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Holme Farm Residential Home

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on the 2 and 7 October 2015. The last full inspection took place on 9 April 2013 and the registered provider was compliant in all the areas we assessed.

Holme Farm is registered to provide accommodation and personal care for 30 older people, some of whom may be living with dementia. The home is a purpose built, single storey service which has been extended since it was built. It is situated in Elsham village and has access to all local facilities. On the day of the inspection there were 29 people using the service.

The service had a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People did not have risk assessments in place for specific concerns, such as falls and some of those in place lacked some important information to guide staff in how to minimise risk. Incidents and accidents had not been analysed to help find ways to reduce them. These issues meant the registered provider was not meeting the requirements of the law regarding keeping people safe from risks to their safety. You can see what action we told the registered provider to take at the back of the full version of the report.

Care plans needed to be more detailed and contain more information about how the person preferred to receive their care. Following the inspection the registered provider/manager confirmed they had obtained a new, more up to date, care recording system and had started to make improvements to the quality of the care records.

People had access to a limited range of activities. We made a recommendation that the registered provider/ manager provided more training and support for staff based on current best practice, in relation to providing activities and meaningful occupation for people living with dementia.

We found the quality monitoring system had not been effective in highlighting some areas to improve and action had not been consistently taken in order to address shortfalls. Following the inspection the registered provider/manager confirmed they were updating the monitoring systems.

Staff understood their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service. Training had been provided to them, to ensure they knew how to recognise signs of potential abuse.

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 GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists. Systems were in place to ensure people's medicines were administered safely.

People received a well-balanced diet and we saw specialist dietary needs had been assessed and catered for. Arrangements at lunchtime to provide one main meal and only offer alternatives on request, could limit some people's choices. The choice of snack options between meals was limited. On some occasions, the monitoring of people's weight had not always been carried out effectively so that changes could be highlighted and discussed with health professionals for advice. The registered provider/manager told us they would address this with staff.

Staff were provided in suitable numbers to ensure the needs of the people who used the service were met. Our observations showed staff were attentive to people's needs and were always available. Recruitment checks were carried out on new staff to ensure they were safe to work with vulnerable people and did not pose an identified risk to their wellbeing. Staff had access to training relevant to their roles.

The Care Quality Commission [CQC] monitors the operation of the Deprivation of Liberty Safeguards [DoLS] which applies to care homes. The registered provider/ manager had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection there was one DoLS authorisation in place and further applications were to be submitted.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions, staff mostly followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made. Improvements were needed with the recording of decisions about resuscitation.

There was a complaints procedure and people told us they would feel able to make complaints and these would be sorted out.

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?

Requires improvement

The service was not consistently safe.

Some risk assessments were absent or not sufficiently robust to help minimise risk.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was not consistently effective.

The legal requirements relating to Deprivation of Liberty Safeguards [DoLS] were being met. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases, but not all.

People received advice and treatment from a range of health professionals; however monitoring of people's weight needed closer attention and contact with professionals when there were concerns about weight loss.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good

The service was caring.

Staff were kind and caring when they interacted with people who used the service and their privacy was respected.

Staff had a positive, supportive and enabling approach to the care they provided for people. They supported people to be as independent as possible.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's needs were assessed and plans of care produced but at times they lacked important information that would guide staff in how to fully meet their needs.

Although people were supported to participate in entertainment, exercise classes and trips out to the village and places of interest in the local community, we found limited activities were provided on a day to day basis.

There was a complaints policy and procedure to guide people who wished to raise a concern and staff in how to manage them.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

The registered manager/provider and senior management team were visible and approachable. Staff told us morale was good and management were supportive.

Recent changes to the security of the unit for people living with dementia had not been discussed with those residing there or their relatives. Neither had all persons been consulted about the changes in arrangements for use of the conservatory.

Requires improvement

Holme Farm Residential 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 registered 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 2 and 7 October 2015 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. The commissioning team provided us with information from their recent assessment.

We spoke with eleven people who used the service and five of their relatives who were visiting during the inspection. We looked around all areas of the service and spent time observing care. We also 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 also spoke with the registered manager/provider, deputy manager, a team leader, care supervisor, care worker, a domestic, laundry assistant, kitchen assistant and the cook. We spoke with one visiting health professional.

We looked at the care records of three people who used the service including assessments, risk assessments, care plans and daily recording of care. We looked at other records relating to people who used the service; these included accidents and incidents and medication records for 15 people.

We also looked at a selection of records used in the management of the service. These included staff rotas, training and supervision records, quality assurance audit checks, surveys and minutes of meetings with staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, “It’s a safe place, definitely”, “Very safe, there's nothing to worry about here” and “I’m blind, but I can manage to get around here on my own. I feel confident.” Another person described how the registered provider/ manager had suggested they would be safer and be able to get around more easily with a walking frame. They had agreed and the frame had made a real difference. Relatives spoken with told us, “They are absolutely safe, we have no worries about that at all” and “It seems very safe to us, staff appear very conscientious about everything.”

We received some mixed comments from people and their relatives about the staffing levels. Some people considered there were more than enough staff, “ Always plenty of staff around, never wait too long for assistance, they are good like that” and “Staff are very organised and always make time for you.” Other people told us, “You have to wait sometimes, there's not enough staff” and “Generally there seems to be enough but there are busy times when everyone wants their help, I try not to ask then.”

We found incidents and accidents were recorded and there was some evidence risk assessments were in place for people’s specific areas of need, for example nutrition, moving and handling, pressure damage and the use of bed rails. However, the format of some assessments missed out some steps for staff and did not identify the level of risk. Other assessments were not always evaluated for their effectiveness and updated when incidents occurred. We found one person had fallen twice in recent months and sustained fractures each time, however, their moving and handling risk assessments had not been reviewed and there was no risk assessment for falls in place. There was evidence staff had made a referral to the community falls team but no consideration had been made for the use of equipment such as sensors in their bedroom, to alert staff the person may need assistance with mobilising. In another person’s file their nutritional risk assessment was not accurate and recent weight loss had not been identified and followed up with the person’s GP. This was addressed during the inspection.

The registered provider/manager undertook risk assessments of the environment to ensure it was safe for the people who used the service. Not all areas of the service were included and we found the assessments in place missed out some steps for staff to follow, which meant people’s safety may not properly be protected.

Records showed senior staff carried out regular checks of the risk assessment records but shortfalls had not always been identified an addressed.

These issues meant the registered provider was not taking adequate steps to protect vulnerable people from the risks to their safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Despite some mixed comments from people about the staffing levels, we found during the inspection there were sufficient staff on duty. We saw there was a member of staff available in communal areas to provide support where necessary and for people to speak with. People’s requests for assistance, either verbal or by way of call bells, were met in a timely manner. Care workers were supported by a range of domestic and catering staff which enabled them to focus on people’s care needs.

The staff numbers on duty matched the rotas and the registered provider / manager told us staffing numbers were dictated by the amount of people living in the home and their individual needs. Staff told us they were able to cover any sickness or other absences within the team so that staff numbers did not fall below what was needed. Staff confirmed they had enough time and support to carry out their duties safely and effectively.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service [DBS] check and two written references were obtained before staff started work. We looked at three staff recruitment files and saw all of the necessary checks had been completed. This meant prospective staff were being properly checked to make sure they were suitable and safe to work with older people.

Staff spoken with demonstrated a good understanding of people’s needs and how to keep them safe. During the inspection, we saw staff competently transferring people between chairs and wheelchairs using a hoist. They explained the procedure to people as they guided them into the chair and made sure they remained safe. We also

Requires improvement

Is the service safe?

observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Equipment used in the home was serviced at intervals to make sure it was safe to use.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We saw staff administering medicines to people individually and completing administration records appropriately. They explained to people what medicines they were taking and offered extra prescribed medicines where appropriate, such as pain relief. Staff demonstrated they knew what to do if people refused prescribed medicines and said they would seek advice from the person's GP if they had concerns about this.

Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice. We saw medicines were ordered, recorded, stored and disposed of in line with national guidance. This included medicines which required special control measures for storage and recording. We found some minor issues. One person was self-administering their medication; we found the risk assessment in place to support this practice required review to ensure the person was able to manage all aspects of their storage and administration safely. The measures in place to monitor the person remained safe to administer their medicines needed to be recorded. We also found some people were prescribed medicines to be taken 'when required' [PRN], but clear guidance for staff on when to administer these was not in place. These were mentioned to the registered provider/ manager to address. Internal medicine audits showed positive findings, although no audits had been completed by the supplying pharmacy which would further ensure the medicine systems at the service were reviewed and monitored to ensure their safety.

Requires improvement

Is the service effective?

Our findings

The people we spoke with said staff were helpful, friendly and efficient at their job, and we received positive comments about how they delivered care and support. One person said, "It's been the same staff more or less since I moved here, they know what they are doing." Another person said, "The staff are efficient and work hard." People also told us they enjoyed the food, the portion sizes were sufficient and the meals were tasty. They told us, "The meals are very nice, haven't had a bad one since I came here", "That was a lovely dinner" and "The food here is really good, the cook does a great job and if you don't like the choice they will give you an alternative." Relatives also confirmed the meals were good. One person said, "Mum tells me the meals are lovely and tasty."

We asked people if staff gained their consent before care and treatment was provided and were told, "Yes, even though they know my routines very well, they always ask me first" and "They ask me if I want assistance or support." People told us they had access to healthcare professionals. One person said, "If there's a problem they call the doctor." A relative told us, "They are very good at contacting the doctor or nurse, we never have to prompt them."

The Mental Capacity Act 2005 [MCA] sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the MCA and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

We found Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Where some of the forms indicated the person lacked capacity to make this decision for themselves, we did not always find that capacity assessments and best interest meetings with families and appropriate clinicians had been recorded. We discussed this with the registered provider/manager to address.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered provider/manager was aware of their responsibilities in relation to DoLS and understood the criteria. There was one person who used the service who had a DoLS authorised by the supervisory body. This DoLS was in place to ensure this person received the care and treatment they needed and there was no less restrictive way of achieving this. Further applications were being submitted, due to the recent changes made in the service to install a lock on the door of the unit where people who lived with dementia resided.

We found people's health care needs were met. Records indicated people who used the service had visits from a range of health care professionals as required. These included GPs, district nurses, occupational therapists, dentists, emergency care practitioners, chiropodists and opticians. People had also attended outpatient appointments and been seen by the falls team. Community nurses were visiting people during the inspection to provide treatment and advice regarding their health care. They told us staff had supported their visits well and were knowledgeable about their patients needs. They also told us their patients were happy and settled at Holme Farm and received good quality care.

Staff told us they received regular training and felt well supported by the management team at the service. One member of staff said, "We get a lot of training, we are always doing refresher courses, it's very good." Staff told us they received regular supervision sessions with their line manager and checks on records generally confirmed this. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included: moving and handling, health and safety, safeguarding vulnerable adults from abuse, fire, infection prevention and control, medicines management, dementia care, MCA 2005, stroke awareness, diabetes and basic food hygiene.

Records showed 84% of the care staff had achieved or were working towards a nationally recognised qualification in care. The registered provider/manager and two of the senior management team at the home had completed the Registered Manager's Award. The registered provider/manager confirmed all care and management staff were currently completing modules of the new Care Certificate.

Requires improvement

Is the service effective?

This national training programme looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff were able to describe how elements of their training influenced their working practice. For example, they described the ways in which they should seek people's consent, support people's rights, privacy and dignity, and how to communicate effectively with people who lived with dementia. One member of staff said, "It's important to take time when speaking to people with dementia. Sometimes they can get upset and need a lot of reassurance, other times your face may not fit and they will accept support from another member of staff."

We observed lunchtime was well managed and a pleasant experience for people; the majority of people chose to have their meal in the dining room. We saw them enjoying their meals and chatting with other people and staff. The tables were attractively presented. We saw staff were attentive and supported people's needs in a kind and sensitive manner. The food was served promptly to individual preferences and tastes.

We saw the meal looked appetising. We noted there was one main choice of meal at lunch time and alternatives could be provided where people had been consulted about this. The systems in place to support meal choices for people living with dementia were less formal and relied on staff's knowledge of people's preferences. We discussed with the staff current guidance around effective mealtime support for people living with dementia such as the provision of pictorial menus, varied snack options and showing the person plated meals so they could be assisted to make their meal choice. The cook confirmed they would follow this up.

The cook explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We saw people had their weight recorded regularly but it was not clear when some people had experienced continued weight loss if this had been referred to the person's GP or community dietician. The registered provider/manager followed this up during the inspection.

We looked round the service to find evidence of environmental considerations and improvements to support people with dementia. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. People's bedroom doors had signs with their name and a picture of something important to them such as the flowers they liked. The grounds were very attractive and well maintained with areas of seating, shade and paved paths. We observed many borders full of colourful and scented shrubs and bird feeders and ornaments provided more visual and sensory stimulation.

Good

Is the service caring?

Our findings

People we spoke with told us they were very happy and settled at Holme Farm. They said, “Its wonderful here, you are looked after really well”, “I came for two weeks and stayed”, “I think I've come home here, its a real home”, “I can’t say a wrong thing about this place", "This place is unique”, “I feel like I'm part of a family” and “I regard this as my home.”

People and their relatives told us staff were kind and caring. Comments included, “Staff are very kind and helpful, most considerate about my care”, “Some are better than others, but on the whole they are very good”, “They're all lovely”, “They can't do enough for you, anything you want, just ask”, “I’m 90% happy with the care here” and “Staff seem friendly and behave with courtesy; always good to hear them chatting with residents.”

We were told by visiting family members that there was an open visiting policy and that staff were friendly and welcoming. We observed this during the inspection. One person said, “We always get a friendly welcome and offered a drink.” Staff confirmed some people regularly went out with their families.

We saw a range of information was provided in the entrance hall and on notice boards in corridors for people who used the service and visitors. This included information on how to keep safe, advocacy and how to make a complaint.

People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. We observed staff kept people’s rooms tidy and respected their possessions. Relatives told us they were encouraged to help personalise their family member’s bedrooms. We spoke with one person who had very recently moved into the service; they told us how welcoming staff had been and they considered they were very settled and happy with everything in place. They drew our attention to the ornamental flowers provided in their room which they considered were very attractive and pleasing.

People were able to make choices about their daily routines. Some people chose to spend time alone and others liked to spend time in the communal lounge areas. A relative said they had been involved in their relative’s care plan and they were invited to reviews of care.

People’s privacy and dignity was observed and respected. We saw staff knocked on people’s bedroom doors and waited for an answer before they entered their rooms. Personal care was undertaken in private. Staff told us how they promoted important values such as privacy and dignity. Comments included, “We always support people’s personal care in private; we close the door and curtains and keep people covered during personal care tasks.”

Overall staff knew how to communicate with people effectively; staff altered their tone of voice depending on whether they were offering reassurance or offering to assist someone with their personal care. When one person got upset we observed a member of staff took time to talk to them and calm and reassure them. We overheard most staff speaking with people in a polite and friendly way and they provided explanations prior to tasks. We saw staff were patient in their approach. People were given time to process information and communicate their response. However, we observed one member of staff’s communication skills with one person living with dementia were less positive and we passed this to the registered provider/manager to address.

We observed people who used the service had received a high standard of personal care support. People’s clothing was well laundered and ironed. We noted ladies wore well co-ordinated outfits, their hair was nicely styled and some had chosen to wear make-up and jewellery. The men were shaved and well groomed. One person’s relative told us, “Mum has always been careful about her appearance and still likes to have her done regularly and wear smart clothes, and the staff are very good at helping with this.”

Requires improvement

Is the service responsive?

Our findings

People who used the service told us they could make choices about aspects of their lives. They said they could choose when to get up and go to bed and how to spend their time. They also said they would be able to raise concerns or complaints with staff. Comments included, "They are happy to let me be independent", "I go for a walk in the village and people know who I am even though I've never lived here", "Sometimes they have activities, but I don't bother very often, I prefer reading my newspaper and doing crosswords", "I've always been very satisfied in every single way. I've never had a complaint" and "If I've got a problem I can go to him [the registered provider/manager], he anticipates problems."

Some relatives of people with more complex needs considered their family member would benefit from spending more time out of their room with other people. One relative told us, "My relative spends most of her time in her room watching TV. I think they have become institutionalised. They have lost confidence and need encouragement to socialise."

Relatives generally told us their concerns were dealt with effectively. One relative said, "If my mother had a problem she would tell me and I would deal with it." Another person said, "If I have any issues or concerns, I speak with the owner, he's always about and deals with matters straight away."

People's family members considered their relatives received a good standard of care. Their comments included, "Care is of a very good standard" and "Many of the staff have been here a long time and understand my relative's needs; continuity of care is excellent." Despite the positive comments from people who used the service and their relatives about the quality of care support, we found the recording in the care files was inconsistent in places.

We saw people had their needs assessed prior to admission to the service. Life history records were completed for people; these gave the staff information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them.

We found care plans were in place to support the majority of people's needs but we found some gaps in the three care files we checked. For example, one person had experienced falls and sustained injury; staff explained how they had moved furniture around and regularly checked this person's safety, yet there was no specific care plan in place to direct staff on the support the person needed to prevent further falls. Another person's care file contained a range of care plans to support their needs in relation to their personal care support, medicines, depression, mobility and night care; there were no plans in place to direct staff on the care they required with effective communication and continence support.

We also found some people's care plans were too generalised and did not contain enough personalised information. For example, one person's care plan for personal care support detailed, "I will need assistance with bathing and showers" but did not describe how the person preferred to receive this support. Another person had experienced weight loss and their care plan did not describe provision of a fortified diet or snacks they may like to improve their nutritional status. When we discussed the standard of recording in the care records with the registered provider/ manager, they confirmed they were looking into obtaining a new care recording system. They recognised staff needed to improve the quality of recording and were looking to improve the documentation format which would assist staff to achieve the necessary improvements.

We asked staff how they were made aware of changes in people's needs. They told us they felt well-informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. They told us they read people's care plans and life histories, which gave them good information about people's needs. Staff spoken with knew the people in the service well, what they liked and how they wanted their care and support provided.

Discussions with two people who used the service showed they had developed a close friendship since moving to Holme Farm. They described how they shared interests and spent time together. One person said, "Yes, we've become friends and it's made a big difference."

We observed there were some activities and social stimulation provided to people by care staff. There was no dedicated activities co-ordinator, which potentially meant staff could be called away to assist people with personal care tasks during planned activities. The activity records

Requires improvement

Is the service responsive?

showed people were supported to participate in sing-alongs, indoor games such as dominoes and bingo, chair exercises, trips out to local places of interest and walks in the village and around the garden. We saw some people preferred to sit in their room reading or watching TV. Others in the unit for people living with dementia chose to spend time watching the television. During the inspection visit we did not observe any activities taking place.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to providing activities and meaningful occupation for people living with dementia.

We saw a copy of the complaints and concerns policy was accessible to people and their visitors at the main entrance. Furthermore, there was also a comments and suggestion box for people to give their thoughts on the service. Records showed there had been no formal complaints since the last inspection. However, the registered provider/ manager confirmed they recognised they needed to start recording some of the more informal concerns raised, which may help identify any patterns or trends that should be addressed. One person's relative confirmed they intended to make a formal complaint about the recent change in access arrangements to the conservatory.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us they generally found the registered provider/manager approachable and accessible. Comments included, “He's helped me out a lot”, “I don't know much about him but he's got lots of roles”, “Anyone can go to him at anytime” and “I don't see much of him, he spends a lot of time outside.”

People who used the service and their relatives told us they sometimes had meetings where they discussed things like food and outings. They said the meetings were not held very often and that surveys were carried out, but again they were irregular.

We found the management team demonstrated an open approach during the inspection and they all shared a desire to provide a good person-centred service. They accepted that many of the recording and administration systems now required review and updating and confirmed they would look to obtaining new up to date systems to implement in the near future.

Staff told us they felt confident in their roles and responsibilities and enjoyed their jobs. They also said the management team at the service was approachable and supportive; the deputy manager had supernumerary hours and regularly assisted staff with their duties. During the inspection, we observed they were clearly visible within the service and took an active role in supporting care delivery.

The management team held occasional meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. The registered provider/manager also had meetings with the whole staff group, which were also recorded.

Records showed a resident’s and relative’s meeting had been held in May 2015 and areas of the service such as activities and meals had been discussed. However, during the inspection we spoke with one person’s relative who expressed concerns about the recent changes to the access arrangements to the conservatory and the lack of consultation about these changes. They described how they enjoyed visiting this room with their relative and were now no longer able to do this. We discussed this concern with the registered provider/manager who explained how they had included the conservatory area in the ‘residential unit,’ following the recent reconfiguration of the facilities and the decision to make the dementia unit more secure. They confirmed they had not consulted with all the people who used the service and their family members about the proposed changes before they were put in place. On the second day of inspection we found the registered provider/ manager had held a resident’s and relative’s meeting on the 6 October 2015 and discussions about changes to the facilities had been included on the agenda. Records showed some people expressed their dissatisfaction with the changes.

The service had a quality monitoring system in place, with some audits completed each month such as medicines and care records. We found the audits of care files had not identified the shortfalls with care planning and risk assessment that was evident during the inspection. We also found some gaps in areas that were not monitored, such as staff supervision and people’s nutritional wellbeing and dietary needs. We saw an audit had been undertaken around infection prevention and control in September 2015 and a number of improvements were identified. Whilst some action plans were drafted following audits being carried out, this was not always the case and it was not always clear what action had been taken to rectify any issues identified.

Records showed accidents and incidents were checked and audited by the registered manager/ provider and an analysis of the cause, time and place of accidents and incidents was completed each month. However, there was little evidence the information was reviewed to ensure appropriate action had been taken to further reduce risks or that it was used to inform any identification of patterns or trends.

There had been surveys for people who used the service, their relatives, stakeholders and staff in 2015. Overall, the comments had been positive. Some shortfalls were identified with the lack of activity provision. We found the comments from surveys had not been analysed and an action plan to address suggestions had not yet been produced. We discussed with the registered provider/ manager how the results of the surveys and the action taken could be displayed on the notice board so people who completed them could see their views had been listened to. Following the inspection they confirmed they were in the process of introducing a new, more comprehensive quality monitoring system.

Requires improvement

Is the service well-led?

The registered provider/manager had procedures in place for reporting any adverse events to the Care Quality Commission [CQC] and other organisations, such as the local adult safeguarding team and the health protection agency. Our records showed the registered provider/ manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used services were not protected against the risks to their health, safety and welfare because of inadequate assessments. Regulation 12[2]a