

The Abbeyfield North Mersey Society Limited

Halcyon House

Inspection report

Halcyon House, 55 Cable Street
Formby
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13 September 2017
18 September 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 18 September 2017 and was unannounced.

Halcyon House is a care home located in a residential area of Formby. The home provides accommodation, residential and 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.

At the last inspection in January 2017, we identified that the provider was in breach of regulations in relation to the management of medicines, fire safety, staffing, safe recruitment, consent, staff support systems, care planning and the governance of the service. Following the inspection we issued a warning notice in relation to Regulation 17; Good governance. The provider also submitted an action plan which told us what action they planned to take to ensure the breaches of regulations were met. During this inspection we looked to see if improvements had been made.

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. The registered manager was on leave during the inspection but did call into the home on the first day of the inspection.

During the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA) and applications to deprive people of their liberty had not been made as required. During this inspection we found that when required, applications to deprive people of their liberty had now been made.

When people were unable to provide consent, mental capacity assessments were completed. We found however, that these did not always follow the principles of the MCA. The provider was still not meeting regulations regarding this.

At the last inspection we found that audits completed were not effective. During this inspection we saw that audits were completed regularly and actions taken to address any areas that required improvement. However, not all of the issues identified during the inspection had been highlighted. The provider was still in breach of regulations regarding this.

In order to enable staff access to information regarding people's care needs, copies of relevant care plans were stored within people's bedrooms. This meant that private information was available to people who may not need access to it and confidential information was not always stored securely.

During the last inspection we found that plans were not in place to address all identified needs and did not

all contain sufficient detail to ensure all staff knew how to best support people. We also found that planned care was not always evidenced as provided. During this inspection we found that the provider was no longer in breach of regulation regarding this. Care plans we viewed were detailed and provided information specific to the individual, including their needs and preferences. We saw that planned care was evidenced as provided.

At the last inspection we found that staff were not provided with regular supervisions or an annual appraisal to support them in their roles. During this inspection, staff told us that they were well supported and had received supervision recently as well as an appraisal and records we viewed reflected this. The provider was no longer in breach of regulation regarding this.

During the last inspection we found that there was not always adequate numbers of staff on duty to meet people's needs in a timely way. During this inspection we saw that staffing levels were maintained, but feedback regarding staffing levels was mixed. Staff told us there was always enough staff on duty, however some people living in the home told us they had to wait for support at times. We saw that call bells were answered quickly during the inspection and staff were available to support people at meal times. Although it was clear that improvements had been made since the last inspection some people living in the home felt that they had to wait too long for care when they needed it.

During the last inspection we found that people were not always protected from risks as fire doors were seen to be wedged open. During this inspection, we saw that fire doors were either closed, or held open appropriately with automatic closure devices. Internal and external contracts were in place to check the safety of the building and its equipment. The provider was no longer in breach of regulation regarding this.

At the last inspection we found that medicines were not always managed safely. During this inspection we saw that improvements had been made. Medicines were stored safely and stock balances we checked were correct. People told us they received their medicines when they needed them, however there were no protocols in place to inform staff when to administer medicines prescribed as and when required. The provider was no longer in breach of regulation regarding the management of medicines.

During the last inspection we found that safe staff recruitment procedures were not always adhered to. At this inspection we saw that staff were recruited following completion of relevant checks. This helped to ensure people were suitable to work with vulnerable people.

Staff were knowledgeable about adult safeguarding and how to report concerns and records we viewed showed that accidents were recorded and reported appropriately. The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety and appropriate actions were taken to minimise the risks.

People's nutritional needs were known and met by staff, although feedback regarding meals was mixed.

People told us staff were kind and caring and treated them with respect and relatives agreed. We saw people's dignity and privacy being protected during the inspection and heard interactions between staff and people living in the home were warm and kind.

There was a schedule of activities available for people to participate in and people told us they were happy with what was offered.

Systems were in place to gather feedback from people, including surveys and regular meetings. People had

access to a complaints procedure and told us they knew how to raise any concerns. Complaints made were investigated and responded to.

Feedback regarding the running of the service was positive. People felt able to raise any issues with the registered manager and deputy manager.

There was a range of policies available to help guide staff in their role and many of these had been recently updated. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any concerns.

Ratings from the last inspection were displayed as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some people did not think that there were sufficient numbers of staff on duty to meet people's needs in a timely way.

The environment was safely maintained.

Medicines were managed safely.

Staff were recruited following completion of relevant checks.

Staff were knowledgeable about adult safeguarding and how to report concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Consent was not always sought in line with the principles of the Mental Capacity Act 2005.

Applications to deprive people of their liberty had been submitted when required.

Staff were well supported and had received supervision recently as well as an appraisal and regular training.

People's nutritional needs were known and met by staff, although feedback regarding meals was mixed.

Is the service caring?

Good ●

The service was caring.

Parts of people's confidential care records were not always stored securely. The deputy manager agreed to review this immediately.

Staff were kind and caring and treated people with respect. Interactions between staff and people living in the home were

warm and kind and staff knew people they were supporting well.

People's friends and family could visit at any time and were made welcome.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided information specific to the individual, including their needs and preferences.

There was a schedule of activities available for people to participate in and people told us they were happy with what was offered.

Systems were in place to gather feedback from people, including surveys and regular meetings.

People had access to a complaints procedure and told us they knew how to raise any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Not all issues identified during the inspection had been highlighted through the audit system in place.

Feedback regarding the running of the service was positive.

There was a range of policies available to help guide staff in their role.

Ratings from the last inspection were displayed as required.

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 13 and 18 September 2017 and was unannounced. The inspection team included an adult social care inspector 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 to gather their feedback.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, deputy manager, the maintenance person, four members of the care staff, six people living in the home and three relatives.

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

At our last comprehensive inspection of Halcyon House in January 2017, we identified breaches of the regulations and this domain was rated as, 'Requires improvement.' The breaches were in relation to fire safety, medicines management, staffing levels and the recruitment of staff. This inspection checked the action the provider had taken to ensure that the people who lived at the home were safe and the requirements of the regulations were met.

At the last inspection we found that there was not always adequate numbers of staff on duty to meet people's needs in a timely way. During this inspection we saw that dependency assessments had been implemented which informed the staffing analysis tool. The tool was last completed in June 2017 and reflected that one nurse and three carers were required overnight and two nurses and six carers during the day. Staff rotas that we viewed reflected that these numbers were usually maintained. The analysis was based on 31 people requiring support and there was 29 people living in the home at the time of the inspection.

We spoke with the registered manager who told us that as well as implementing a staffing analysis, they had also altered the times that staff started and finished their shifts to help ensure that there was more staff available at the busy times of the day, such as early morning. Extra staff members were also on the rota each week, specifically to help people with additional baths or showers, as during the last inspection, people living in the home told us they could not always have a bath when they wanted one as there were not enough staff.

During the days of the inspection we saw that call bells were answered quickly and staff were available to support people at meal times. All staff we spoke with told us that although they were busy, there were enough staff and that people did not have to wait long for support.

We found however, that when we asked people their view regarding staffing levels and whether they received support when they needed it, feedback was mixed. One person told us, "Yes, I'm happy with the waiting times." However, the majority of people told us they did not think there was enough staff on duty at all times. Comments included, "No, I have to wait a long time for help, there's too few staff to do the job as they ought to do it" and "Early mornings are short staffed and just before mealtimes if you want to use the toilet, this happens regularly. At night time it takes them a while to get here."

Although it was clear that improvements had been made since the last inspection, not all of the people felt that they received timely support when they needed it.

During the last inspection we found that people were not always protected from risks associated with fire as fire doors were seen to be wedged open. During this inspection, we looked to see if improvements had been made and they had.

Systems were in place to check the safety of the environment. A Fire risk assessment had been completed in

May 2017 and people had an individual personal emergency evacuation plan (PEEP) in place. Records we viewed showed that fire drills were undertaken, but not always on a regular basis. Staff we spoke with confirmed they took part in simulated fire evacuations to help ensure they would be able to respond safely in the event of an emergency.

External contracts were in place to check the safety of water, lifting equipment, fire safety equipment, gas, and the electrical system and these certificates were in date. Internal checks were recorded in areas such as water temperatures, portable appliance testing, bed rails, door closures and air mattress checks. There were also weekly fire alarm and emergency lighting checks recorded, however they had not been checked for two weeks prior to the inspection as the maintenance person had not been in work. They were checked during the inspection and no faults were identified. We discussed this with the deputy manager who told us they would ensure checks were maintained when the maintenance person was not in work.

We walked around the home and saw that fire doors were either closed, or held open appropriately with automatic closure devices fitted to them. The provider was no longer in breach of regulation regarding this.

At the last inspection we found that medicines were not always managed safely. This was because the electronic system in place did not reflect people's allergies, did not contain photographs of people for safe identification and there were gaps in the recording of administration. During this inspection we saw that improvements had been made and medicines were managed safely overall.

Medicines were stored safely in a locked clinic room. The temperature of both the room and medicine fridge were monitored and recorded daily. If medicines are not stored at the right temperature it could affect how they work. We checked the stock balance of eight medicines, including two controlled medicines and they were correct. Controlled medicines are prescription drugs that have controls in place under the Misuse of Drugs Act and associated legislation.

We found however that when people were prescribed medicines as and when they needed them (PRN) and were unable to tell staff when they needed them, there were no protocols in place to inform staff when they should be administered. For instance, one person was prescribed a medicine for pain relief PRN and they were not able to tell staff when they needed it. Staff we spoke with were able to explain the non-verbal signs this person expressed when they were in pain, so they knew when to administer the pain relief. We discussed this with the deputy manager who agreed to ensure that guidance was in place to ensure that all staff were aware of when to administer the medicine to ensure the person always received it when they needed it.

Records showed that medicines were given as prescribed and people we spoke with told us they received their medicines when they needed them. We viewed the records for one person who managed their own medicines and relevant assessments had been made and recorded to ensure that they were safe to do so. The provider was no longer in breach of regulation regarding the management of medicines.

During the last inspection we found that safe staff recruitment procedures were not always adhered to. At this inspection we looked at how staff were recruited within the home. We looked at four staff files and saw evidence of application forms, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record to ensure they are suitable to work with vulnerable people. This assists employers to make safer decisions about the recruitment of staff. We found that risk assessments were in place when any risks were identified during the recruitment process. The provider was no longer in breach of regulation regarding this.

People we spoke with told us they felt safe living in Halcyon House. One person told us this was because,

"The front door is locked" and another person told us they felt safe because, "There's always somebody there to help you."

Staff we spoke with were knowledgeable about adult safeguarding, what constitutes abuse and how to report concerns. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the home. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

Records we viewed showed that accidents were recorded and reported appropriately. The registered manager maintained a monthly log of all incidents and reviewed these to look for any potential trends. Records show that appropriate actions were taken following incidents, such as requesting a review from the person's GP.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. Care plans included 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 allow appropriate measures to be put in place, such as bed rails to prevent falls from bed and pressure relieving mattresses to reduce the risk of developing pressure ulcers.

Is the service effective?

Our findings

At our last inspection in January 2017, we identified breaches of the regulations and the effective domain was rated as, 'Requires improvement.' The breaches were in relation to seeking consent and staff support systems. This inspection checked to see if improvements had been made and if the provider was meeting the requirements of the regulations.

During the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA) as capacity assessments were not decision specific, there was no evidence that best interest decisions had been made and applications to deprive people of their liberty had not been made as required.

During this inspection we looked to see if the service was working within the legal framework of the MCA. 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. 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).

We found that when required, applications to deprive people of their liberty had now been made. The registered manager told us that one application had been authorised by the local authority and four more applications were still in process. The registered manager maintained a log of all applications made.

Staff we spoke with told us they always sought people's consent before providing support. During the inspection we heard staff seeking consent, such as knocking before entering a person's bedroom and waiting for a response and before providing support with transfers and mobility. Care files also showed that people's consent was sought and recorded in relation to planned care and the use of photographs. The registered manager had met with people and their family members, discussed the care provided to people and asked them to sign to confirm they were in agreement with the support.

When people were unable to provide consent, mental capacity assessments were completed and we viewed those within people's care files. We found however, that these did not always follow the principles of the MCA and their implementation did not show that staff had a good understanding of this. For example, in each of the care files viewed, there was a general assessment of capacity which was not decision specific. The registered manager told us this was a general assessment to establish whether individual assessments were required. The MCA states that assessments should be decision specific.

One person's care file we viewed contained a mental capacity assessment with every care plan, including breathing and elimination. These are not areas of care that would require a person's capacity to be assessed. The assessments did not contain an outcome and there was no evidence of best interest decisions

being made when care plans stated that people lacked capacity. This shows that consent was not always sought in line with the principles of the Act and the provider was still in breach of regulations regarding this.

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

At the last inspection we found that staff were not provided with regular supervisions or an annual appraisal to support them in their roles. We also found that not all staff had completed a general induction regarding the safety procedures within the home.

During this inspection, staff we spoke with told us that they were well supported and had received supervision recently as well as an appraisal and records we viewed reflected this. The provider was no longer in breach of regulations regarding this.

Staff files evidenced that staff had completed an induction in relation to the building and if they were new to care, had also completed an induction that met the requirements of the care certificate. The care certificate 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.

Records showed that most staff had completed training relevant to their role and staff we spoke with told us they had access to regular training considered mandatory by the provider, such as safeguarding, moving and handling, health and safety, fire safety and infection control. As well as mandatory training, the provider also arranged additional training in areas such as venepuncture (taking blood), end of life care, resuscitation, catheterisation, dementia and the use of syringe drivers. This helped to ensure that staff had the necessary skills to meet people's needs.

People living in Halcyon House were supported by 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 GP, dietician, speech and language therapist and the optician. People told us they were able to see their GP quickly if they were unwell and when able, people arranged this for themselves.

When asked about the food available, feedback was mixed. People told us, "You can have a full cooked breakfast and there's a choice of main course at lunch. The menus are on a rota, but the kitchen staff try to give us what we like", "I'm happy with the food on and off" and "The food's good, we have a good variety." However, other people told us, "I understand it's difficult, but it's monotonous" and "I don't like it, it's too repetitive and poor quality. You know what's coming every fortnight."

We viewed surveys completed in July 2017 which reflected that some people were not satisfied with the meals available. The registered manager had recorded actions taken to address this, including speaking with the chef and gathering regular feedback from people regarding meals within residents meetings. We viewed minutes from recent meetings which showed that meals had been discussed and improvements made.

We joined people for lunch during the inspection and saw that a menu was available which provided a choice of meal. Tables were set nicely with napkins, condiments and glasses of water. People were provided with hot drinks during the meal and we saw that staff were available to support people when needed.

Care plans we viewed showed that people's dietary needs had been assessed and specific requirements and

preferences were recorded. For instance, one person's plan reflected the need for a pureed diet and thickened fluids and staff we spoke with during the inspection were aware of this. Another person who was assessed as at risk of malnutrition had their dietary intake monitored and recorded. Records showed that advice from health professionals such as the dietician and speech and language therapist was followed.

Is the service caring?

Our findings

We saw that care files were stored securely within a locked office to help ensure people's confidential information was protected. However, in order to provide staff with quick access to information regarding people's main care needs, some information was also stored within people's bedrooms. A new quick reference document had been developed which indicated what support people required in areas such as mobility and dietary needs. This was kept inside a folder within people's bedrooms along with documentation completed during the day by staff, such as evidence of support provided to reposition. This enabled all staff to have access to necessary information to ensure they could provide timely support. However, we also found that copies of full care plans had been included within these files for any of the identified needs. These contained detailed information regarding the support required in these areas, as well as the person's date of birth, any allergies they had, their assessed dependency level and next of kin details.

People we spoke to during the inspection were aware that this information was stored in their room and did not raise any concern regarding this and relatives told us it helped to make them feel informed. However, it also meant that this information was available to people who may not need access to it. We discussed this with the deputy manager during the inspection, who agreed to review this new process and ensure people's confidential information was stored securely.

People living in Halcyon House told us staff were kind and caring and treated them with respect. One person told us, "[Staff] are friendly, cheerful, well trained and kind" and another person said, "I think they [staff] are marvellous, I am very happy." People also told us that staff were, "Gentle", "Patient" and "Like friends." Relatives we spoke with agreed and described staff as, "Kind", "Very nice" and "Lovely."

People we spoke with told us that staff did not always have time to just sit and talk to them as they were always very busy, but all agreed that staff would listen to them if they had concerns and wanted to talk to them about it.

Most people we spoke with were aware of the plans of care in place for them. Although not everybody recalled seeing the plans, they told us staff had discussed their care with them and that they were happy with the support that they received. Care plans we viewed were written in such a way as to promote people's independence. For instance, one person's washing and dressing plan advised staff what the person was able to do for themselves and what they needed staff to support them with. The plan clearly prompted staff to encourage the person's independence and respect their dignity and privacy. A staff member we spoke with was able to describe how they promoted people's independence on a daily basis. For example, one person they supported was no longer able to mobilise and required a hoist to transfer. However, after they had supported them to transfer into a chair, they helped them to the bathroom where they were able to clean their teeth and manage some aspects of their care independently.

Care plans had been created to reflect people's wishes regarding care at the end of their life. The plans we viewed showed that people and their family members had been included in these discussions and their

views and wishes recorded. If people did not wish to discuss this with staff, this was respected.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection. People who required support with their meals were provided with this in a dignified way; they were not rushed and were given plenty of time to eat their meals. We saw staff knock on people's rooms before entering and staff provided personal support in private. 'Do not disturb' signs were used on doors when staff were assisting people within their rooms. We heard staff speaking with people about the support they required before it was provided.

We heard interactions between staff and people living in the home during the inspection, and they were warm and kind. It was clear that staff knew people well and spoke to them about things that were relevant to them as individuals, such as their family members.

We found on discussion with staff, that they knew the people they were caring for well, including their individual needs and preferences. For instance, all staff we spoke with were aware of people's dietary needs; whether they required a diabetic diet, pureed meal or

Staff told us they always ensured people had choice regarding their daily care, such as where to eat their meals, when they wanted to go to bed and whether they had a preference regarding the gender of staff who supported them with personal care.

People were also provided with information regarding the service to support them with decision making. For instance, a service user guide was available, which included information about the home, what services were offered and how to make a complaint. The last CQC report was also available for people to access, providing information about the service.

We observed relatives visiting throughout both days of the inspection. The deputy manager told us there were no restrictions regarding visiting times and that relatives came to the home at times that suited them. This encouraged relationships to be maintained. People we spoke with agreed that their relatives and friends could visit at any time and they were always made welcome.

For people who had no family or friends to represent them, contact details for a local advocacy service were available and were on display within the home for people to access.

Is the service responsive?

Our findings

At our last inspection in January 2017, we identified a breach of regulation in relation to care planning and the responsive domain was rated as, 'Requires improvement.' This inspection checked the action the provider had taken to address the breach in regulation.

During the last inspection we found that plans were not in place to address all identified needs and when they were in place, they did not all contain sufficient detail to ensure all staff knew how to best support people. We also found that planned care was not always evidenced as provided.

During this inspection we looked to see if improvements had been made and found that they had. The provider was no longer in breach of regulation regarding this. We saw care plans in place in areas such as safe environment, mobilising, sleeping, personal hygiene, communication, eating and drinking, breathing, medicines, consent, elimination and thoughts for the future.

Care plans we viewed were detailed and provided information specific to the individual. For instance, one person's mobility care plan identified that the person required two staff to assist with all transfers using a hoist. The plan explained which hoist to use, the type of sling and which loops on the sling were best for the individual. Another plan for a person who was unable to communicate verbally, provided staff with information to ensure they were able to recognise when the person was letting their views be known. Their moving and handling plan advised that if the person did not want to get out of bed, they would hold their bed covers tightly and that if they did not like the meal provided, they would not open their mouth to allow staff to assist them with their meal. This showed that even if people were not able to communicate verbally, care could be provided based on their wishes.

Care plans were also in place in relation to people's health. For instance, one person's care file advised that they were prone to urine infections and included signs and symptoms for staff to look out for which may indicate an infection. This enabled staff to take appropriate action in a timely way.

We saw that planned care was evidenced as provided. For example, one person's plan reflected that they required staff to support them to relieve their pressure areas every four hours and records had been maintained to show when this care was provided.

Care files also contained details regarding people's life history. This included their past jobs, where they grew up, their family, hobbies, favourite television programmes, holidays and preferred music. We saw that this information was used to develop people's plans of care, which also included people's preferences in relation to meals, drinks, clothes they liked to wear and times they preferred to go to bed. This enabled staff to get to know people and provide support based on their individual preferences. Care files also contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission.

Staff we spoke with told us they were informed of any changes within the home, including changes in

people's care needs through handovers between staff and reading people's care files.

There were two activity coordinators employed at Halcyon House and we saw that a schedule of activities was advertised. The activities included card bingo, chair exercises, arts and crafts, games, quizzes, singing, manicures and one to one activities. People told us they were happy with the activities available, although not everybody chose to take part. One person told us, "I join in the activities, I did the exercises this morning and this afternoon I'm going to play card bingo", whilst another person said, "The activities are very good, there's something going on every day. If there's nothing on, I watch TV and I read a lot, I'm not bored."

We looked at processes in place to gather feedback from people and listen to their views. Surveys had been issued to people living in the home and their relatives in July 2017. Records we looked at showed that the results had been reviewed and actions taken to address any negative comments. This helped to ensure that people had their view heard.

Resident meetings also took place each month and these were recorded. We looked at the minutes from the last meeting in August 2017 and saw that discussions were held in areas such as meals, staffing levels and changes to staff shift patterns, refurbishment of the home and activities. The minutes also reflected that issues raised at the previous meeting had been resolved.

People also had access to a complaints procedure and this was displayed within the home. This provided people with another way of sharing their views of the service. The registered manager maintained a log of all complaints received, which showed that only one had been received in 2017. We saw that this had been acknowledged, investigated and responded to appropriately and in line with the provider's policy. People we spoke with told us they knew how to make a complaint, though they had not had reason to.

Is the service well-led?

Our findings

In January 2017, we identified a breach of regulation in relation to the governance of the service as audits completed did not identify all issues within the service that required improvement and when actions were highlighted, there was no evidence that they were addressed. The well-led domain was rated as, 'Inadequate.' This inspection checked the action the provider had taken to address the breaches in regulation.

During this inspection we looked to see how the registered manager and provider ensured the quality and safety of the service. Since the last inspection the registered manager had implemented a new system and now provided the Chairman of the organisation with a monthly report. This included areas such as admissions to the home, complaints, accidents, audits completed, staff supervisions, call bell response times, any safeguarding issues, infection control information and catering. The Chairman visited the service regularly, spoke with people living in the home and staff and discussed any issues with the registered manager.

We saw completed audits in areas such as medicines, care planning, equipment, the grounds, general health and safety of the environment, complaints, safeguarding referrals and accidents and incidents. Audits identified areas that required improvement and we saw that actions taken to address these issues were recorded. For instance, a medication audit highlighted that eye drops had not been dated when opened. Some medicines are only safe to use for 28 days after they have been opened and should be discarded after this time as they may not work effectively. Records showed that the registered manager had raised this with all trained nurses and eye drops we viewed during the inspection had all been dated. A care plan audit identified the need for more detail in one person's mobility care plan and we saw that this had been added.

External audits had also been completed by the local Clinical Commissioning Group (CCG) and the Local Authority and actions they identified had also been addressed. For example, an audit completed by the CCG identified that the service needed a system to monitor air mattresses. During the inspection we saw that a new document was in place which recorded regular checks on all air mattresses in place, including checks that they were on the correct setting.

We found however, that despite regular audits being completed, not all of the issues identified during the inspection had been highlighted, such as those relating to as and when required medicine protocols, staffing levels and the storage of confidential records.

We also found that concerns raised at the last inspection had not been fully addressed by the provider, such as those regarding the application of the principles of the Mental Capacity Act 2005. Although it was clear that improvements had been made since the last inspection, further development of the systems in place to monitor the quality and safety of the service was required to ensure they were effective.

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

We checked to see whether the registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in as required. CQC had received all but one of the required notifications and this was submitted by the second day of the inspection.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was mainly positive. Not all people we spoke with knew who the registered manager was, but those that did told us they were approachable and that they felt able to raise any concerns with them. One person told us, "You can see [manager] any time you want to if you want to speak to her about anything." Staff we spoke with told us both the registered manager and deputy manager were approachable and supportive.

Staff told us they enjoyed working at Halcyon House and all staff promoted the fact that it was people's home and they, staff, were there to support them in their home. They were encouraged to share their views and had access to regular staff meetings. There was a range of policies available to help guide staff in their role and many of these had been recently updated. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any concerns they had if they felt they were not addressed fully within the home. Having a whistle blowing policy helps to promote an open culture within the home.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 sought in line with the principles of the Mental Capacity Act 2005.

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 not always effective.