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# Hollybank Nursing Home

## Inspection report

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Date of inspection visit: 15 and 16 September 2015  
Date of publication: 02/12/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection which took place on 15 and 16 September 2015. We had previously carried out a scheduled inspection on 2 July 2014 when we found the service had not complied with all the regulations we reviewed. We found breaches in the regulations relating to the management of medicines and assessing and monitoring the quality of service provision. We returned to the service on 28 August 2014 and found that action had been taken to ensure compliance with the regulations in both areas.

Hollybank Nursing Home is registered to provide nursing and residential care for up to 49 older people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and three breaches of the Care Quality Commission (Registration) Regulations 2009.

When we arrived at the home we saw that Hollybank Nursing Home was not fully in operation and in the process of major work being carried out to the main building which was being extended to join Orchard Mews,

# Summary of findings

a unit within Hollybank Nursing Home's grounds. At the time of our visit there were no nurses employed at the home and no-one who used the service was receiving nursing care.

There was no a registered manager in place at the home. 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. There had been no registered manager at the home since April 2014. It is a condition of the registration of Hollybank Nursing Home that they have a registered manager to carry out the day to day running of the service.

Although we had recently received eight deprivation of liberty safeguarding notifications from the provider we found that we had not been notified about the death of a person who lived at the home or a safeguarding alert that had been raised with the local authority. The providers of Hollybank Nursing Home are legally obliged to report such incidents to us as a statutory notification.

We also found breaches in relation to safe working practices in relation to the administration of medicines, environmental risks and risk assessments.

We found an old shower chair being used in a shower room that had a seat design that could cause injury to people. This was removed from the premise immediately. We also had concerns that bed rails were being used and rail covers were not always in place. The risk assessment format for the use of bed rails was dated April 2004 and needed to be replaced by a more up to date assessment that reflected current practice and legislation.

The monitored dosage system (MDS) system for the administration of medicines could not be stored securely in the medicines trolley during administration. 'When required' prescribed medication to help support people manager their behaviours was being given without a clear reason why recorded on the back of the medicines administration record (MAR) and in their care records. This must be done to show that appropriate action is being taken to support people with their behaviour.

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

People who used the service, their relatives and staff told us that they did not think there was always enough staff on duty to meet people's needs. We were told by managers that the arrangements for staffing were under review to include the role of a senior care staff.

We asked the provider to produce a timescale for when the work would be completed and what action was being taken to reduce the ongoing disruption to people who used the service, for example noise.

People who we spoke with told us, "I feel safe here and am looked after." "I feel safe here because I know if I fall then there's always somebody around to pick me up. "I would approach the receptionist lady if I had any problems." "I've been here a while. I'm not afraid of anything in here. Nobody bothers me. I talk to the staff and they listen to me."

Care staff we spoke with knew what action to take if they were concerned about a person who used the service being at risk of harm or the practices of a colleague.

Recruitment and selection procedures were in place to help protect vulnerable people from people who may be unsuitable to work with them.

People who used the service told us "It is a clean home and I haven't found any nasty smells. I find it warm enough here and the staff have rugs and blankets if I feel the cold." "It's very clean in here" and "It's clean in here and I'm warm enough."

Training records showed that staff had received basic training in fire safety moving and handling, infection control, food hygiene, first aid and health and safety. All care staff had undertaken an appropriate NVQ to Level 3 and level 2 standard. Staff received supervision from the manager which was a mixture of formal discussion and competence checks.

People were provided with a choice of suitable and nutritious food.

People who used the service said "The staff are kind to me. I like the girls." "The staff are very kind. They will sit and chat with me when they have the time which isn't very often." "My son and daughter in law come to visit me. Staff make them very welcome."

We were informed that earlier this year the provider had carried out a two week independent review of the quality

# Summary of findings

of service provided by Hollybank Nursing Home and its sister home Oak Lodge. From this review a new management structure was created with a group development manager being appointed to support both locations in July 2015. Weekly managers meetings had started to take place to improve communication and action plans to make improvements in the quality of service provided to the people who lived at the home.

We were told by members of the new management team that there was still “lots to do” to make improvements to the service and plans were in place to achieve this. The managers that we spoke with were open, honest and enthusiastic about the task that lay ahead.

A quality assurance exercise was carried out in May 2015. Comments from relatives included, “Lovely home with lovely ambience” “All staff are doing a great job to look after my mum” and “This is a lovely home with very caring staff.”

# 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?

The service was not always safe.

We found a number of health and safety risks relating to the equipment being used to support people and around the home.

Medication was not always securely held and the reason why 'when required' medicines for managing people's behaviours was not always recorded.

Staff were safely recruited and the home was seen to be hygienically clean, bright and tidy.

Requires improvement



### Is the service effective?

The service was effective.

The managers were aware of their responsibilities with regards to the deprivation of liberty safeguards so that people's rights were protected. Information and training to guide and support staff was provided.

Opportunities for staff training and development were provided. This helped staff to develop the knowledge and skills required to meet the specific needs of people.

People were provided with a choice of suitable and nutritious food.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke positively about the staff team. The staff had a good understanding of the needs of people they were caring for.

We saw individual care records were securely held so that confidentiality was maintained.

Good



### Is the service responsive?

The service was responsive.

Opportunities were available to participate in activities at Hollybank Nursing Home.

Systems were in place for the reporting and responding to people's complaints and concerns.

Good



### Is the service well-led?

The service was not always well led.

There had been no manager registered with us since to April 2014, which is a condition of the home to operate. We had not received all the notifications should have, which is a statutory obligation of the provider to do so.

Requires improvement



# Summary of findings

An independent review of the compliance had been carried out by the provider. This had led to the creation of a new and enthusiastic management team who were working hard to make improvements at the home.

# Hollybank Nursing Home

## Detailed findings

### Background to this inspection

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

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and the clinical commissioning group. No concerns were raised by them about the care and support people received from Hollybank Nursing Home.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

The inspection took place on 15 and 16 September 2015, was unannounced and involved 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. The expert had experience of services for older people with dementia.

During the inspection we spoke with four people who used the service and two relatives. We also spoke with the group development manager, the operations manager, the manager, the deputy manager, a night carer, two day carers, an agency care worker covering nights and a cook. We looked round the building, at a range of records relating to how the service was managed; these included people's care records, recruitment files and training records.

# Is the service safe?

## Our findings

We saw that the main building of Hollybank Nursing Home was in the process of having a major refurbishment work carried out. Although we accept that this will bring improvements for people who use the service in the long term, we were told by people we spoke with that the building work had closed areas of the home for around two years. People and their relatives told us that they had not had access to the garden during the summer time.

We talked with the managers and builders who were working on the site who confirmed this was the case. We asked the provider to produce a timescale for when the work would be completed and what action was being taken to reduce the on-going disruption to people who used the service, for example, noise. We received information from the provider about time scales for completion of the work.

We saw that an environmental risk check of the property was carried out on 1 September 2015 by the operations manager. Personal Emergency Evacuation Plans (PEEPs) had been introduced and door guards were to be fitted to bedroom doors. We saw that Hollybank Nursing Home had a Business Continuity Plan that gave details about what action was to be taken in an emergency for example the home needed to be evacuated.

We saw that the maintenance of the passenger lift was a number of days overdue. Contact was made with the contractor and plans were made to carry out the service with two days of our inspection visit. We saw that all other maintenance checks had been carried out and a valid certificate was in place.

'Keep locked shut' fire doors were seen to be kept locked shut. However we saw that combustible materials were being stored on a stairwell and that there was a build up of unwanted items in some areas of the home. These items needed to be moved elsewhere or removed from the building to help reduce the risk of fire.

We saw an old shower chair that could present as a risk to male service users was being used. We talked with the managers about the risks potential risk the shower chair could cause. The shower chair was removed from the premises immediately.

We saw in the bedrooms that we looked at that beds provided for people to use had bed rails fitted to them even though they were not required. We also saw that bed rail covers were not always used to help ensure that people were not hurt by them, for example, injury to a person's body if they rolled against or through the bed rails. We saw on people's files that the risk assessment format was dated April 2004 and was in need of review to check that it covered current legislation and guidance.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment which requires providers to mitigate any potential risks to people who used the service.

People who used the service told us "I more or less get my medicines at the same time. I'm not quite sure what they are for because I'm on so many." And "I have medicines every morning but don't ask me what they are."

We looked at the medicines management systems at the home. We saw that the medicines were securely held in a ground floor medication room. The keys for medication were passed over to the person responsible for administration from shift to shift.

We saw that medicines received from the pharmacy were checked in and recorded in and out if they had not been used. At the time of our inspection no-one was being given control medicines or receiving their medication covertly i.e. without their knowledge.

There was a monitored dosage system (MDS) in place for the administration of medicines. We saw that there was not enough room in the medication trolley to store the MDS rack system of medication and these kept on top of the trolley throughout the medication round. This meant that medication was not always securely held.

We looked at medicines that were prescribed to two people to help support and manage their behaviours. We found that where this medicine had been given the reason why had not been recorded on the back of the medication administration record (MAR) or could be found in the person's care plan. There was no care plan to direct staff in the use of this type of medication, for example, what action to take to try and de-escalate and distract the person before resorting to the use of medication to help calm people down.

## Is the service safe?

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment the proper and safe management of medicines.

People who used the service told us, “The home is short staffed and staff work very hard. When I ring for help they take a long time to come. They are very busy and I feel sorry for them. I have to shout for help in the lounge because there isn't any buzzers. Sometimes you have to wait for help and residents get annoyed at having to wait. You have to wait a while for help. They're always busy. There's a lot of people to look after. Other people said “I don't have to wait for help” and “Staff are always on the ball and there's enough staff to look after me properly.”

A relative told us that they thought “The staffing is very lean here. I think there should be a member of staff in the lounge or regularly coming in and this doesn't happen. I think residents are left alone for too long. I've seen ladies in distress waiting for toilet assistance. I've seen residents waiting for attention.”

We looked at the last four weeks rotas for the home. The rota's showed that there was always a manager on duty until 8pm and three care staff and two care staff during the night. Agency staff were rarely used however there was an agency member of staff on duty at the time of our visit. They said “It is my first time here. They [the staff] showed me round and introduced me to the residents. I came in early to read the care plans and they [the staff] showed me what to do if there was a fire.”

We saw information that stated it was the organisations policy to use staff from Hollybank Nursing Home's sister home Oak Lodge to ensure staff cover needed to be provided in an emergency. Staff we spoke to told us that they did not think there were enough care staff to support people and an additional care staff member was needed to support people at busy times, for example, when people were getting up and support with eating meals. We were aware that the provider was in the process of reviewing the staffing which included three senior care worker roles. This was to be discussed with staff at a planned staff meeting on the second day of our inspection visit.

We looked at the recruitment and selection procedures for two members of staff who worked at the home. We saw that systems were in place which met the requirements of the current regulations, which included a criminal record

check. Records also showed that references, identification and an application form had been completed prior to the staff member working directly with people who used the service. This was done to help protect vulnerable people from people who may be unsuitable to work with them.

People who used the service who we spoke with told us, “I feel safe here and am looked after.” “I feel safe here because I know if I fall then there's always somebody around to pick me up. I would approach the receptionist lady if I had any problems.” “I've been here a while. I'm not afraid of anything in here. Nobody bothers me. I talk to the staff and they listen to me.”

A relative said “I feel my relative is very safe here. [My relative] can't get physically around any more. [My relative] has a pressure mat for any falls at night. [My relative] has only had one injury and staff phoned me and told me what had happened.

The staff team training record showed that all staff had received safeguarding training and policies and procedures were available in the office for staff to make reference to should they be needed. Information on abuse was available in the reception area for visitors to view. Care staff we spoke with knew what action to take if they were concerned about a person who used the service being at risk of harm or the practices of a colleague.

We saw that Hollybank Nursing Home had a whistle blowing policy and there was guidance for staff about how to raise a concern both internally and with outside agencies such as the police, the health and safety executive and the Nursing and Midwifery Council. The document needed to be update to include the contact details of CQC.

People who used the service told us “It is a clean home and I haven't found any nasty smells. I find it warm enough here and the staff have rugs and blankets if I feel the cold.” “It's very clean in here” and “It's clean in here and I'm warm enough.”

Relatives told us, “The home is clean and smells fresh. [My relatives] bedroom is kept tidy. [My relatives] clothes are looked after and they looks smart and well kept.” And “The home is clean and staff keep residents clean.”

An infection control audit had recently been carried out by the lead nurse for health protection. We saw the a copy of



## Is the service safe?

the report produced which showed the home received a score of 89 out of a 100 and achieved a good rating. We saw that regular audits of the home in relation to cleanliness were carried out by the operations manager.

# Is the service effective?

## Our findings

A relative told us “I think the staff are well trained. I feel they handle my relative in a safe manner. [My relative is] seen to pretty quickly by day staff if [my relative] needs the toilet because [my relative] gets agitated and tries to get up.

Training records showed that staff had received basic training in fire safety moving and handling, infection control, food hygiene, first aid and health and safety. All care staff had undertaken an appropriate NVQ to Level 3 and level 2 standard. Staff received supervision from the manager which was a mixture of formal discussion and competence checks.

We attended the daily morning handover from the night staff to the day staff. All the people who lived at the home were discussed and any tasks that needed to be followed through by the day staff.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people’s rights are protected. No-one living at the home at the time of our visit was being unlawfully deprived of their liberty.

We saw that staff had undertaken training in the Mental Capacity Act (2005) and DoLS. On one person’s care records we saw that the correct documentation was in place in relation to a DoLS. We had recently received eight statutory notifications from the home which related to DoLS that were in place at the home. Staff we spoke with told us that they were aware of the assessment process to formally decide if people lacked capacity, for example, the involvement of the person’s doctor.

People who used the service told us that “Staff will tell us the choices of food. You have to chose between two. I like the food here and I love the stew. You get enough to drink. The food varies. I like plain food. We get plenty to drink.” “I like the food here. I’ll eat anything. I get enough food. We get plenty of drinks and I like the raspberry flavour.” “I like to have my lunch here in this chair in the lounge. I like to be with my friends.”

Relatives told us “My relative gets plenty to eat and drink. [My relative likes cordial and tea to drink. [My relative gets good nutrition. And “[My relative has a good appetite and

eats a wider choice of food now than they ever did at home. The food is nutritious and freshly prepared. There’s a choice each mealtime. There’s plenty for residents to drink. I come at various times of the day and night and residents always have a drink.”

We observed the lunchtime meal. There was a good atmosphere in the dining room and food looked appetising, was nourishing and well cared. The carer in the dining room was attentive and pleasant to residents. We saw people used adapted crockery to assist them to maintain their independence when eating. Information was available in the kitchen that showed which people were on soft diets, portion size and whether the person required support from staff to eat their meals.

People who used the service told us “I think I’m weighed about once a month and if I ask, staff will tell me what I weigh.” “I’m weighed every month but I don’t know what my weight is. I have special food. I’m on fork mashed food. I miss my toast in the mornings because of my special diet. We get enough to drink”

Relatives told us “[My relative is] on a soft diet. The staff have had a specialist in to assess [my relative] for this. And “I’ve seen staff weighing [my relative] and [my relative] has maintained good weight.”

A person who used the service told us, “I was poorly last week so the staff sent for the doctor. He explained what was wrong with me. The district nurse comes once a week to dress my leg. I’ve had this a long time and had it before I came here. It is very painful and the staff are careful not to knock it.” And “I’ve seen a doctor because I have a bad back. I get a lot of back pain.”

Relatives told us, “I’m quite happy that staff will get other professionals involved if [my relative] needs this. [My relative] has his feet attended to once a month by a chiropodist.” And “Staff changed her doctor for the one the home uses. They did ask me about this and keep me fully informed of any changes. A podiatry person attends to her feet and staff keep her nails clean”

We saw that the home had made arrangements for a new optician to come into the home to test people’s eyesight and check eye health. The optician will be able to provide staff with more information about their glasses and lens.

# Is the service caring?

## Our findings

People who used the service said “The staff are kind to me. I like the girls.” “The staff are very kind. They will sit and chat with me when they have the time which isn't very often.” “My son and daughter in law come to visit me. Staff make them very welcome.” And “The staff are kind. They are all OK. Some are a bit bossy and short with you.” And “Staff are nice with my relatives and make them welcome.”

Relatives told us “Staff know all of [my relative's] relatives by first names. I've never had to complain about the quality of staff here. It's the quantity of staff which worries me.” Staff do sit and chat with [my relative] when they have time. Another said “My relative has been here just under two years and I have a good relationship with the staff. The staff are lovely. They make me welcome and keep me informed. Staff are honest and caring. They tell me truthfully about [my relatives] days.”

People we saw were well dressed and cared for. A relative said “I'm pleased they keep [my relative] smart because he's always been a smartly dressed man and took pride in his appearance.” And “[My relative is] kept clean and tidy and staff have even labelled all her clothing for me.”

Staff spoken with had a good understanding of the needs of the people they were looking after. We observed staff interactions with people were pleasant and relaxed. People were spoken to politely, treated with respect and shared humour, whilst carrying out their duties.

Staff who we spoke with said, “I like to think I know people well and I love finding out about people.” “I think I know them well. It's like an extended family. I stay late to chat to people and staff come in on their days off to take people out.”

People confirmed that staff did respect their right to privacy. One person said, “Staff do knock on my bedroom door before coming in.” We saw individual care records were securely held so that people's confidentiality was maintained.

We saw some people's bedrooms during our inspection. Rooms seen were homely and comfortable. We saw that people had personalised their rooms with belongings from home.

# Is the service responsive?

## Our findings

We looked at how people and their relatives, if appropriate, were involved in making decisions about people moving into the home. The manager told us they would visit and speak with people. We were told an assessment would be completed so that important information about the person and how they wished to be cared for would be gathered and from that information a care plan was developed.

A person who used the service said, "I have not seen a care plan." A relative told us, "I've contributed to [my relatives] care plan but haven't seen it recently. I know where it is kept and could look at it any time I wanted to do so."

We looked at four care plans in relation to some of our findings during our inspection.

We saw that improvements were in the process of being made to the people's care plans to ensure that they had the level of detail to give clear information to staff about people's support needs. Four care plans had been completed. Plans were also in place to introduce an electronic care planning system in the near future and the management team had started to receive training in this process.

We asked people about how they make day to day choices. People told us that, "Staff haven't much time to give me choices or listen to me. They get me up in the morning but it suits me to get up at that time. If I want a lie in I can have one." "Staff do ask me what I'd like to wear and get my clothes for me. Sometimes my clothes go missing but they sort it out. Sometimes people don't have their clothes labelled. My relatives put my name on all my clothes."

We saw that equipment and adaptations were available to promote people's safety, independence and comfort. Staff spoken with gave us examples of how they encouraged and supported people to be as independent as possible. A person we spoke with said "I like to have a shower. There's a special shower room. I've been ill recently and not been able to have a shower. I wash myself down every morning."

We spoke with people, their relatives, and staff and observed how people spent their time. A designated activities person worked at the home; however they were not available during the inspection. The activity worker was available two days a week and had developed a programme of activities and events which were planned. The activity worker maintained a record of all activities which had taken place.

People told us, "I like the bingo and the exercises we do. I take part in them about once a week. I'm never taken outside at all. We haven't even been in the garden this summer in all that lovely weather." And "We did go out with staff last week. We went for a drink in a cafe. The staff pushed us in our wheelchairs. I enjoyed it very much." Another person said, "I like to keep myself to myself. I would like to see a vicar. I see one occasionally. I was a leading light in my church at one time."

Relatives we spoke with confirmed that people who used the service celebrated their birthdays. One person had recently had a birthday party and we saw photographs of this. A relative told us that the staff usually arranged for an organisation to pet animals came in on their relative's birthday.

We saw on the noticeboard that there was a lot of information about activities which included a pyjama party, fish and chip supper and a film and popcorn night. Other activities included arm chair exercises and bingo.

People spoken with said is they had any issues or concerns and that if they needed assistance their relatives would take care of it for them. A relative told us, "[My relative has] never complained about their care and seems very settled here.

We saw that information was displayed to people who used the service and their relatives about how to make a complaint. We looked at the homes response to a complaint made by a relative. We saw that the complaint had been formally acknowledged by letter and a meeting had been held with the relative to help address and resolve the issues they had raised.

# Is the service well-led?

## Our findings

The service did not have a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. There had been no registered manager at the home since April 2014. This was because a person who intended to register with us left the post. The new manager had submitted four applications to us but they had been rejected by us because they had not been completed properly.

This was a breach of Regulation 7 Requirements relating to registered managers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The information we hold that we reviewed before our showed that we were not receiving the level of notifications expected from the type and size of service. We found that in part this was due because only up to 20 people were able to live at the home due to the refurbishment of the main building at Hollybank Nursing Home. However, when we checked this out as part of our inspection we found that we had not received two notifications in relation to the death of a service user and a safeguarding incident. The provider has a statutory obligation to notified us of these issues. The group development manager took action to deal with this issue immediately.

This was a breach of Regulation 16 Notification of death of a service user and Regulation 18 Notification of other incidents Care Quality Commission (Registration) Regulations 2009 (Part 4).

Prior to our visit we received we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us and gave detailed information about the service. The PIR told us what improvements the home was planning to introduce in the next 12 months. Improvements included the introduction of electronic care planning and medication systems, as well as holding regular relative and residents meetings.

Before our inspection visit we contacted the local authority safeguarding and commissioning teams and thee clinical commissioning group. No concerns were raised by them about the care and support people received from

Hollybank Nursing Home. We saw a copy of the report confirming that the home had received an A grade as a result of a quality assurance review carried out by the commissioning team.

Relatives of people using the service told us, "I know the manager. She approachable and I feel she understands and communicates well with staff and residents. When she's present staff are more attentive to their duties. She is in charge of two homes and has to spread herself around. I think it would be better for staff if she was around and visible in the home. She seems to know residents' needs well. And "I know who the manager is. There's been three in the time my relative has been here. I also know the owner. I've met him. The manager is fair and approachable. She runs a good ship and the staff seem happy and bubbly."

We were informed the managers that earlier this year the provider had carried out a two week independent review of the quality of service provided by Hollybank Nursing Home and its sister home Oak Lodge. From this review a new management structure was created with a group development manager being appointed to support both locations in July 2015. Weekly managers meetings had started to take place to improve communication and action plans to make improvements in the quality of service provided to the people who lived at the home.

We looked at what improvements the group development manager had introduced since they took up the post. We saw that this included changes in approach to team meetings, a resident and visitor meeting, the introduction of comments, suggestions and complaints box, weekly managers meetings, the definition of roles and responsibilities for managers and staff. Policies and procedures were also in the process of being reviewed and updated. We were told by managers that there was still "lots to do" to make improvements to the service and plans were in place to achieve this. The managers that we spoke with were open, honest and enthusiastic about the task that lay ahead.

A staff member told us that, "It has been different since [the group development manager] started. She is good and listens to you confidentially." Another commented, "I can talk to and have a good relationship with [one of the providers] and [the group development manager]."

## Is the service well-led?

We saw that there was a lot of useful information for visitors to read which included contact details of CQC, the homes dignity pledge and the outcome of a recent visit by the local authority quality assurance which an A rating had been given to the home.

We saw that there were a range of environmental audits carried out at the home on a regular basis. Medication audits were carried out and the care plans were in the process of being improved. The operations manager from time to time carried out unannounced out of office hours visits to the home. A visit was planned to take place with the manager within the next two weeks. These visits take place in the early hours of the morning and check, for example, security, hazards and that people who used the service are being cared for properly throughout the night.

It was discussed with the group development manager and the operations manager that monitoring those people with a high level of presenting risk, for example, falls, poor nutrition, and pressure area and tissue viability concerns could be added to the audit system.

Both providers were said to be a regular visitors to the home on an almost daily basis. We were told by the managers we spoke with that they experienced no problems when requested resources needed by the home, for example, equipment.

A quality assurance exercise was carried out in May 2015. Eight questionnaires from relatives were returned. Responses to the questions rated the quality of care as excellent and good and the friendliness of staff as 100% with improvements needed in relation to decoration, meals and to the laundry service. Comments from relatives included, "Lovely home with lovely ambience" "All staff are doing a great job to look after my mum" and "This is a lovely home with very caring staff."

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

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**Care and treatment must be provided in a safe way by assessing the risks to service users and taking action to mitigate any potential risks identified, including the use of equipment.**  
Regulation 12 (2) (a) (b) (e)

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**Medication must be administered in a safe and proper way.**  
Regulation 12 (2) (g)

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers  
**The provider does not have a manager who is registered with Care Quality Commission and this is a condition of the homes registration.**  
Regulation 7

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services  
**The provider must notify us of the death of a service user without delay.**  
Regulation 16 (1) (a) (b)

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The provider must notify us of any abuse or allegation of abuse without delay.**

Regulation 18 (2) (e)