

S K Care Homes Ltd

Holmfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This was a comprehensive unannounced inspection carried out on 21 June 2016. We carried out a comprehensive inspection in June 2015 and rated the service as requires improvement. We found the provider had breached four regulations associated with the Health and Social Care Act 2008. We found the care plans we looked at did not contain appropriate and decision specific mental capacity assessments, applications for the Deprivation of Liberty Safeguards had not been carried out appropriately. We found activities were not carried out within the home and the provider had not taken appropriate steps to ensure staff received appropriate ongoing or periodic supervision and an appraisal. At this inspection we found some improvements had been made with regard to these breaches.

The home is situated in the Roundhay area of Leeds within walking distance of shops and local amenities and close to a main transport system into the city centre. There is parking at the front of the home. The home is registered to provide accommodation for up to 25 people. It specialises in providing care to people living with dementia.

At the time of this inspection the manager was registered with the Care Quality Commission. 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 people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Adequate recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs. We were told staff who did not have a disclosure and barring service (DBS) check were not left unsupervised. However, we saw a member of staff who did not have a DBS carrying out occasional care tasks whilst they were on their own.

Some staff had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured people were supported to make decisions about their care and where they were not able to do so, their relatives or people who knew them well were consulted. However, further staff training and reviewing of MCA and DoLS was required.

People enjoyed the different activities and we saw people were engaged with these during our inspection.

People who used the service told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. We found the administration of medicines was generally safe, however, the registered manager told us they would look at improving the recording of creams and the administration of early morning medicines.

Staff had information about people's likes, dislikes, their lives and interests. However, some of the care plans lacked some detail. New care plans were been introduced. People's mealtime experience was good. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

Staff had a good knowledge and understanding of people's needs and worked together as a team. Throughout our inspection, people were treated with kindness and compassion. Staff had a good rapport with people.

The registered manager was visible working with the team, monitoring and supporting the staff to ensure people received the care and support they needed. People spoke positively about the registered manager. Effective systems were in place which ensured people received safe, quality care. Complaints were welcomed and were investigated and responded to appropriately.

On the day of inspection the current CQC rating for Holmfield Court was not on display, and the registered manager told us they did not know this was a requirement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were protected by the way the service handled medicines. However, the registered manager told us they would look at improving the recording of creams and the administration of early morning medicines.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place. However, we noted one new staff member without a DBS was carrying occasional care tasks on their own.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the support and care planning process.

Requires Improvement ●

Is the service effective?

The service was not always effective in meeting people's needs.

Staff we spoke with could tell us how they supported people to make decisions. Some care plans we looked at contained appropriate mental capacity assessments. However, further staff training and reviewing of MCA and DoLS was required.

Staff were supported in their role through training, supervision and appraisal.

The menus we saw offered variety and choice and people attended regular healthcare appointments.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were thoughtful, kind and caring and we observed this throughout our inspection.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good ●

Is the service responsive?

The service was not always responsive to people needs.

Staff had information about people's likes, dislikes, their lives and interests. However, some of the care plans lacked detail. New care plans were being introduced.

Activities had improved and there was opportunity for people to be involved in a range of activities within the home.

Complaints were responded to appropriately.

Requires Improvement 

Is the service well-led?

The service was well led.

The registered manager was very supportive and well respected. Communication between the registered manager and staff was regular and inclusive.

The provider had systems in place to monitor the quality of the service and plan improvements.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Good 

Holmfield Court

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 21 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

At the time of this inspection there were 21 people living at Holmfield Court. We spoke with seven people who used the service, one relative, one visitor, seven staff members and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care plans.

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

We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. We received a report from the local authority and Healthwatch stated they did not have any information about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection we rated this domain as requires improvement.

People told us they felt safe in the home. One person said, "I feel safe, any upset and you know you can talk to them." Another person told us, "I feel very safe." A third person told us, "I have no concerns about outside interference." A relative told us, "He is safe enough."

Staff were clear about how to recognise and report any suspicions of abuse. We saw a safeguarding poster in the home which had appropriate contact telephone number for staff to use. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. They were aware of the whistle blowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service, if they felt they were not being dealt with effectively. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed this training.

The registered manager had sent us notifications appropriately about safeguarding incidents which had occurred in the home. However, we saw one incident had not been sent to the Care Quality Commission (CQC). We discussed this with the registered manager who told us they had discussed the situation with the local safeguarding team and they had agreed no further action was required. They were not aware these types of notification still needed to be sent to the CQC. Following the inspection the notification was submitted to us.

We saw the home had environmental risk assessments in place which included general housekeeping, laundry and kitchen areas. The registered manager told us they were in the process of reviewing all the environmental risk assessments and this would be completed by the end of July 2016. Care plans we looked at showed people had risks assessed appropriately and these were updated regularly and revised where necessary. We saw risk assessments had been carried out to cover activities and health and safety issues. These included falls and people handling. These identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

On the day of our inspection, we saw one person had fallen whilst they were using the toilet. Staff had quickly identified this and provided the person with reassurance whilst they helped to move them. This incident was recorded as a fall and appropriate checks were made to ensure the person had not suffered any injuries.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date. For example, the lifting equipment

certificate was dated April 2016 and the Legionella testing certificate was dated May 2016. We asked to look at the electrical wiring and gas safety certificates. The electrical wiring expired in November 2016; however, the gas certificate expired on the 19 May 2016. We spoke with the registered manager who confirmed they had arranged for the gas safety to be rechecked but did not have a firm date of when this was going to take place. We asked for this to be confirmed following our inspection and we did receive the confirmation the gas safety certificate had been renewed. Staff told us they recorded any maintenance concerns on a handover sheet and were satisfied repairs were carried out in a timely manner.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested. However, we saw the weekly fire alarm tests were not consistently carried out. For example, the alarm was tested on 29 March 2016 and then again on 29 April 2016. One staff member told us, "Fire alarms are tested weekly on different days." Another staff member said, "Fire alarms are tested every week."

One staff member told us, "I have had two fire drills. One during the day and one during the night." Another staff member told us, "Had a fire drill three months ago." We saw a recently carried out fire drill had not been recorded in the fire records. We saw fire extinguishers were present and in date. Staff we spoke with were able to describe the procedure they would follow in the event of a fire. They told us they had received fire safety training and the records we looked at confirmed this.

One person told us, "Medication is supplied and they come normally." Another person said, "I get medication when I want them." A third person told us, "I get medication every day, early morning and then at breakfast." A relative said, "Medications are always given."

We looked at the management of medicines and found this was not always safe. On the day of our inspection, we found four people who required lansoprazole at 07:00am had not been given their medicine at this time as the home did not have senior care cover overnight. The medication administration record (MAR) stated, 'Take 30-60 minutes before food'. We observed this medicine being given to people whilst they were having their breakfast. This meant the effectiveness of the medicine may have been affected.

One care plan we looked at included an entry in June 2015 which said, 'No concerns re pressure care. Keep applying cream'. We looked at the topical medicines application record for this person and found a number of occasions in May and June 2016 where the home was unable to evidence this person had been given diprobase and conotrane. We discussed this with the registered manager who told us they would ensure staff regularly recorded this.

We observed a staff member administering medicines. We saw the medicines trolley was locked securely whilst they attended to each person. We saw no signatures were missing on the MARs we reviewed which indicated people received their medicines as prescribed. The records we looked at showed there was a photograph of the person and a list of their allergies, although one person who had lived in the home for over a month did not have either in place. Staff explained to people what they were taking. We heard a staff member telling one person, "It will help with that bad back of yours." One staff member asked, "[Name of person], do you want to come to the bathroom whilst we apply some gel to your knees?" We saw medication identified for disposal was bagged, labelled and returned to the pharmacy.

We looked at the records of temperatures in the medicines store and the fridge used to store some medicines. We found there were some gaps in the recording and discussed this with the registered manager who told us they would look at this. We looked at the administration and recording of controlled drugs (CD's) and found this was well managed. The stock held matched the records in the CD register and where pain patches were used, body maps clearly showed where they had been applied on the person. Two staff

signatures were recorded for each administration. We saw a list of staff trained to administer medicines along with their signatures. Staff had received training in administering medicines and had their competency checked.

People we spoke with thought there were enough staff to meet their needs. One person told us, "There is always someone around." Another person told us, "If you need something they is always someone to help." A relative said, "There is always enough staff around."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 21. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or they used agency staff. They told us staffing numbers would be increased if people's needs changed.

On the day of our inspection the staffing levels matched the staffing rotas. The registered manager, deputy manager and care staff were supported by ancillary staff. We saw staff were present in the lounge and dining areas throughout our inspection. Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member told us, "Staffing is now fine." Another staff member told us, "There is enough staff; obviously we get sickness every now and again." A third staff member told us, "Most of the time there is enough staff and we usually get cover for sickness with other staff or agency."

We looked at the recruitment process used by the registered provider and found this was not always safe. We looked at three staff files and found evidence of references, identity verified and checks with the disclosure and barring service (DBS) in each case. However, we found staff had been allowed to start working through their induction before their DBS had been received. The registered manager told us they risk assessed this, although not all files we looked at contained a risk assessment. The registered manager also said staff who did not have a DBS were shadowed and not left unsupervised. During our inspection we saw a member of staff who we were aware did not have a DBS carrying out care tasks whilst they were on their own. The registered manager told us they would cease this practice immediately and not allow staff to start working until a DBS was in place.

Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Is the service effective?

Our findings

At the last inspection we rated this domain as requires improvement. Care plans did not contain appropriate mental capacity assessments and the Deprivation of Liberty Safeguards (DoLS) procedures were not followed. The provider had not taken appropriate steps to ensure staff received appropriate ongoing or periodic supervision and an appraisal. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw improvement had been made and the registered manager was in the process of reviewing people's mental capacity assessments and DoLS applications.

The Mental Capacity Act 2005 (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 take 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).

The registered manager and staff had a reasonable understanding of the MCA and the DoLS application process. We saw DoLS applications for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. The registered manager told us they were waiting to find out if these had been granted. However, we noted a DoLS application had been submitted for one person who did not have a mental capacity assessment in place. The registered manager told us they would review everyone's MCA assessment and DoLS application. We saw competency checks had identified some gaps in staff knowledge which were discussed with the members of staff. We noted from the training records not all staff had completed MCA or DoLS training. The registered manager said they were undertaking further MCA training with Leeds City Council and arranging for staff to also undertake further training.

Most of the care plans we looked at did contain a mental capacity assessment and also recorded specific decisions people were able to make on their own and which ones they would require some support with. For example, one person's mental capacity assessment contained a two stage assessment, which included 'My decisions based on my capacity, male or female carer preference, time to get up and go to bed, what to wear, toileting and choice of meal'. We saw leaflets were available in the entrance to the home for people and family members to read and take away if they so wished.

We observed staff supported people to make choices throughout the day. Staff we spoke with said, "People can make decisions for themselves and they are offered choice." Another staff member said, "People are definitely given choice, people get up when they want. Not many people go to bed before 8:00pm, people get changed and sit in the lounge." A third staff member told us, "People's capacity is different; some make decisions better than others. People are offered choice and they can choose when they want to go to bed."

In the PIR the provider told us, 'To ensure that all staff have a clear understanding and receive training around 'Mental Capacity Act' and safeguarding. To ensure that management continue to chase up the applications for Deprivation of Liberty Safeguards and that all staff are aware of them and what they mean.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, fire safety, infection control, health and safety and medication. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw future training which had been booked included first aid, Dementia awareness and end of life care. We saw some staff were in the process of obtaining or had obtained National Vocational Qualifications. Staff we spoke with told us they received training which was relevant to their role.

The registered manager told us they were in the process of developing knowledge prompt cards for staff, which would include questions regarding 'what is safeguarding', 'what is DoLS' and 'what is communication'. This ensured people continued to be cared for by staff who had maintained their knowledge and skills. We also saw competency checks had been completed for some staff, which included handover procedure, personal care, moving and handling and meal times.

We were told by the registered manager staff completed an induction programme.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision, however, this was not in line with the providers policy. We saw group supervision had taken place in February 2016 and discussions included medication errors and what action had been put in place, daily entries and handover notes. We saw staff had received an annual appraisal in May 2016.

People we spoke with were complimentary about the quality and quantity of food offered. Comments included, "Food is alright", "Food is not bad, you get choice", "They give you good food" and "Salads and fruit are nice. I don't like sweet things." A relative told us, "They have done well with his weight. The chef is very good, he bakes buns without sugar." We noted the person was person was diabetic.

We spoke with the chef who was able to explain people likes, dislikes and were aware of people's dietary needs, for example, people that required a diabetic diet. The chef told us they had a four weekly menu with two choices of main course and two choice of pudding for both the lunchtime and teatime meal, although they would prepare meals to suit the person's likes. They said people were able to have alternatives if they wished. They told us, "We have fresh veg every day and I fill the fruit bowl daily."

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

We were aware of one person who had changed their mind twice about what they wanted for breakfast. We saw staff responded positively each time the person asked for a different meal. We observed the lunchtime experience and found this was positive. The atmosphere was relaxed and saw staff were attentive and ensured people were given choices. People were given time to enjoy their meals. We saw tablecloths, condiments and sauces were available. Staff ensured people were given drinks and we saw some people had both hot and cold drinks. We asked people whether they enjoyed the food provided. One person told us, "I had a fried egg, it was lovely. Generally, it's reasonable. If it isn't I mention it to someone." Another

person said, "To me, it's marvellous." Staff checked with one person who had not eaten their main course to ensure they were not feeling unwell. They gave this person a dessert which we saw them eating. One person described the dessert as, "Very good."

One care plan we looked at listed monthly weights for one person who had lost over 5kg between August and December 2015. We were unable to see evidence of this person being referred to the GP or dietician for advice. The registered manager told us they would immediately ensure this person was referred to the dietician, given a fortified diet and weighed weekly.

Staff we spoke with told us, "Menu is good but maybe we could now do with summer meals, which I have suggested to the chef", "Food is good and the chef makes freshly baked cakes. Residents seem to like the food, they like fish and chips on a Friday. Some people don't like eggs. People can have drinks and snacks during the day. We do weekly and monthly weights" and "Food is good and there is a wide variety of choice. Some might not want what is on the menu and the chef will do something different."

We saw evidence in people's care plans that staff had worked with health professionals and made sure people accessed other services when needed. This included GP's, opticians, community mental health teams, dentists, district nurses, dieticians and chiropodists. We saw notices displayed in the staff area of when the chiropodist was due and who needed to see the dentist. This helped ensure people's health care needs were being met.

One person told us, "They will call a doctor if I needed one. If I needed new glasses they would come and see me." A relative told us, "His health has improved."

One staff member told us, "GP's are called straightaway if people are not well." Another staff member said, "Senior would ring the GP on a morning or if needed an ambulance. Dentist and opticians come in when we need them." A third staff member told us, "There is no delay in getting the GP if someone is not well. The dentist, optician and chiropodist come into the building."

Is the service caring?

Our findings

At the last inspection we rated this domain as good.

People told us, "It's very nice living here", "They do not matter you, but they are there if you want them. I have been very well looked after. I have nothing to grumble about", "It is not put on for show, staff are really nice to people. They look after me well, but if they didn't I would tell them", "Things are great, I have no complaints. I am really happy. I love it; I would never want to change it. People are nice" and "I have been here a long time and I like it, they look after me very well." A relative we spoke with said, "It is marvellous, it is very homely and it would not bother me if I had to come here. They wash his hair and shave him. His room is fine and personalised."

We asked people about the staff who provided their care. One person told us, "Yes, they're pretty good." Another person said, "Oh, it's exceptional." One visitor told us, "10 out of 10, the staff are. I couldn't wish for any better help."

Staff we spoke with told us they were confident people received good care. One staff member told us, "People are looked after well. The level of care is one of the best I have seen." Another staff member told us, "Care is very good." A third staff member told us, "I think we give the highest care and people are happy. I can see residents are happy and that makes my job worthwhile."

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. For example, one person and their family member spent some time in the small conservatory. We saw some people sitting in the lounge area watching television or taking part in the day's activities. Some people spent time in their bedroom. Staff also spent time chatting with people.

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and registered manager they knew the people they supported very well. Staff were patient and spoke clearly when communicating with people. Staff knew people by name, and some of the conversations indicated they also knew what they liked, and their life history. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. Some people were able to express their views clearly but there were others who, through their complex needs, were not able to share their views. The staff made efforts to make sure these people's views were heard and acted on.

The home operated a key worker system for the people who used the service. When asked, the registered manager explained the role which involved mainly ensuring a person's personal care and effects were

appropriate and in order and liaising with their relatives and health professionals. The registered manager told us each person had a care co-ordinator who was responsible for the person's care plan.

Relatives and visitors we spoke with told us they were made to feel welcome and told us they found staff patient and kind. One person said, "My friends and relatives come sometimes." A relative said, "I enjoy coming and they always make me feel welcome." We spoke with a visitor who confirmed they were welcome to visit the home at any time.

People told us they were treated with respect and their privacy and dignity was taken care of. One person said, "I like my privacy and like my door closed."

Staff spoke about the importance of respecting people's dignity when supporting people with their personal care or helping someone to dress or undress. They told us they protected people's privacy and dignity by closing doors when providing personal care. We saw staff knocking on people's doors before entering their room. One staff member said, "Dignity is respected; we ask people what they want." Another staff member told us, "I close people's doors so privacy is respected."

We saw in one person's care plan 'things that I can manage myself' sheet. This started, 'I am able to.....' which promoted independence.

Is the service responsive?

Our findings

At the last inspection we rated this domain as requires improvement. We found activities were not carried out within the home. Following the last inspection the provider sent us an action plan which identified how they were going to improve the service. At this inspection we saw activities taking place.

The home had an activities co-ordinator in post and a programme of activities was on display in the entrance. We saw activities included singalong, bingo, arts and crafts, games, music, cooking and jigsaws. The activities co-ordinator told us they had a flexible approach to providing activities for people, which were led by what people wanted. On the day of our inspection, we saw people didn't want to join in with the planned activity. Instead, the activities co-ordinator arranged a quiz and did some reminiscence with people. The residents guide stated that one-to-one activities would be provided where people wanted this.

The activities co-ordinator engaged with people and involved everyone in the home. They told us, "I went through the care plans to find out what activities they liked and did not like. I respect that this is their home and I check each day what people would like to do and what I have planned. Sometimes I change things in response to what people need. I take people outside into the garden and play outdoor games. Every morning I go to people's bedrooms and ask if they want to join in and every day I spend some time with people in their rooms. Sometimes family members join in with the activities." They also told us they would plan activities staff could provide when they were not at the home. They told us, "This is my family and I deliver activities from my heart."

One person told us, "I do my own thing, I like jigsaws and crosswords. I go for a walk around the garden." Another person said, "I am tired, there is too much happening. There is lots to do, time just goes fast and I love it like that. I like it because they do not push you into things; you do what you want to." Other comments included, "I like to join in with a sing song" and "There is plenty to do, they show you pictures and tell you a story. Afternoons when it is nice we go into the back garden and we do baking. A man plays jazz records. I like any kind of music, I like the 1940's." A relative told us, "They could do with more outings, but we take him out every Sunday somewhere nice."

One staff member said, "Activities have improved, a gentleman comes and sings and a lady does entertainment. There is variety now." Another staff member said, "Activities have got a lot better, especially on a Monday with the singer, people sing and dance. We are going to start going out to the café." A third member of staff told us, "Activities have definitely got better. Singer comes in on a Monday and [name of activity co-ordinator] is here five days a week."

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "They give me an insight and they are reviewed routinely. Relatives are involved in the care plans." Another staff member said, "People are involved and they are detailed enough with people's likes and what they used to like." A third staff member told us, "I get enough information from the care plans." Other comments included, "They are detailed, just not easy to locate things. They are more or less accurate."

We saw one person's care plan which we found required some additional information. For example, the washing and dressing care plan dated 25 April 2016 stated 'staff to please check my pressure areas when assisting'. There was no guidance for staff to follow if pressure care issues were identified. We saw care plans were reviewed regularly. The registered manager told us they were in the process of creating new care plans and when completed these would contain more detailed information about each person. They said this would be completed by the end of October 2016. They also said they had sent a letter to relatives inviting them to go through their family members care plan if they wished.

People told us care met their needs. One person said, "Staff are nice. I think the staff understand me." Another person said, "It is always nice and always good. I have a very good life. Staff know me."

We saw people and/or their relative were involved in planning and reviewing the person's care.

In the PIR the provider told us, 'Care plans require re-ordering/re-organising which we are currently working on however this may take some time to get them all how we want them'.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. One staff member told us, "Complaints are dealt with correctly and straightaway." Another member of staff said, "Complaints go to the manager or deputy and I feel confident they would be addressed." A third staff member said, "The manager is very good with complaints and addresses these straightaway. Things are kept confidential."

One person told us, "I have nothing to complain about, you only need to ask for something." Another person said, "I have not had any complaints."

The resident's guide stated, 'Comments concerns and complaints are welcomed'. People and relatives were encouraged to see a member of staff if they were dissatisfied with their service. One visitor told us, "First off, I'd find the lady in charge and say 'what's going on?'" We looked at the management of complaints and found this had been well managed. One complaint we looked at had been investigated with records of staff statements and meeting minutes and evidence of appropriate action taken. The registered manager had met with the complainant to discuss the outcome.

Is the service well-led?

Our findings

At the last inspection we rated this domain as requires improvement.

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and provided support and guidance where needed. They engaged with people living at the home and were clearly known to them.

The registered manager told us they were not aware of the regulation requiring the current CQC rating of a service to be on display legibly in the home, and the current rating was not displayed on the day of our inspection. We checked the provider's website and saw there was no information relating to the current rating of the service. This was a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives were very positive about the staff and management of the home. One person said, "I never have any wishes about leaving here. I came to the door and knew that I had found what I was looking for. I am very settled; it has worked out very well." A relative said, "It is very friendly and homely. Staff are very nice and the manager is nice." One visitor told us, "I have met [name of registered manager] a few times." They told us they were satisfied with the support provided by the registered manager.

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. One staff member told us, "The manager does her job and does it well. I have no concerns, I am totally happy." Another staff member said, "I like the manager and deputy and they are very good at what they do. The door is always open. I feel supported and can go with any issue. She is the best manager I have ever had. I enjoy my job and I am happy working here." A third staff member told us, "Management are brilliant, I can talk to them about anything and they are supportive and approachable. I love it here; each resident is different in their character." Other comments included, "They don't see how you work as they spend their time in the office. You don't see a lot of the manager." One staff member told us the directors had visited the service the day before our inspection. The registered manager told us that directors visited the service once a month and said they felt supported by them.

The registered manager told us they monitored the quality of the service through carrying out quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of monthly and quarterly audits, which included falls assessment, housekeeping, infection control, laundry, food hygiene and care plans. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. However, the action plans were not robust. The registered manager said they would look at creating an action planning process which included recording when the actions had been completed.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. We saw this included when the GP or district nurses had been contacted

and if people had been referred to the falls team. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

We saw a monthly relatives 'coffee morning' had been arranged for 2016, which gave relatives the opportunity to discuss any issues or ideas with the staff and registered manager. We also saw displayed in the home a staff picture board with the staff members name so people and relatives were able to identify relevant staff to speak with.

Relatives had completed a questionnaire and we saw mostly 'good' as a response. Comments included 'Mum is settled at Holmfield and always talks about it positively' and 'very caring team'. The registered manager told us they were still in the process of gathering the information from the questionnaires and in the near future would be analysing them and would produce an action plan. We saw a residents meeting had taken place in May 2016 and discussions included food, flowers, and activities.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have. We saw the staff meeting minutes from April 2016 and discussions included training, annual leave, emergency call bells, care plans and the accident forms. The registered manager told us they would look to introduce staff surveys to ensure their views were recorded.

We saw health professionals had completed a questionnaire in April 2016. One comment stated 'always looking out for residents' needs and communication with them observed'. All areas of the questionnaire were ticked as 'good', which included management, care delivery and interactions. Other comments included, 'I am impressed with [name of registered manager and deputy manager] when I have dealings with them.'

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The rating from our previous inspection in June 2015 were not being displayed.

The enforcement action we took:

Fixed penalty Notice