager and head of care services confirmed they had already identified the issues through the internal audit system in place and were in the process of introducing new care planning system/format which would be available to all staff.

However, we concluded this was a breach of Regulation 17 (1)(2) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of inspection we found the care plan and supporting documentation had been updated using the new format. The information provided was person centred and provide clear guidance to care staff on how to meet the person's needs. We also saw a review meeting had been held and their family had been involved in the care planning process. The head of care services confirmed that all care plans and supporting documentation would be brought up the same standard in the very near future.

In addition, the head of care service told us the service would in the near future be changes from paper

documentation to an electronic system which would allow all staff to have instant access to 'live' care records. However, they confirmed this had been put on hold until all the documentation had been brought up to date and staff had received appropriate training.

The care documentation we looked at on the extra care housing scheme included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. Records showed people living in the flats were clearly more independent than those residing on the residential unit.

There was evidence to show some people and their relatives where appropriate, had been consulted about their end of life wishes. However, some information was poorly completed this meant staff and other professionals may not know what the person's wishes were for their future care and final days. This was discussed with the manager who confirmed they would address this matter.

The service was using technology to keep people safe and to provide activities. People who used the service could have pendant or wrist band call bell alarms so they could easily summon assistance from staff. Alarm mats were in place if people were at risk of falling so staff were alerted as soon as they started to move. On the second day of the inspection the service had taken delivery of a portable interactive table. This was like a very large tablet computer, which had been purchased to extend the programme of activities.

People told us about some of the activities they could access. This included, keep fit, literature class, coffee mornings and outside entertainers. We saw people also enjoying the gardens on a sunny afternoon and others who were joining in a computer class. One person said, "I have always been a loner, I will join in some things but I like to sit in my flat and enjoy listening to my talking books."

We spoke with the activities co-ordinator who told us about some of the activities they arranged. These included puzzles, games, arts and crafts, icing gingerbread, singing, poetry and comedy. They also explained the service had some volunteers who also provided activities and companionship for people. For example, one volunteer arranged a weekly coffee morning.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

We saw there was a policy document in place and staff had completed an on-line training course. We saw staff used different communication techniques to ensure information was appropriately communicated to people, so they understood what was being asked of them. For example, we saw staff on the residential unit observing people's body language as a way of determining if they consented to care and treatment.

We saw the service had a complaints procedure which was available to people who used the service and their relatives. We looked at the complaints register and saw four formal complaints had been received since the date of registration, all of which had been dealt with appropriately by the manager or senior management team.

The staff we spoke with told us they were aware of the complaints procedures and could describe how they would deal with and address any issues people raised with them. People who used the service and the relatives we spoke with told us that they did not have any concerns or complaints at the time of inspection.

One person said, "There really is no need to make a formal complaint, If I have a concern I just speak with one of the care staff and nine times out of ten it is dealt with immediately." Another person said, "I have never had the need to complain but I know the procedure and would use it if I had too, but generally things are fine."

The manager told us they were pro-active in making sure low-level complaints and concerns were dealt with before they escalated to a formal complaint. They also told us complaints were welcomed as they were used as a learning tool to improve service delivery.

Is the service well-led?

Our findings

There was no registered manager in post at the time of inspection. However, the recently appointed manager was in the process of registering with the Commission [CQC]. 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.

Overall people spoke positively about the service and said that the service had continued to improve under the leadership of the new manager. One relative said, "I think the place got off to a bad start but things seem to be slowly improving under the new manager." Another relative said, "Things are working out alright but management really do need to get to grips with the staffing issue, I never seem to see the same person twice."

The staff we spoke with had differing views of the management structure and while some felt the situation was improving many felt that the staff deployment issue needed to be sorted out before the service could move forward. One staff member said, "We have some good staff but I am afraid some will leave unless rotas are sorted out. There is a lot of confusion and frustration amongst staff about the way staff are deployed and the continued use of agency staff. Another staff member said, "It could be a great place to work if only there was better communication between management and staff. I stay because I can see there is light and the end of the tunnel." A third person said, "It is worrying that we are not getting things right when the residential unit is only about one third full, we need to sort things out sooner rather than later."

It was apparent through discussion that the manager and deputy manager and the head of care services for Abbeyfield The Dales had a shared and clear vision of how they wanted the service to develop and were committed to delivering high-quality care and support, with the people they supported at the centre of the service.

We reviewed the systems to assess and monitor the quality of the service. Regular audits in areas such as nutrition, medication, clinical risk and care plans were undertaken by the manager. The manager told us audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. However, we found the audit systems in place were not sufficiently robust and had not identified some of the shortfall highlighted in the body of this report. For example, issues with infection prevention, staff recruitment and controlled medicines had not been identified the quality assurance system.

We therefore concluded the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act Regulations 2014.

The manager told us the care provider Abbeyfield The Dales Limited had an organisational structure which ensured front line managers were supported in their role by senior management and there were clear lines

of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the head of care services, quality manager, business support manager and human resource staff. In addition, a board of trustees ensured the service was managed effectively and in people's best interest.

The manager told us as part of the quality assurance monitoring process they held regular meetings with people who lived at the home and their relatives and the first annual surveys questionnaires would be sent out in October 2018. They confirmed the information provided would be collated and an action plan formulated to address any concerns raised.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. The manager told us an annual staff survey would also be carried out to seek their views and opinions of the service and to establish the level of engagement they had with the organisation. In addition, we were told the organisation held an annual staff and volunteer recognition award ceremony that recognised the contributions made by individual staff members working in all the services managed by the organisation.

Adult social care providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.

In addition, all registered providers are now by law, required to display the ratings from their last CQC inspection. This includes information on display within the building as well as on the registered provider's website if applicable. The manager confirmed they were aware of this and would ensure that once confirmed the rating would be prominently displayed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The registered provider did not have suitable arrangements in place to ensure people received their medicines as prescribed. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems and processes to ensure compliance with the Health and Safety Act 2008 (Regulated Activities) Regulations 2014 were not always operated effectively. 17 (1) Accurate and complete records were not always maintained in respect of each person who used the service. 17(1)(2)(c)