Ideal Care Homes Limited

Mill View

Inspection report

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Ratings

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

Overall summary

We inspected Mill View on 14 April 2015 and 21 May 2015 the visits were unannounced.

Mill View is registered to provide accommodation and personal care and support to up to 50 older people and people living with dementia. There were 49 people living there at the time of our visit. It is located a short distance from Bradford city centre and is accessible by public transport.

The service had a registered manager. 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.

We found staff were kind and caring, however, there were not enough staff on duty to make sure people received the care and support they needed. Staff told us the training on offer was good and they felt supported by the registered manager.

People told us they liked the staff and we saw staff treated people with kindness, patience and compassion. Staff knew people well and were aware of individuals'

Summary of findings

preferences and interests. There were some activities on offer to keep people occupied and stimulated, but could only be provided if care workers had time to organise them.

Staff understood how to keep people safe and knew how to report any concerns. This meant the likelihood of abuse occurring or going unnoticed was reduced.

The medication system was not well managed and there was no assurance people were receiving all of their medication as prescribed by their doctor.

People told us how much they liked the building and the accommodation.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People told us meals were good offering choice and variety.

Visitors told us they were always made to feel welcome and that staff kept them up to date about their relative's well-being.

There was a complaints procedure in place, however, some complaints had not been identified and dealt with effectively.

There were a range of audits in place to monitor and assess the quality of the service and we saw issues, such as the need to recruit more bank staff, were being picked up and dealt with.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Sum

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not enough staff on duty to meet people's needs and keep them safe.

The medication system was not well managed and there was a risk people were not receiving their medication as prescribed.

Staff understood they needed to report any supicions of abuse, but did not know which outside agencies they could contact if they needed to.

Is the service effective?

Good

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The menus we saw offered variety and choice and provided a well-balanced diet for people who used the service.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people.

Care plans were easy to follow and staff were able to tell us in detail about the support people who lived in the home required. This indicated staff knew people well.

Visitors told us they were made to feel welcome and could telephone at any time to check on their relative's well being.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were not always responding to people's emergency call bells in a timely way.

There were some activities on offer but these sessions depended on care staff having the time to organise them.

Complaints had not always been identified and responded to.

Summary of findings

Is the service well-led?

The service was not always well-led.

People told us the registered manager was very approachable, worked in a very 'hands-on' way and led by example.

People using the service were asked for their views at resident's meetings and at care plan reviews.

There were a range of audits in place to check the service was being managed safely and in the best interests of the people living there. However, the dependency tool being used to calculate staffing levels was not effective .

Requires Improvement

Mill View

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 14 April 2015 and 21 May 2015 and both visits were unannounced.

On the first day the inspection team consisted of two inspectors and an expert by experience in older people and older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We did not ask the provider to complete 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 improvements they plan to make.

On the first day of our inspection we spoke with eight people who lived at Mill View, 12 visitors, the area manager, the registered manager, deputy manager, night manager, three senior care workers, three night care workers, five care workers, one housekeeper, the handy person and the chef. On the second day we spoke with five people who lived at Mill View, two night carers, a deputy manager, chef, the registered manager and a district nurse.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included six people's care records, three staff recruitment records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Before our visit we received information of concern that told us there were not enough care workers on duty to meet people's needs and we found this to be the case during our visit.

The service was split into two units. There was a 25 bed dementia unit on the ground floor and a 25 bed residential unit on the first floor. The registered manager told us there would be a senior care worker and two care workers on each floor during the day from 8am to 8pm, with a deputy manager working between the two floors. At night from 8pm to 8am there was a night manager, a senior care worker and two care workers. This meant there were two members of staff on each floor. The registered manager also told us two of the day care workers started work at 7am to help the night staff and that two care workers stayed until 10pm to provide additional cover.

Our observations and discussions with staff showed there were not enough staff deployed to meet people's needs in a timely way.

On the day of the inspection on the residential unit there was a senior care assistant and two care staff on duty for 24 people. The registered manager and staff confirmed these were the usual staffing levels for this unit. During the course of the morning we saw additional staff came onto the unit to offer assistance.

We saw staff were constantly busy and we heard call bells ring incessantly throughout the morning. We saw staff took every opportunity to check on people in communal areas when they could, however, there were periods of time when no staff were present. At 8.30am there were five people up in the dining room and two people in the lounge and we saw the senior care worker made some people their breakfast, however, for the rest of the morning this staff member was occupied in medicine administration until almost midday. This left two care workers to assist people with personal care, prepare and serve breakfast to each person, as well as monitoring the communal areas, responding to requests for assistance and assisting people to the toilet. At 10am one of the care workers left to accompany a person to hospital which left one care worker on the unit. At 10.20am the housekeeper arrived and told us they were working as a carer on the unit to cover for the care worker who had left. An additional care worker arrived at 11.40am. They told us they had been working at another of the organisation's homes and had been asked to come and work at Mill View. They said their shift had been until 2pm at the other home but they had been asked to stay until 5pm at Mill View. This person had not worked at the home before and had not received a handover. We saw the additional staff brought in did not know people's needs and this placed additional pressure on the one permanent care worker who had to explain exactly what support and care each person needed.

Our discussions with staff and from looking at records we saw six people were on hourly checks and one person required checks every 30 minutes. This was to ensure people were kept safe.

Staff we spoke with told us there were not enough staff to meet people's needs. One staff member said, "It's not fair on the residents. We never stop but it's not enough and we can't get everything done. I feel exhausted." Another staff member said, "If you work a 12 hour shift you're shattered. Staff are getting burnt out and we're not able to spend the time with them (residents). We've raised it but it falls on deaf ears." Staff said they knew a staff member should be present in the lounge but with the current staffing levels this was not always possible. Staff told us if they had another care worker or someone to manage the meal times on the unit it would make a difference and mean they could spend more time with people and not be rushing. One of the care staff also raised concerns about the staffing levels at night as they felt there were insufficient staff to meet people's needs.

Care workers told us that in addition to their caring duties they served meals, cleared tables, washed up after meals and drinks, provided activities, made beds, put out new towels, and tidied people's bedrooms.

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

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff who had been appropriately trained. We observed people being given their medication during our visit and saw staff supporting them with patience and kindness.

Requires Improvement

Is the service safe?

We looked at the medicine administration records (MAR) for nine people across both units. Generally the MAR's were well completed with staff signatures showing medicines had been administered. A front sheet included a photograph of the person and clearly identified any allergies.

We saw that controlled drugs were stored securely. We checked the controlled drugs for three people and found stock levels were correct. However, for one person we noted there were three bottles of Morphine in the cupboard and two were in use. This made it more difficult to establish the balance of liquid being held.

We checked the stock levels for some boxed medicines for three people and found discrepancies. For example, for one person the MAR showed there should have been 152 Paracetomol tablets in stock and when we counted them with the registered manager there were only 144 tablets. This meant 8 tablets could not be accounted for. Another person should have had 58 Paracetomol tablets in stock and when we counted there were only 52 tablets. This meant there were 6 tablets that could not be accounted for. On another person's MAR sheet we saw 92 Paractamol had been signed off as being administered, which meant there should have been 108 tablets left in stock. However, when we counted the stock with the registered manager we found there were 114 tablets. This meant six tablets had been signed for as being given but they had not been administered.

We saw on one MAR the person had been prescribed Nitrofurantoin 50mg four times a day. Two staff had booked the medication in and signed the MAR to confirm these instructions were correct. However, when we looked at the MAR sheet with the registered manager we saw this medication had only been given three times a day. The same person had also been prescribed Fluconazole 50mg one tablet to be taken daily. Seven tablets had been supplied but only five had been given.

The registered manager told us she would look into these discrepancies.

We saw some medicines were prescribed on an 'as required' basis and although there were protocols in place for analgesics such as Paracetomol, there were no protocols for other 'as required' medicines. For example, two people were prescribed laxatives 'as required' and there were no protocols in place to inform staff in what circumstances this medicine should be administered. One person was prescribed Thick and Easy, a formula used to thicken drinks and food for people who have swallowing difficulties. There were no signatures on the MAR to show when this had been given and the senior care assistant confirmed there were no other records to show when this formula was administered.

The MAR for one person showed their analgesia dosage had been increased by their GP. Although the staff had recorded this verbal instruction accurately on the back of the MAR, the GP had written over the original prescription on the MAR instead of making a new entry. This meant the record was inaccurate as it implied a higher dosage had been administered prior to the GP's visit which was not the case. Staff had identified this error and we discussed this with the registered manager who advised they would look into this matter and speak with the GP.

We saw there were topical medication sheets in place for creams and lotions. There were corresponding body maps to show staff where the creams or lotions needed to be applied. We saw creams and lotions were not being sign for consistently. For example, one person's Diprobase cream had only been signed as being applied twice in the evening over a period of 13 days.

This meant there was no assurance people were receiving all of their medication as prescribed by their doctor.

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

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

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a

Requires Improvement

Is the service safe?

positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them. People who used the service told us they felt safe and visitors told us they felt their relatives were safe at Mill View.

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

People who used the service and relatives told us how much they liked the building and accommodation. One person said, 'A huge amount of thought has gone into the building,' and a relative told us, 'The building is new, purpose-built, calm, with good rooms.' We looked around the building and saw the carpet in the ground floor lounge was in a poor condition. The housekeeper told us it was going to be replaced and this was confirmed by the area manager. All of the bedrooms were single occupancy with en-suite toilets and showers. The accommodation is spacious and there were plenty of sitting areas either in the main lounge/diners or quiet rooms. There was a nice area of garden for people to use in fine weather and car parking at the front of the building.

Good

Is the service effective?

Our findings

All of the staff we spoke with told us the training they received was very good and that it was kept up to date. We looked at the training matrix with the area manager and saw it showed training that was up to date, training that was going to be out of date soon and training that was over due. There was a system in place to book staff on relevant courses to make sure their on-going training needs were being met.

All of the staff we spoke with told us they felt supported by the registered manager. They confirmed they received formal supervision where they could discuss any issues on a one to one basis. They also told us they received annual appraisals which focussed on their performance and on-going development.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw quite detailed information on MCA and DOLS on a noticeboard for people to refer to.

Staff we spoke with told us they had received specific training about the MCA and DoLS. The registered manager had taken appropriate action to meet the requirements of the law. The deputy manager was able to tell us the details of applications that were being processed by the local authority seeking authorisations to deprive people of their liberty.

We spoke with a visitor who had a Lasting Power of Attorney for Property & Financial Affairs for one person living at Mill View. They had been involved in discussions about the person's proposed hospital treatment but was not able to make a decision or to sign a consent form as they did not have Lasting Power of Attorney to cover Health & Welfare. The visitor told us a mental health act advocate had been requested so they could be involved in a best interest decision. This showed staff understood the best interest decision process.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

People using the service and relatives were complimentary about the food. People using the service said, "The food is very good." "I like the food." "I've no complaints. I'm eating well – better than at home. I always have water and they will always bring a hot drink." Relatives told us, "The food's excellent. Some thought goes into the meals. There's soft food and marvellous variety." "The food is very good, very nutritious." "My relative usually has their meals on a tray in their room. The food arrives hot and is very nice."

We saw at the most recent residents meeting meals had been discussed and it was decided the main meal would move to tea time. This had not happened at the time of our visit but the registered manager explained the change would happen. The change was being made as some people were eating full cooked breakfasts and were not always hungry at lunchtime. We saw people had asked for more homemade pies and cakes. The registered manager told us the new chef did a lot of home baking. We saw homemade cakes being served during our visit.

We spoke with the chef who was on duty and they explained how they fortified foods with cream, full fat milk and butter for people who were at risk of losing weight. They also explained that high calorie snacks were provided so people were receiving additional calories.

At 7:45am we saw one person with very dry, crusy lips and a dry mouth. We saw them sitting at the dining table at 8:20am with bread and a drink in front of them, which they were making no attempt to eat or drink and no staff were offering any support or encouragement. At 9:30am they were being assisted with their breakfast by the registered manager. However, the registered manager had to break off the assistance as they were needed elsewhere.

We looked at their food and fluid chart for the previous day which indicated they had only had 200mls of fluid and nothing to eat. Staff told us they had received more than this but the food and fluid chart had not been completed. If food and fluid charts were not being completed and reviewed there would be no assurance the individual had received enough to eat or drink.

We looked at their care plan and saw the individual had lost 11.4kgs in weight since 1 December 2015. Staff had involved the GP and told us they enjoyed their complan drinks and liked to have their meat blended. They also told us about their special diet.

Good

Is the service effective?

We spoke with this person's family who told us they did not feel their relative was getting enough support from staff to eat their meals. At lunchtime we saw the person was given a jacket potato with cheese. They were unable to eat this on their own and were assisted by a family member.

On the second day of our visit we saw this person had put on weight and was being assisted to eat and drink. Clear records were being maintained which showed what they were having to eat and drink. The dietician had discharged them as they were happy with their BMI. (Body mass index is a calculation of body fat that takes into account a person's age, weight and height.)We saw this person looked much more alert than on our previous visit. We looked at the diet and fluid intake records for another person who we observed to have a low body weight and found these were less detailed. We discussed this with the registered manager who agreed and said they would implement the more detailed recording system for this individual.

We saw another person sitting in their bedroom with their lunch on a table in front of them. They had fallen asleep and had not eaten any of their lunch. Staff had delivered the tray of food but had not offered any further support.

The food being supplied was nutritious and people who had been identified as being at risk of losing weight were being supplied with high calorie foods. We felt the issue about people receiving an adequate intake of food and fluids was around enough staff being available to assist and prompt people with their meals.

In the six care plans we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, dentists, dieticians, opticians and podiatrists. Relatives told us there were good contacts with other health professionals. One relative said, "District Nurses come and they contact the GP. They get a chiropodist every two months." Another said "District Nurses come regularly, also the GP." This meant people's healthcare needs were being met.

Good

Is the service caring?

Our findings

Without exception, all of the people using the service and relatives we spoke with told us the staff were kind and caring. These were some of the things people using the service told us; “It’s nice here, I like it.” “Yes, they’re (the staff) kind, there’s a lot of laughter and that.” “I’m very happy with everything, if there was anything wrong, I’d say. Staff are very approachable and will change (things) if necessary.” “I’ve no complaints.”

Some of the comments we got from relatives included; “My relative is looked after very well.” “Our relative is quite happy. As a family, we think they’re very kind and caring.” “There’s some members of staff I’d rate higher than others but they’ve all got to learn.” “It’s a lovely home.” “The personal care the carers give, the majority of it comes from the heart.’

In five out of six care plans we looked at we saw detailed life history information. We heard care workers using this information to try and engage people in conversation. For example, we saw one care worker talking to one person about the holidays they had been on and to another person about life on a farm. This showed that staff knew about people’s lives and respected their experiences.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

Although staff were busy we saw they were patient and kind with people, taking time to explain things and offer choices such as where they would like to sit and what they would like to eat and drink. We saw staff had developed good relationships with people and took every opportunity to engage with them. We saw people laughing and smiling at staff and there was a happy atmosphere.

We saw notices in the home asking all family visitors, “Please speak to the Senior Carer or Deputy Manager as all family reviews of care plans are due to see if you are happy with Mums and Dads care, and if there are any changes.”

Visitors told us they were aware of their relative’s care plans and felt involved in them. They also told us that liaison with families was very good. For example, one visitor said, “They follow requests.” They had asked for their relative to sit up more in their chair to avoid further chest infections and staff had altered the care plan to reflect this request. Another said, “Liaison is good. They contact other family members if there are any changes.” A third visitor said, “I am involved with the care plan very much.” This meant relatives were involved in the care planning process and could contribute to their loved ones on-going care and support.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and people’s hair had been brushed or combed.

When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings.

Visitors we spoke with told us they were made to feel welcome and could also telephone at any time if they wanted to know about their relatives well-being.

Requires Improvement

Is the service responsive?

Our findings

At 7:40am we saw one care worker in the ground floor lounge, they had come on duty at 7am and explained they were supervising the lounge area to make sure people were safe. They left the lounge at 7:45am to attend the handover from the night staff. The two night care workers were assisting one person to get up. We heard one of the emergency buzzers had been sounding for some time. We looked on the panel and went to the room where the call was coming from. The bedroom door was open and the person was walking around. We saw this person was unsteady on their feet and sat with them until the night care workers were able to attend to them.

We looked at this person's care plan and saw they had been assessed as at 'high risk' of falling. We saw they had a sensor in their bedroom that was connected to the emergency call system. This was in place to alert staff when they got out of bed so staff could respond quickly to reduce the risk of them falling.

We asked the registered manager to print out the response times for the emergency call bells for a 24 hour period from 13 April 2015 (13:15hrs) to 14 April 2015 (13:57hrs). We looked at these and saw the person we had sat with had triggered the alarm on 10 occasions between 21:33hrs on 14 April 2015 and 08:51hrs on 14 April 2015. We saw the time it took care workers to respond ranged from 1minute 16 seconds to 29 minutes 25 seconds. The area manager, registered manager and deputy manager all agreed these times were unacceptable. They said they would expect staff to respond in less than a minute so the risk of the person falling would be reduced.

We looked at the call bell response times for two other people who had been assessed as being at high risk of falling and found in both cases response times were very varied and ranged from 00.04 of a second to 26 minutes 43 seconds.

We concluded there were not enough staff on duty to responded to call bells in a timely way. We discussed our findings at the end of the visit and were assured by the area manager additional staff would be made available in order to ensure people's needs were met in a timely way.

Between the two visits we received information which told us there had been no increase in the staffing levels and staff continued to be 'rushed off their feet.'

We returned on 21 May 2015 and asked the registered manager and one of the deputy managers if there had been any increase in the staffing levels and they told us there had not. The registered manager told us they had passed the issue about staff 'up to head office' but nothing had happened.

At breakfast time on the ground floor we saw the registered manager was serving breakfast and assisting people with their meal from 8:35 am to 10:30am. We also saw it took 45minutes to assist one person with their breakfast. Whilst the registered manager was in the dining room the other three members of staff were all busy assisting people to get up. This meant without the registered manager's input there would not have been enough staff to offer people the support they required.

We looked at the response times for the emergency call bells from 1 May 2015 to 5 May 2015 and saw there were still occasions when call bells were not being responded to in a timely way. For example on 3 May 2015 the emergency call bells for two people on the first floor were activated at 9:41pm and staff took over 20 minutes to respond to these. We saw for one person it had taken staff 29 minutes to respond and this person had been assessed as being at high risk of falls. This meant staff were still not able to respond in a timely way. This meant no action had been taken following our first visit to increase staffing levels to ensure call bells were answered in a timely way, leaving people at risk.

We spoke to a visiting district nurse who told us staff were kind, caring and helpful but sais staff were always very busy.

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

We asked people using the service if they knew how to complain. One person said; "I wouldn't have a thought about complaining…... The staff are very approachable." Another said "I'm very happy with everything, if there was anything wrong, I'd say. Staff are very approachable and will change (things) if necessary." Relatives told us, "I've no complaints but if I did, I'd speak to the manager." Another told us, "Complaints? Yes, at first. Things were not as I wanted. I would complain to anybody. It was responded to well."

However, one family told us they had raised concerns on several occasions but did not feel that any action had been

Requires Improvement

Is the service responsive?

taken to resolve the problem they had identified, so they had taken the step of writing to the managing director of the company. The area manager explained the complaint had been passed to them to investigate and we saw they met with the family on the day of our visit to start looking into their concerns.

We looked at the complaints file and saw their original concerns had not been documented. This meant there was no evidence about what action had been taken to resolve the issues they had raised.

Some other relatives we spoke with told us about problems with laundry going missing, again no record of these concerns had been made. If concerns and complaints were not being identified and logged then it would not be possible to see if there were any themes or trends emerging.

This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the six care files we looked at we saw an assessment had been completed before people moved in to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the assessment was also available and provided staff with additional information about the person.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered.

We asked people using the service if there were any activities on offer. People told us; "What do I do? Just sit around, waiting for dinner, waiting for tea. Trips? Not been on any here, no." "They get some people coming in, for exercises, they sing. Mostly, we just watch." "Activities? I don't think so, none have been offered." Relatives said, "They have a fabulous Elvis impersonator. A physiotherapist comes once a fortnight to do exercises." "There is always music on. They take my relative to the social area." "My relative doesn't do any activities now. They choose not to. They (staff) tried to encourage them but they are not a good mixer." "Activities? I haven't seen any."

We asked the staff about activities one person told us that there was no dedicated activities co-ordinator and activities were everybody's responsibility. They also confirmed it was 'not always easy' to find the time for activities, "Sometimes half an hour here and there because sometimes we're rushed off our feet."

There were no activities taking place on the residential unit during our visit, although some people attended an 'Oomph' music session which took place in the downstairs lounge in the afternoon. The television was on quietly in one corner and some people had visitors or sat chatting to each other. One person was reading the paper and others told us they enjoyed looking out at the view. One person said, "I can look out this window and see all across Bradford. It's lovely." Another person said to us, "I'm bored out of my mind." Another person who had been sat at the dining table for a couple of hours said, "I'm a bit lonely sat here." We saw staff talked with people when they had time but this was limited due to the pressure of work.

Requires Improvement

Is the service well-led?

Our findings

The area manager told us, "The manager is the life and soul of this home. They have a lovely personality and spend a lot of time on the floor. They spend much time with service users, especially if they are distressed."

The registered manager told us, "My door's always open, I'm never sat in here, I'm hands-on. I'll help bath if they're behind. I love my job and I've never looked back." They also told us they did one night shift per month, to see how the night shift was managed.

People using the service, relatives and staff all told us the registered manager was very approachable and they felt able to discuss any issues with them. Staff also said the registered manager worked in a very 'hands on' way and led by example.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through residents' meetings and care plan reviews with people and their family members. We saw the minutes of the residents' meeting held in March 2015, when the focus had been around meals in the home. The registered manager then acted upon people's requests. For example, people had asked for more homemade pies and cakes. The area manager confirmed these requests had been incorporated into the menu. This meant people who lived at the home were able to influence the service they received.

We saw there were a range of audits taking place on a monthly basis. These included audits of the environment, equipment , medication, catering, infection control, mattresses and care plans. We saw when issues had been identified action had been taken to taken to resolve them. For example, we saw one care plan had been identified as being out of date. A written report had been made of actions that needed to be taken by the keyworker and these had been signed off when the care plan had been updated. This meant there was a system in place to make sure care plans were complete and up to date.

Staff told us staff meetings were held and they were able to discuss any issues with the registered manager. Staff said they felt they were listened to and communication in the home was good. We attended the morning handover between night staff and day staff which provided staff with an update about each person who used the service. Staff told us this happened between each shift.

We saw accidents and incidents were being analysed to see if any patterns or trends could be identified. We saw the times of all the falls had been looked at and these did not show any particular time of day when falls were more likely to occur. We did see a large number of falls were in people's bedrooms and had been un-witnessed. No analysis had been completed to see if staff had been alerted by the falls sensors triggering the emergency call bell and staff response time. The registered manager agreed that response times would be included in the analysis in the future.

We saw there was a dependency tool in place. The manager told us this was completed each month and sent to head office and was used to calculate the staffing levels. Given our findings on the day of our visit we concluded this tool was not effective.

We saw the monthly reports from the area manager and saw issues were being identified. For example, in March 2015 they had identified more bank care workers needed to be recruited to cover the duty rota. The registered manager had been tasked with trying to recruit more staff. This meant issues were being picked up and action taken to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who used the service were at risk because there were not enough staff to care for them and keep them safe. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure there were suitable arrangements for the safe administration of medication. Regulation 12 (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Suitable arrangements to recognise and respond to people's complaints had not been made. Regulation 16 (2)