

The Abbeyfield North Mersey Society Limited

Halcyon House

Inspection report






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Date of inspection visit:
10 January 2017
11 January 2017
Date of publication:
13 March 2017

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?	Inadequate 

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2017 and was unannounced.

Halcyon House is a care home located in a residential area of Formby. The home provides accommodation, personal care and / or nursing care for up to 31 older people. The home is owned and managed by Abbeyfield North Mersey Society Ltd, which is a charitable organisation. The building is single storey with a large garden and patio area with seating in the centre. During the inspection, there were 29 people living in the home.

We carried out an unannounced comprehensive inspection of this service in December 2015 and breaches of legal requirements were found in relation to person centred care and the governance of the service. The service was rated as, 'Requires improvement.' During this comprehensive inspection we also looked to see if improvements had been made in these areas.

A registered manager was in post. 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. Although a registered manager was in post, they were not in work on the days the inspection took place.

At the last inspection we found that not all staff had a good understanding of the Mental Capacity Act 2005 (MCA) and only the registered manager and deputy manager had undertaken training in this area. During this inspection records showed that training had been extended and most staff had now completed this. We found however that not all care plans reflected that consent had been gained in line with the principles of the MCA.

No applications had been made for people who may have been deprived of their liberty as they were unable to consent to their care and treatment.

Staff felt well supported and could raise any concerns they had, however records showed that they had not had supervision regularly. Appraisals had been completed for all staff in 2015 and the process had been commenced in 2016 and was still underway. Staff told us they completed an induction to care and most felt that this was sufficient. Not all staff reported they had received an induction to the home and its safety procedures. Only one of the staff recruitment files we viewed evidenced that this information had been provided.

We observed a number of fire doors to be wedged open during the inspection. This meant that in the event of a fire the doors would not close and people would be at risk.

We found that medicines were not always managed safely within the home. For instance, prescribed

thickening agents which were added to fluids when people had difficulty swallowing, were not always stored securely, however all other medicines were kept in a locked clinic room. There were no PRN protocols available to ensure people received their medicines when they needed them, eye drops were not always dated when opened in line with best practice and we observed a number of gaps of the recording of medicine administration. We checked the stock balance of two of medicines and found them to be inaccurate.

Staff who administered medicines had completed medicine training, however not all staff had had their competency assessed to ensure they managed medicines safely.

Most people living in the home told us there were not always enough staff on duty, especially at night. Most staff told us there was usually enough staff on duty during the day, but we were told that it could be very busy, especially after lunch. Staff we spoke with also told us that there was not enough staff on duty at night. There were no staffing analysis or dependency assessments used to help determine how many staff were required to be on duty to be able to meet people's needs effectively.

We looked at four staff personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. We found that potential risks identified during the recruitment process, were not always assessed by the provider to ensure it was safe for staff to work with vulnerable people. Not all staff application forms provided sufficient information regarding staff member's previous employment.

At the last inspection we found that although regular checks regarding the quality and safety of the service were being made, they had not highlighted the concerns we identified during the inspection process. During this inspection, we found that audits had still not identified all of the issues we highlighted during the inspection.

Where concerns had been identified, it was not always recorded what actions were going to be taken to address these, or by who. Other audits showed that when actions had been identified, they were not always addressed.

At the last inspection we found that there was a lack of person centred approach to care, such as activities not provided that were based on people's preferences. During this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Most people we spoke with were satisfied with the activities that were offered, such as jigsaws; pamper evenings, films, a mobile library and weekly chair exercises.

Care plans had been reviewed regularly, however they were not always updated when people's needs changed. This meant that care plans were not always reflective of people's current needs. We also found that plans were not in place to guide staff regarding all of people's needs, such as medicine administration. Not all plans provided sufficient information to ensure that all staff could understand and meet people's needs and planned care was not always evidenced as provided.

All people we spoke with told us they felt safe living in Halcyon House. People told us they felt safe for a variety of reasons, including that staff were available to help them. Relatives we spoke with agreed that people were safe.

Staff were able to explain how they would report any safeguarding concerns and a policy was available to

guide them in this. Most staff had completed training in relation to safeguarding and we found that appropriate safeguarding referrals had been made when required.

Accidents and incidents were reported and recorded appropriately and regular internal and external checks were made to help ensure the environment and equipment remained safe and well maintained.

Staff had completed training that the provider considered mandatory. Clinical training was also available in areas such as syringe driver management and male catheterisation. People we spoke with told us staff employed by the home were well trained.

Care files reflected that referrals were made appropriately to other health professionals to ensure people's health and wellbeing were maintained.

Feedback regarding meals was positive. The chef was knowledgeable about people's dietary needs and told us they catered for specialist dietary requirements.

People living in the home and relatives told us that staff were kind and caring, treated them with respect and provided support in such a way as to protect their dignity.

We saw that staff knew the people they were caring for well, such as their dietary needs and preferences and how people liked to spend their days, but this detail was not always recorded in people's plans of care. People we spoke with told us that staff supported them in such a way as to promote their independence.

Most people were aware of their care plans and had seen them or knew that a family member had.

Relatives told us they were kept informed of any changes to their loved one's health and wellbeing and the people we spoke with agreed.

People told us they had choice as to how they spent their day, such as where to eat their meals, whether to sit in lounges, whether to join in activities or spend time in their rooms. Care files evidenced people's choice with regards to their daily routines, whether they wanted to vote and their preferred place of care.

There was a complaints procedure in place within the home and this was also available within the service user guides provided in people's bedrooms.

There were processes in place to gather feedback from people and their relatives, such as regular meetings and quality assurance questionnaires. Records reflected that people were able to share their views at these meetings.

We asked people their views of how the home was managed and feedback was positive. Staff told us they enjoyed working at Halcyon House and that staff all worked well together as a team and provided support to each other when necessary.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Staff were encouraged to share their views regarding the service and felt they would be listened to. Staff provided examples of suggestions they had made to improve the service and told us that the registered manager had actioned them.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications. We discussed this with the registered manager following the inspection and have since received the relevant notifications.

You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We observed a number of fire doors to be wedged open.

Medicines were not always managed safely within the home.

People told us and our observations showed, that there were not always sufficient numbers of staff on duty and safe recruitment practices were not always followed.

People told us they felt safe living in Halcyon House and relatives we spoke with agreed. Risk to people was assessed and reviewed to help ensure their safety.

Staff had a good understanding of safeguarding procedures.

Accidents and incidents were reported and recorded appropriately and regular internal and external checks were made to help ensure the environment and equipment remained safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Consent had not always been gained in line with the principles of the MCA.

DoLS applications had not been made for people who may have required them.

Not all staff had received regular supervision and an annual appraisal to support them in their role. Not all staff had received information regarding the safety procedures of the home.

Staff told us and records confirmed, they had completed training that the provider considered as mandatory.

We asked people about the meals available at Halcyon House and the feedback was positive.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

Staff knew the people they were caring for well, such as their needs and preferences.

People told us staff supported them in such a way as to promote their independence.

Visitors were welcome and could visit their relatives when they chose to.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans were not always reflective of people's current needs and did not provide sufficient information to ensure needs could be met by all staff.

Most people we spoke with were satisfied with the activities that were offered.

Most people were aware of their care plans and had seen them or knew that a family member had. Relatives told us they were kept informed of any changes to their loved one's health and wellbeing and people we spoke with agreed.

People told us they had choice as to how they spent their day and care plans reflected this.

There were processes in place to gather feedback from people and their relatives. There was a complaints procedure in place within the home.

Is the service well-led?

Inadequate 

The service was not well-led.

Systems in place to assess and monitor the quality and safety of the service were not effective.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications.

Feedback regarding the management of the home was positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Staff were encouraged to share their views regarding the service and felt they would be listened to.

Halcyon 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.

This inspection took place on 10 and 11 January 2017 and was unannounced. The inspection team included two 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

The provider had 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 any improvements they plan to make. We also contacted the commissioners of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the deputy manager, the chairman, the chef, four members of the care staff, 10 people living in the home and three relatives. We spoke with the registered manager on the phone a few days after the inspection, when they returned to work.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Is the service safe?

Our findings

When we inspected Halcyon House in December 2015, we found that the provider was meeting regulations in relation to keeping people safe and the 'Safe' domain was rated as 'Good.'

At this inspection in January 2017, we identified concerns regarding staffing levels, staff recruitment, use of fire doors and medicines management.

We observed a number of fire doors to be wedged open during the inspection. This meant that in the event of a fire the doors would not close and people would be at risk. The deputy manager told us they would ensure that anyone who wanted their door to be held open, would have a device fitted to ensure it would close automatically in the event of a fire.

During this inspection we looked at the systems in place to manage medicines within the home. This included the ordering, storage and handling of medicines as well as a sample of Medication Administration Records (MARs). We also checked the stock balance of some medicines.

Most medicines were stored in a locked clinic room and the temperature of both the room and medicine fridge was monitored daily and within safe ranges. We found that prescribed thickening agents which were added to fluids when people had difficulty swallowing, were not always stored securely. For example, tins of thickening agent were observed to be left in people's rooms which meant they could be accessed by vulnerable people. We also observed a tin of thickening agent on the drinks trolley in the dining room. Staff told us it was used for anyone that needed it and did not have any in their room at the time. This is a prescribed product and should not be used communally.

A new electronic medicines management system had been implemented within the home in December 2016 and we found that the medicines policy had not been updated to reflect the new practices. This meant that staff did not have a policy to guide them in the safe handling of medicines. Some medicines, such as eye drops, can only be used for specific periods of time once they have been opened and may not be effective if used after this time. Eye drops we viewed had not been dated when they were opened to ensure staff knew when they should be discarded. Although the eye drops had not been dated when opened, they had been dispensed from the pharmacy less than 28 days prior to the inspection, so were safe to use.

We identified a number of gaps in the recording of medicines on the MAR charts. The deputy manager told us that the electronic system had failed to allow medicines to be scanned at times, so staff could not sign for them electronically and that staff would complete a paper MAR chart in these instances. The deputy manager was unable to find any paper MAR charts that correlated to the gaps in the charts we viewed. We checked the stock balance of two of these medicines and found them to be inaccurate. We asked the deputy manager to complete a full audit of medicines as soon as possible to check they had been administered safely. Following the inspection, the registered manager told us that an audit had now been completed and no other concerns were identified.

We also found that there were no PRN (as required) protocols in place to ensure people who were unable to request medicines, such as pain killers, received them when they needed them.

Records showed that all staff who administered medicines had completed medicine training, however not all staff had had their competency assessed to ensure they managed medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the home was staffed. On the first day of the inspection there were two nurses and eight care staff supporting 29 people, along with domestic, kitchen, maintenance and administration staff. The deputy manager told us this was usual staffing levels and that overnight; there was one nurse and two or three care staff on duty. Rotas we viewed showed that on five occasions over a two week period, only seven care staff were on duty and for 10 nights there were only two carers rather than three. The deputy manager told us that the majority of people living in the home required the support of two staff to support them with mobility or transfers.

Most people living in the home told us there were not always enough staff on duty, especially at night. Comments included, "They are very short here", "They are very short staffed" and, "At night time they are very rushed." One person told us, "You see, [Staff] might have a person ring the bell at one end of the building, then another at the other end. [Staff] can only do so much can't they? The bells sometimes go on and on and on. [Staff] are racing around – it takes so much time." Another person told us, "You sometimes wait a long time, yes. There was one time when, between me pressing the button and actually helped to the toilet took an hour." Another person told us they did not always get a bath as often as they would like and that they had been told this was because there was not enough staff. A relative we spoke with told us, "[People living at the home] can sometimes wait for a while for the toilet, I've noticed."

We received mixed feedback from staff regarding staffing levels. Most staff told us there was usually enough staff on duty during the day, but we were told that it could be very busy, especially after lunch. Staff we spoke with also told us that there was not enough staff on duty at night. One staff member told us, "There should be more staff at night" and another staff member said they did not feel people were always safe at night due to the staffing levels.

During the inspection we observed the call bell ringing for long periods of time. We spoke with one person who told us they were in desperate need of the toilet and had pressed their call bell. We went to alert staff the person was still waiting and noted that their call bell had been ringing for 16 minutes. We discussed this with the registered manager who told us that it was often busy after lunch as a number of people required support at the same time; however we noted that two staff members were on a break during this period. There was no staffing analysis or dependency assessments used to help determine how many staff were required to be on duty to be able to meet people's needs effectively. Following the inspection we spoke with the registered manager who told us they had increased staffing levels in the past and will do so again if required.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if

they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that any risks identified during this process, were not always assessed by the provider to ensure it was safe for staff to work with vulnerable people. The recruitment policy for the service did not reflect the need for these risks to be fully assessed. Not all staff application forms provided sufficient information regarding staff member's previous employment. We spoke with the registered manager about this after the inspection and they told us they would ensure relevant risk assessments were completed and all staff employment histories were recorded.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people we spoke with told us they felt safe living in Halcyon House. People told us they felt safe for a variety of reasons, including that staff were available to help them. One person told us they felt safe because, "The place itself. The doors are alarmed and checked every night and lights are on outside at night. I have never felt unsafe." Another person said, "Staff escort me to the dining room, the lounge or wherever I want to go." Relatives we spoke with agreed that people were safe. One relative told us, "We know [Relative] is safe here."

We spoke with staff about adult safeguarding and how to report concerns. All staff we spoke with were able to explain they would report any concerns. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and records showed that most staff had completed training in relation to safeguarding. Details of the local safeguarding team were available to staff and this enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. These assessments were reviewed regularly to ensure any change in people's needs was assessed to enable risk reduction measures to be implemented, such as pressure relieving equipment.

We looked at accident and incident reporting within the home and found that incidents were reported and recorded appropriately. A monthly log was maintained and records reflected any actions taken following the incidents.

Arrangements were in place for checking the environment and equipment to ensure it was safe. Regular internal checks were recorded in areas such as water temperatures, bed rails, baths, fire alarms, emergency lighting and portable appliance testing. External checks were undertaken for gas, electrics, legionella, hoists and slings and fire safety equipment. We viewed certificates for these checks and they were in date.

People who lived at the home had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. A fire risk assessment had been completed but had not been updated following work that had been undertaken in the home, to create patio doors in each bedroom, to act as a means of escape in the event of a fire. After the inspection the registered manager told us once the refurbishment of the home was complete, a new fire risk assessment would be undertaken.

All people living in the home and their relatives told us they felt the home was kept clean and well maintained. We observed the home to be clean during the inspection. Bathrooms contained liquid soap and paper towels and hand gel was available to people around the home in line with infection control guidance. We observed staff to wear personal protective equipment such as gloves and aprons when providing support and we could see that these were easily available to staff around the home.

Is the service effective?

Our findings

When we inspected Halcyon House in December 2015, we made a recommendation in relation to mental capacity training and the 'Effective' domain was rated as 'Requires improvement.'

At the last inspection we found that not all staff had a good understanding of the Mental Capacity Act 2005 (MCA) and only the registered manager and deputy manager had undertaken training in this area. During this inspection we looked to see if the service was working within the legal framework of the MCA.

Records showed that training had been extended and most staff had now completed training in relation to the MCA. Staff we spoke with told us they always asked for people's consent before providing care and people we spoke with confirmed this. We observed staff seeking consent from people during the inspection, such as before entering a person's bedroom, providing personal care and providing support at lunch time. Care plans we viewed showed that consent had been gained for some people, in areas such as photography and the use of bed rails. However other people's care files did not contain any evidence that consent to care and treatment had been sought.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people were unable to provide consent, mental capacity assessments were completed and available in people's care files. We found however, that these assessments were not decision specific and so were not in line with the principles of the MCA. For example, one person's care file contained a mental capacity assessment that showed the person lacked capacity, but not what decision they lacked capacity to make. Another person's care file also included a completed mental capacity assessment that showed they lacked capacity, but did not evidence that care provided had been decided in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager told us that no DoLS applications had been made and that they did not feel anybody living in the home required one. During the inspection we viewed people's care files and found that some people may meet the criteria for a DoLS application to be made to ensure they were not being deprived of their liberty unlawfully. After the inspection we discussed this with the registered manager who agreed to contact the Local Authority DoLS team for further advice and guidance. The registered manager later told us that they had been advised to submit an application for one person they had discussed with the Local Authority and that based on that advice, would also be submitting applications for four other people who they believed required them.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were supported in their role. Staff we spoke with told us they felt well supported and that they could raise any concerns they had but that they had not had supervision regularly. Records showed that supervisions were not completed regularly or in line with the company's own policy. The policy stated that staff would receive at least six supervisions each year, however records showed that most staff had received supervision only once in the last 12 months. The deputy manager agreed that supervisions had not been taking place often and that this would be rectified.

We looked at how staff were inducted into their job role. Staff told us they received an induction and most felt that this was sufficient. Records showed that the induction was in line with the requirements of the Care Certificate, which is an identified set of standards that health and social care workers work towards and have their practice assessed and signed off by a senior member of staff. Not all staff however, told us they had received an induction to the home and its safety procedures. Only one of the staff recruitment files we viewed evidenced that this information had been provided. After the inspection the registered manager told us all staff received health and safety information on their first day in post but that staff took the records to complete and not all had been returned. Evidence was provided after the inspection to reflect that health and safety inductions had been provided.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we viewed showed that annual appraisals had commenced in October 2016 and the process was underway, although not all had been completed at the time of the inspection.

Staff told us and records confirmed, they had completed training in areas such as moving and handling, first aid, food hygiene, infection control, dementia and safeguarding. Clinical training was also available in areas such as syringe driver management and male catheterisation. Most staff told us they felt they had received enough training to support them in their roles and help ensure they could meet people's needs safely. People we spoke with told us they felt staff employed by the home were well trained. Their comments included, "Oh yes, [Staff] are well trained here", "Most of them do [have sufficient training]" and "I think they do."

People at the home were supported by both the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the dietician, speech and language therapist and the G.P. People we spoke with told us staff arranged appointments with relevant professionals when they needed it. One person told us about a time they had mentioned to a staff member during the night that they didn't feel well and when they got up in the morning the doctor was there.

Care files we viewed reflected that referrals were made appropriately to help maintain people's health. For example, one care file we viewed showed that the person had lost a significant amount of weight; a referral had been made to the dietician who prescribed dietary supplements. Over the past two months the person's nutritional intake had been monitored and encouraged and records showed that the person had begun to gain weight.

We asked people about the meals available at Halcyon House and the feedback was positive. One person told us, "I don't think I have left a crumb on my plate since I have been here. If you don't like what is on the

menu, you can have something else." Another person said, "It's improved tremendously, we had a wonderful Christmas dinner and we usually have a choice of about four puddings." Other comments included, "It's very good actually; too much sometimes though" and, "I would rate it as more than ok; too much though." Relatives we spoke with were also satisfied with the meals offered and one relative explained how staff had noticed their family member had been struggling to eat enough so began providing support at meal times. Staff had explained to the relative that this was so they did not lose weight.

We spoke with the chef who explained that there was a four week menu that changed with the seasons and offered choices each day. The chef told us they received feedback regarding the meals at meetings and they made changes to the menu based on the feedback. The chef was knowledgeable about people's dietary needs and told us they catered for some specialist dietary requirements, such as a diabetic diet, gluten free diet, vegetarian and pureed diets and ensured people with food allergies had their needs met.

We observed lunch being served and found that there were two sittings available. People who required support from staff were assisted to the dining room a little earlier than those people who could manage meals independently. This was to ensure staff were available to assist them and ensure people were not rushed with their meal. Tables were laid nicely and we saw that drinks were offered with meals. Everyone we spoke with enjoyed their meal.

Is the service caring?

Our findings

When we carried out a comprehensive inspection of Halcyon House in December 2015, the 'Caring' domain was rated as 'Good.'

During this inspection we asked people whether staff were kind and caring and responses included. "Oh yes, staff are good" and, "Definitely yes." Relatives we spoke with agreed that staff had a positive approach. One relative told us, "They're friendly and definitely know what they're doing."

Staff we spoke with described how they protected people's dignity and privacy when providing support to people. One staff member told us they always used the 'Do not disturb' sign on the door when providing personal care and another staff member told us they always asked for consent and talked to people when offering support, explaining each part of the care. We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms. People were given plenty of time to eat their meals; they were not rushed in any way. Interactions between staff and people living in the home were positive.

People living in the home agreed that staff worked in such a way as to protect and respect their dignity. One person told us, "The first thing [Staff] do is shut the blinds and the door" and another person said, "Respectful? Very much so yes."

We found on discussion that staff knew the people they were caring for well, such as their dietary needs and preferences and how people liked to spend their days. For example, one staff member was able to describe specific actions from a person that indicated whether they wanted to stay in bed as they were unable to advise staff verbally, but this detail was not recorded in their plan of care. Some care files we viewed contained a life history which had information regarding people's preferences, in areas such as activities, meals and outings, though not all files reflected this and these preferences were not always reflected through the plans of care. People living in the home told us that staff who worked at Halcyon House knew them well.

We asked if people were able to choose the gender of staff who supported them with their personal care needs. All people we spoke with told us they had no preference regarding this. Staff were aware of one person who had expressed a preference and told us this was always accommodated.

People we spoke with told us that staff supported them in such a way as to promote their independence. One person we spoke with agreed with this and told us, "Yes, for example we go half and half when I have a shower. I do some bits and [Staff] do the rest." Another person explained how they had their drinks in a cup with a lid on so that they could continue to drink independently. We found however that this approach to care was not reflected within people's care plans.

Care files were stored securely in an office in order to maintain people's confidentiality. This meant that only people who were required to view the care plans were able to access them.

We observed relatives visiting throughout both days of the inspection. The deputy manager told us there were no restrictions in visiting the home, encouraging relationships to be maintained. People we spoke with agreed and told us their relatives could visit whenever they wanted to. Relatives we spoke with told us they were made welcome and could visit their family member in private if they chose to.

For people who had no family or friends to represent them, contact details for a local advocacy service were available and the deputy manager told us they would support people to access these services should they require them. There was nobody receiving advocacy services at the time of the inspection as people living in the home had family members or friends to assist them if they needed support.

Is the service responsive?

Our findings

When we carried out a comprehensive inspection of Halcyon House in December 2015, we identified breaches of regulation in relation to the responsive domain and this domain was rated as, 'Requires improvement'. This inspection checked the action the provider had taken to address the breaches in regulation regarding person centred care.

At the last inspection we found that there was a lack of person centred approach to care, such as activities not provided that were based on people's preferences. During this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

We asked people about the social activities available within the home. Most people we spoke with were satisfied with what was offered. One person told us, "[Staff] try so hard. There is always a film. They bring a singer in and we all love that." This person also told us about a table the provider had purchased which changed height so that people in any type of chair could get close to the table to do jigsaws. Another person told us about a visiting library service that they used as they enjoyed reading. Another person told us, "I can socialise in the sun room if I want to, but it can get quite crowded." People also told us about the weekly chair aerobics, pamper evenings and visiting choirs. Staff we spoke with told us that a lot of people enjoyed spending times in their rooms, but that they always celebrated birthdays and special events throughout the year. A relative told us, "[Relative] just isn't interested in the activities, they just like television."

Since the last inspection the provider had recruited an activity coordinator, however they left the service a few weeks prior to the inspection. The registered manager told us after the inspection that they planned to advertise for a new coordinator within the next few weeks.

Care plans we viewed had been reviewed regularly, however they were not always updated when people's needs changed. For example, one person's nutrition plan stated that they did not take any food or fluids orally, however a recent visit from a speech and language therapist had been recorded within professional's notes in the file and advised that the person could have small amounts of food orally. Staff we spoke with confirmed they had been advised of this and that the person was receiving small amounts of food orally. The care plan had not been updated to reflect this change. This meant that care plans were not always reflective of people's current needs.

We found that there were plans in place which covered areas such as communication, eating and drinking, elimination, mobility, personal hygiene and sleeping. We found however, that plans were not in place to guide staff regarding all of people's needs. None of the care files we viewed contained a plan regarding administration of medicines. This meant that there was no information to guide staff about how people wanted their medicines administered, or any specific instructions. For instance, one care file we viewed showed that the person was unable to swallow and had a percutaneous endoscopic gastrostomy (PEG) tube in place. This is a tube passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The deputy manager confirmed that medicines were also administered through this tube, however there was no care plan to advise staff how this

person's medicine was administered.

Some care plans we viewed provided staff with relevant detail as to the support the person required to meet the identified need. For instance, one person's nutritional plan stated that the person required support to eat a soft diet and required thickener in their fluids to a prescribed consistency. It also advised that staff should support the person to sit upright whilst eating and monitor and record all intake. We found however, that not all plans provided sufficient information to ensure that all staff could understand and meet people's needs. For example, one person's personal care plan advised staff to 'provide support as necessary.' There was no further detail as to what the person required support with. A communication care plan reflected that the person was unable to communicate verbally and that the person communicated through use of facial expressions. There was no information as to what certain expressions may mean. We spoke with the deputy manager regarding this, who told us the person smiles in greeting at carers and holds their head in their hands when they need pain killers. This meant that staff may not have access to information to ensure they could meet people's needs safely.

We also found that planned care was not always evidenced as provided. For instance, one person's care plan reflected that required support to reposition to prevent breakdown in their skin integrity. There were no records to show that the person had received this support, however their skin integrity was intact. The deputy manager told us they did not routinely record this support, but would ensure it was recorded in future.

We looked at processes in place to gather feedback from people regarding the service and listen to their views. All people living in the home that we spoke to were aware of resident meetings that took place. Records we viewed showed that meetings had taken place every few weeks and that discussions were had regarding activities, meals, staffing levels and care provided. Records reflected that people were able to share their views at these meetings.

Quality assurance surveys were also issued to people living in the home and their relatives each year. A relative we spoke with told us they received a questionnaire in the post and send them back once completed. We viewed completed surveys from 2016 and found that although most reflected positive feedback. However when comments had been recorded that reflected people were not entirely satisfied with an aspect of care, there was no evidence to show this had been addressed. We spoke with the chairman regarding this, who told us they had spoken to each person about their concerns; however there was no record of these discussions.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were involved in their care planning. Most people we spoke with were aware of their care plans and told us they had seen them or knew that a family member had. Care files we viewed showed that families were involved and those relatives we spoke with confirmed that staff had discussed their relatives care plan with them.

Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing and people we spoke with agreed. One person described a time they were unwell and had to go to hospital and before they had even left the home the staff had contacted their relative who was able to meet them before the ambulance arrived. Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files.

People told us they had choice as to how they spent their day, such as where to eat their meals, whether to sit in lounges, whether to join in activities or spend time in their rooms. Care files evidenced people's choice with regards to their daily routines, whether they wanted to vote and their preferred place of care. If people chose to spend time in their rooms, they had access to a call bell to enable them to call for staff support when required.

There was a complaints procedure in place within the home and this was also available within the service user guides provided in people's bedrooms. We viewed the complaints log and found that one complaint had been received recently and this had been investigated in accordance with the provider's policy. People we spoke with all told us they could approach the registered manager or any staff member if they had an issue they wanted to raise.

Is the service well-led?

Our findings

When we carried out a comprehensive inspection of Halcyon House in December 2015, we identified breaches of regulation in relation to the well-led domain and this domain was rated as, 'Requires improvement'. This inspection checked the action the provider had taken to address the breaches in regulation regarding audit processes.

At the last inspection we found that although regular checks regarding the quality and safety of the service were being made, they had not highlighted the concerns we identified during the inspection process. During this inspection, we found that although regular audits were completed, there was not always evidence that actions had been taken to address any issues they had identified and the provider was still in breach of regulations regarding this.

We viewed completed audits in areas such as health and safety, accidents and incidents, care plans and medicines management. We found however that they did not always highlight all of the concerns we identified during the inspection, such as those relating to medicines management, DoLS, staffing levels and staff recruitment processes.

Where concerns had been identified, it was not always recorded what actions were going to be taken to address these, or by who. For instance, quality assurance surveys recorded some comments that required further action, such as, "Some staff lack patience with me." Minutes from residents meetings also reflected concerns raised in relation to length of time call bells were ringing and one person who was not satisfied with the frequency they were offered baths. No actions had been identified to address this feedback and help improve the quality of the service. The deputy manager told us that the registered manager would review the minutes from the residents meetings when they returned to work and would then address any concerns raised. This system meant that there were delays in addressing issues raised by people.

Other audits we viewed showed that when actions had been identified, they were not always addressed. For example, one care file audit reflected that a care plan was required in relation to a person's medical condition. We found however that the date for completion had passed and we looked at the care file and found the care plan required had not been created. We asked the deputy manager what the system was for checking the required improvements had been made and we were told it was the responsibility of the registered manager and so this would not be followed up until they returned to work. This again caused delays in driving forward improvements. This meant that systems in place to monitor the quality and safety of the service were not always effective.

We found that the provider had not made necessary improvements in relation to monitoring the quality and safety of the service since the last inspection, and concerns identified at the last inspection had not all been addressed. During this inspection we also identified a number of other concerns that we have reported on throughout this report, which showed that the systems in place to ensure the quality and safety of the service are ineffective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were not able to monitor information and risks regarding Halcyon House accurately. We discussed this with the registered manager following the inspection and have since received the relevant notifications.

We viewed the policies and procedures for the service and found that some required updating. A number of policies had not been reviewed since 2011 and the medicine policy had not been updated to reflect the change in medication management systems in place.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. All people living in the home knew who the registered manager was and people described them as, "Approachable" and "Friendly." Staff told us anything they raised got dealt with and that they were well supported by the management team. We asked relatives their views on how the home was managed and comments included, "It's well organised here. The organisation is intricate and it works well" and, "It's very good." Another relative told us they liked the recent refurbishment of the home, such as new bathrooms and floorings.

Staff we spoke with told us they enjoyed working at Halcyon House and that staff all worked well together as a team and provided support to each other when necessary. One staff member told us, "It is a happy place and residents are well looked after."

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home.

As well as resident meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff regarding the running of the service. Records we viewed showed that staff meetings took place every few months and covered areas such as care plans, record keeping, audits and use of equipment.

Staff told us they were encouraged to share their views regarding the service and felt they would be listened to. One staff member told us they had informed the registered manager that an additional piece of equipment was required for a newly purchased bath in order to maximise people's comfort. The registered manager ordered this equipment and it was now in use. Another staff member told us they had raised an issue regarding insufficient number of batteries for hoists and the registered manager arranged for more batteries to be available.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	consent was not always gained in line with the MCA 2005. DoLS were not all applied for appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Fire doors were observed to be wedged open. Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Safe recruitment practices were not always adhered to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not always sufficient numbers of staff on duty to meet people's needs in a timely way.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were ineffective. Not all previous concerns had been fully addressed and further concerns had been identified. Care plans did not all provide detailed and accurate information regarding people's needs. Not all care was evidenced as provided.

The enforcement action we took:

Issued a warning notice regarding Regulation 17.