Parkhaven Trust

Kyffin Taylor

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced comprehensive inspection of Kyffin Taylor on 7 October 2014. Breaches of legal requirements were found. As a result we undertook a focused inspection on 5 February 2015 to follow up on whether action had been taken to deal with the breaches.

You can read a summary of our findings from both inspections below.

Comprehensive inspection of 7 October 2014

Kyffin Taylor provides accommodation and personal care for up to 29 people who are living with dementia. The property has 21 bedrooms on the ground floor and eight on the first floor. There are two spacious lounges and a dining room to the ground floor. One of the lounges leads into a large well maintained garden area.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was on statutory leave at the time of the inspection and was due to return to work in January 2015. The deputy manager was managing the service in the absence of the registered manager.

Summary of findings

People living at the home were kept safe from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

Some of the people living at the home used bedrails and a risk assessment had not been undertaken for all the people who used this equipment in order to establish if it was safe for them to use. You can see what action we told the provider to take at the back of the full version of this report.

Families we spoke with told us the manager and staff communicated well and kept them informed of any changes to their relative's health care needs. People said their individual needs and preferences were respected by staff. People were supported to maintain optimum health and could access a range of external health care professionals when they needed to. People told us they received adequate to eat and drink.

People and families described management and staff as caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines. We observed positive interactions between people living there and staff throughout the inspection.

A staff training programme was in place. Staff told us they were well supported through the induction process, regular supervision and appraisal. Staff appraisals were behind schedule but this had been recognised by the manager and it was being addressed.

The principles of the Mental Capacity Act (2005) were not always adhered to for people who lacked mental capacity to make their own decisions. For example, some people used bedrails but the use of this equipment had not been agreed based on a mental capacity assessment and best interest meeting or discussion. Furthermore, one of the people living at the home was subject to an urgent Deprivation of Liberty Safeguarding (DoLS) authorisation. This authorisation had expired on the day of the inspection. You can see what action we told the provider to take at the back of the full version of this report.

A positive action had been made to ensure the building promoted people's independence and safety. This included colour contrasting between walls and doors, large pictorial signage and a clutter-free environment. Arrangements were in place to routinely check the safety of the environment.

The manager and staff said that a Personal Emergency Evacuation Plan (PEEP) had been developed for each person but they could not be located on the day of the inspection. We recommend that the service considers its arrangements for fire evacuation so the safety of people living at home is optimised.

The culture within the service was person-centred and open. Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations. A process was established for managing complaints and we found that complaints had been managed in accordance with this process. An annual relative feedback survey was undertaken for 2013.

Audits or checks to monitor the quality of care provided and the safety of medication administration had not taken place for some time. You can see what action we told the provider to take at the back of the full version of this report.

Focused inspection of 5 February 2015

Following our inspection of 7 October 2014, the provider wrote to us to say what they would do to meet the legal requirements in relation to consent to care, undertaking risk assessments and monitoring the quality of the service.

We undertook this unannounced focused inspection to check that the provider had followed their plan and to confirm that the service now met legal requirements.

We found that the provider had followed their action plan. The legal requirements in relation to the three regulatory breaches had been met.

The approach to obtaining consent from people who lived at the home had been revised including, a revision of the policy and documentation in relation to assessing mental capacity. Risk assessments and family consent had been obtained for the people who used bedrails. Senior staff had received training in the Deprivation of liberty Safeguards (DoLS).

Summary of findings

Quarterly audits were now established and we saw examples of audits that had taken place since the last inspection including, a medicines audit, care plan audit and infection control audit. The first of two six monthly trustee visits to the service took place in December 2014. A satisfaction survey was conducted in December 2014 and the results were displayed in the foyer.

We also made a recommendation regarding fire evacuation at the last inspection. The Personal Emergency Evacuation Plans (PEEP) for each of the people living at the home could not be located. These had been located and were available to see during this inspection.

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?

Good

7 October 2014

The service was not safe.

Some of the people who used bedrails were being put at risk because an assessment had not been carried out to ensure they were safe to use this equipment.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

We observed that medication was administered safely.

There were enough staff on duty at all times.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

5 February 2015

Risk assessments were now in place for people who used bedrails. This meant the provider was now meeting legal requirements.

The PEEPs which could not be located at the last inspection had been found and were available for us to look at.

Based on the evidence seen we have revised the rating for this key question to 'Good'.

Is the service effective?

Requires Improvement

7 October 2014

The service was not always effectively meeting people's needs.

Staff were not following the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink. People had access to a health professional and staff arranged any appointments promptly.

Staff said they were well supported through induction, supervision, appraisal and the training programme.

5 February 2015

In accordance with the Mental Capacity Act (2005) family consent had been obtained for the people who used bedrails. Senior staff had received training in

Summary of findings

the Deprivation of liberty Safeguards (DoLS).The policy on consent had been revised and new forms were in the process of being introduced to assess people's capacity with specific decision making. This meant the provider was now meeting legal requirements.

While improvements had been made, we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

We will review our rating for this key question at the next comprehensive question.

Is the service caring?
Text unchanged from comprehensive inspection

Good

Is the service responsive?
Text unchanged from comprehensive inspection

Good

Is the service well-led?

Good

7 October 2014

The service did not have effective systems in place to demonstrate it was well led.

Systems for routinely monitoring the quality of care, support and treatment provided were not effective.

Staff described an open and person-centred culture within the organisation.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

5 February 2015

Quarterly audits were now established and we saw examples of detailed audits that had taken place since the last inspection.

Trustees for the organisation had visited the service as part of the quality assurance strategy.

A satisfaction survey was conducted in December 2014 and the results were displayed in the foyer of the home.

Based on the evidence seen we have revised the rating for this key question to 'Good'.

Kyffin Taylor

Detailed findings

Background to this inspection

This inspection report includes the findings of two inspections of Kyffin Taylor. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider was 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.

The first was a comprehensive inspection and took place on 7 October 2014. It identified a breach of regulations. The second was undertaken on 5 February 2015 and focused on following up on action taken in relation to the breaches of legal requirements we found on 7 October 2014. You can find full information about our findings in the detailed key question sections of this report.

Comprehensive inspection of 7 October 2014

We undertook an unannounced inspection of Kyffin Taylor on 7 October 2014. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We also invited two external professionals who had knowledge of home to share with us their views of the service.

During the visit we spoke with six people who lived at the home and four family members who were visiting at the time of the inspection. We spoke with eight members of staff; four care staff, the chef, the home manager, the care services manager and the estates manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for four people, two staff recruitment files and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room and lounge areas.

We did not have access to the Provider Information Return (PIR) as we had not requested this of the provider before the inspection. The PIR 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. Prior to the inspection we looked at the notifications the care Quality Commission had received about the service and took into account the local authority contract monitoring reports.

Focused inspection of 5 February 2015

We carried out an unannounced focused inspection of Kyffin Taylor on 5 February 2015. The inspection was undertaken to check that improvements to meet legal requirements following our previous inspection had been made. The inspection only involved inspecting the service against three of the five questions we ask; is the service safe?, is the service effective? and is the service well led?

The inspection was undertaken by the lead inspector for the service. During our inspection we spoke with two people who lived at the home, the registered manager, deputy manager, quality assurance manager and chief executive of the Trust.

We looked at care records, staff meeting minutes, fire safety records and documentation regarding the quality monitoring of the service. In addition, we reviewed documentation in relation to consent and the Mental Capacity Act (2005).

Good

Is the service safe?

Our findings

Findings from the comprehensive inspection of 7 October 2014

The people we spoke with told us it was good living at Kyffin Taylor. A person said, "I am very happy here. The staff take care of us very well. Another person told us, "The staff are all very nice. We can talk to any of them whenever we want."

The family members we spoke with during the inspection said their relatives were looked after well and in a safe way. A family member said, "When I go home from here, I know [relative] is safe." Another family member told us, "If I had any problems or concerns, I would go and see the manager or one of the staff."

Throughout the inspection we observed staff supporting people in a discrete way that ensured their safety whilst maintaining their dignity. For example, we observed staff supporting people to move between rooms safely. We also noted that staff stayed with each person to ensure they took their medication safely.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included a falls risk assessment and skin integrity assessment. These risk assessments were reviewed on a regular basis. We observed that some of the people living at the home had bedrails in place. The manager confirmed these were used to keep people safe by preventing falls from the bed. Staff described how one person had been unsafe with the bedrails so the bedrails had been removed. Staff had taken alternative action to minimise any injuries if the person fell out of bed. Despite this experience of a person being unsafe with bedrails, we noted from the care records that risk assessments had not been undertaken for some of the people who used bedrails. This meant no initial risk assessment had been undertaken. Furthermore, no on-going monitoring of the safety of the bedrails was recorded in the care records. This was a breach of Regulation 9(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Training records confirmed staff had undertaken safeguarding training. With reference to the recruitment process, a member of staff told us, "During my interview I was asked questions about safeguarding and preventing abuse. I covered it in my induction as well." Another member of staff said, "If I ever thought something was not right, I would be straight in to see the manager." The staff we spoke with confirmed they had received training in adult safeguarding. We observed the safeguarding policy was accessible to staff as it was displayed on the notice board in the manager's office.

People living at the home told us there were enough staff at all times to support them. A person said to us, "I have no worries. Anything I need I just ask. There is always someone to help me." We also asked family members their views of the staffing levels. They were satisfied with the number of staff on duty and one family member said, "We looked at lots of other homes before we decided on here. There always seems to be plenty of staff on duty." We heard from another family member that, "There are always enough staff around. As soon as someone calls they [staff] go over." The manager advised us the staffing levels had been increased by 70 hours per week in response to concerns raised this year about the lounge being left unattended by staff. Staff we spoke with confirmed the staffing levels had been increased. They also said management was supportive and responded positively with additional staff if it could be demonstrated that the dependency of people had increased.

The manager advised us staff had been reminded that the lounge was not to be left unattended. The staff we spoke with confirmed this and said they ensured a member of staff was in the lounge when people who lived at the home were using it.

We looked at the personnel files for two recently recruited members of staff. We could see that all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff.

We observed a member of staff administering the morning medication in the lounge in a safe way. Medication was held in a locked trolley and if the member of staff needed to leave the room they asked another member of staff to watch the trolley. Medication was administered to one person at a time. Staff confirmed that medication training was provided for the staff who administered medication.

Good

Is the service safe?

We were also informed that staff received a competency assessment by a more experienced member of staff prior to them administering medication on their own for the first time.

Staff advised us that changes had been made to the way incidents were reported and managed. The changes had been made because it was identified earlier in the year that incident forms had not always been fully completed. We looked through recently submitted accident and incident forms and noted these had been completed in full. Incident forms were now reviewed by senior management.

Arrangements were in place for checking the environment to ensure it was safe. We spent time with the estates manager who outlined the audits or checks that took place at the home to ensure the environment was safe. We were provided with paperwork to show that a monthly health and safety audit was undertaken. In addition, quarterly health and safety audits were conducted. Specific checks took place and these included checks of the water, equipment and fire safety checks. The service was able to demonstrate that action had been taken following an incident involving stairs to the upper floor. To ensure the safety of people living at the home, key panel locks had been fitted to the doors that provided access to the stairs. We observed that the building was clean and tidy.

We noted that risk assessments were located in bedrooms and they particularly looked at the risks within the room and how these could be minimised to ensure the safety of the person whose bedroom it was. The manager acknowledged that these risk assessments were due for review as they were last updated in May 2014.

The manager informed us that a Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home. However, these could not be located at the time of our inspection. Without access to each person's individual PEEP, it meant people may be at risk from an unsafe or inappropriate evacuation from the building in the event of a fire.

We recommend that the service considers its arrangements for fire evacuation so the safety of people living at home is optimised.

Findings from the focused inspection of 5 February 2015

The provider demonstrated that the action plan they produced had been followed to meet shortfalls in relation to the requirements of Regulation 9 as described above.

We looked at the care records for three people who used bedrails to keep them safe while in bed. Bed rail risk assessments had been completed by staff to check that people were safe using this equipment. We could see from the records that the risk assessments had been reviewed by the quality assurance manager.

We also made a recommendation regarding fire evacuation at the last inspection. At the time of that inspection the manager was unable to locate the PEEPs for each of the people living at the home. These had been found and were available for us to look at. The quality assurance manager advised us that they were being reviewed to ensure they reflected each person's current needs and included sufficient detail about how the person should be evacuated from the building in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

Findings from the comprehensive inspection of 7 October 2014

Families who were visiting at the time of our inspection told us the staff kept them informed of any changes to their relative's health care needs. A family member said, "I have no concerns. Everything is good here and any problems they [staff] get in touch with us straight away." Another family member said, "They are pretty good here. If there are any problems they contact you." A form was located in each person's care record file and staff made a record of the nature of any contact with the person's family member.

We could see from the care records we looked at that local health care professionals, such as the person's GP, district nurse, chiropodist or dietician were regularly involved with people if they needed it. The care records informed us that staff requested health professional involvement in a timely way.

We asked people who lived at the home their views of the meals and access to drinks throughout the day. Everybody we spoke with was positive about the meals. A person said to us, "There is always a choice of food. If you don't like something you can ask for something else. We get asked what we want to eat." Another person told us, "There are drinks available when you want them; tea or a cold drink, whatever you prefer."

Families we spoke with were satisfied with the arrangements for meals and drinks. A family member said, "I have been here a few times and she [relative] always enjoys the meals. They [staff] come around each day and ask people what they want to eat."

We sat in the dining room with people while they were having their lunch. A variety of hot and cold food was served. We observed staff supporting and/or encouraging people with their meal. This was undertaken in a friendly conversational and unrushed way. We observed that the meal time provided an opportunity for staff to engage with people on a one-to-one basis.

We spoke with the chef who told us the menu was flexible to accommodate people who changed their mind or forgot what they had picked for their meal. The chef told us, "I go around every morning and ask all the residents what they want to eat. You do have an idea what people like but some people change their minds and that's fine." We observed that people's preferences regarding food and drink were outlined in their care records.

We noted from the care records we looked at that people's weight was monitored on a regular basis to check for any fluctuation. Staff we spoke with said this was carried out to check for any significant weight loss.

The staff we spoke with as part of the inspection demonstrated a good understanding of the health care needs of people who lived at the home. We looked at the training records and could see that staff had received a range of training including training related to emergency procedures, infection control and health and safety. Further training had been organised to take place in November 2014. Staff we spoke with confirmed that they had received training in dementia care.

We spoke with a member of staff who was in the process of completing their induction. They said, "I have only just started and my induction is going really well. At the moment I am shadowing a senior member of staff, which I think is good." We also looked at the personnel records for two members of staff and observed that a comprehensive induction had been undertaken for each, which included a period of time shadowing a more experienced member of staff.

All the staff we spoke with said they received supervision monthly and an appraisal each year. The manager told us the service aimed to facilitate individual staff supervision every six weeks and for each member of staff to have an annual appraisal. The manager confirmed that supervision was up-to-date but advised that not all the staff team had received an appraisal within the last 12 months. The manager was working on this and had identified a timescale within which to complete the appraisals.

We noted from the care records that a form was in place to seek the consent from either the person or a family member to take photographs of the person and for the sharing of information related to their care. However, we observed that some of these consent forms were unsigned.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their

Is the service effective?

health care, welfare or finances. We saw a good example of how a GP had assessed a person's mental capacity in relation to end-of- life care and how a decision had been made in their best interest that involved family members.

However, we observed that the service had not always adhered to the principles of the Mental Capacity Act. We could see from the care records that mental capacity assessments were in place for some people but they were generic in nature and did not clarify the decision that was being assessed. Some mental capacity assessments we saw did not address all the required key questions yet a judgement was reached that the person lacked capacity. We observed assessments that did not identify who had completed the assessment and the date it was completed.

Some people used bedrails. Although this item of safety equipment can be used to keep people safe when they are in bed, it can also be considered a form of restraint or restriction under the Mental Capacity Act. Where a person lacks capacity to consent to the use of bedrails, then the guidelines of the Mental Capacity Act should be followed. This means the equipment can be used if it is deemed to be in the person's best interests. We did not see in the care records that a best interest meeting or discussion had taken place about the use of bed rails for all the people who used this equipment. The manager was unable to confirm that the use of bedrails had been agreed in the context of a best interest decision making process.

The care records also informed us that a best interest meeting had taken place for an activity a person wished to engage with yet there was no evidence in place that a mental capacity assessment had taken place prior to the best interest meeting. This meant it was not clear if the person lacked the capacity to make this decision for themselves.

Two people had agreements in place from their GP for medication to be given covertly. This means medication is disguised in food or drink so the person does not know they are taking it. This method of administering medication is usually used if a person is refusing medication necessary for their health and they lack the capacity to make a decision to refuse. We looked at the care records for one of the people who could receive their medication covertly. Although a letter was in place from the GP agreeing to the administration of medication in this way, an assessment had not been carried out to confirm the person lacked mental capacity. We also observed that a care plan had not been developed to outline the detail of how the medication should be given covertly and what staff should do if the person refused then the food or drink the medication was disguised in.

One of the people who lived at the home was subject to an urgent Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We observed from the paperwork that the urgent authorisation had expired. The person had been assessed for a standard DoLS authorisation and a best interest meeting was due to take place to agree this authorisation two days after the inspection. No action had been taken by the service to address the time lapse between the expiration of the urgent authorisation and the standard authorisation being put in place. This meant the person was being inappropriately restricted at the time of our inspection. Once we pointed out the urgent authorisation had expired, the manager immediately contacted the relevant professionals to extend the urgent authorisation.

Each person had a form in their care record file titled 'Record of restrictive practice'. These were completed in 2011 and acknowledged that the front door had a coded lock in place meaning people could not exit the building without access to the code. These forms were not in keeping with the principles of the Mental Capacity Act.

By not adhering to the principles of the Mental Capacity Act (2005) this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all of the staff had attended training in the Mental Capacity Act and DoLS. The manager advised us that training in this subject area had been arranged to take place in November 2014.

We had a look around the building and observed that bedrooms, lounge areas, bathrooms and corridors were spacious, well-lit and clutter free. The spacious communal areas meant risks to people who liked to move about the building were minimised. A positive move had been made to contrast the colours between walls, corridor handrails and doors so they stood out and people could find their way about more easily. All bedroom doors were painted a

Is the service effective?

different colour so as to assist people in locating their bedroom. We discussed with the manager that the distinction between bedrooms doors, walls and handrails could be made more evident by the use of stronger contrasting colours.

Access to the secure large garden area was through one of the lounges. The manager informed us that some of the people who lived at the home enjoyed spending time in the garden when the weather was warm.

The signage on the toilet doors was large and in a strong contrasting colour to the paintwork on the door. It included a pictorial image of what the function of the room was. Staff told us this helped people to find the toilet. We also observed a display in large print which provided information for people about the date, time and weather. The manager told us that the service had plans to purchase toilet seats in a colour that would contrast with the white toilet. The aim of this was to promote independence for people in locating the toilet.

Some people had their photographs on their bedroom door to assist them in locating their bedroom. One person had two photographs; a current picture and a photograph of when they were younger. Staff explained that the person better recognised themselves from the younger photograph and it helped them to find their bedroom. The manager explained that a mirror had been removed from a person's bedroom because they had become upset when they did not recognise their reflection. This had supported in relieving the person's distress. These examples showed staff had a good understanding of the individual needs of people with dementia and the action they taken to support those needs.

Findings from the focused inspection of 5 February 2015

The provider demonstrated that the action plan they produced had been followed to meet shortfalls in relation to the requirements of Regulation 18 as described above.

A revised policy on consent and the Mental Capacity Act (2005) had been agreed by the board of trustees. The quality assurance manager advised us that all the service managers for the Trust had received training in DoLS on 28 January 2015. The registered manager for Kyffin Taylor had received this training and planned to provide awareness training to the staff team via a staff meeting. All senior care staff had received training in the Mental Capacity Act within the last two years. The registered manager advised us that they were responsible for completing DoLS applications and the quality assurance manager was responsible for signing these off.

The service was in the process of completing DoLS applications for everyone who lived there. A person was subject to an urgent DoLS authorisation and the service was waiting for this to be reviewed by the Local Authority. We were provided with recorded evidence to show that the quality assurance manager had been in contact with the Local Authority regarding the status of the DoLS application. The quality assurance manager told us they had been advised by the Local Authority that the person had a best interest meeting when in hospital and that was sufficient for the restriction that was currently in place.

We could see from the care records we looked at that each family had been consulted about the use of bedrails in the best interest of their relatives who needed this equipment to keep them safe when in bed.

The mental capacity assessments for each person were in the process of being reviewed and updated. New detailed forms had been developed in line with the revised policy on consent and the Mental Capacity Act. These forms were clearly decision specific and the quality manager advised us that a separate form would be used for each decision that needed to be made by a person. The 'Record of restrictive practice' forms regarding the front door being locked were no longer in use and we did not see them in the care files we looked at.

We could see from the care records that a discussion took place with the person's GP if they needed to have their medication given covertly. This was followed up with a fax from the GP confirming the agreement. Care plans had not yet been developed to outline how the medication should be given to the person i.e. in what type of food, and what the staff should do if the person refused the food or drink the medication was hidden in.

Good

Is the service caring?

Our findings

Text unchanged from comprehensive inspection

Good

Is the service responsive?

Our findings

Text unchanged from comprehensive inspection

Good

Is the service well-led?

Our findings

Findings from the comprehensive inspection of 7 October 2014

The service had a registered manager in post. The registered manager was on extended statutory leave from August 2014 and was due back to work in January 2015. The deputy manager was managing the service in the absence of the registered manager. The Care Quality Commission (CQC) had been formally notified of this temporary managerial change.

A statement of purpose was in place for Kyffin Taylor. We highlighted to the manager that it was not up-to-date as it was not reflective of the current management arrangements both at location and organisational level.

Some of the people we spoke with were aware the registered manager was not in work at the time of the inspection. A person said, "I know the manager is off at the moment but I can talk with the other carers about anything I need to." Families too were aware the registered manager was not available but they were aware also of the current managerial arrangements. A family member said to us, "The manager here is lovely and always finds time to have a chat if you need to."

Staff we spoke with talked positively of both the management of the home and senior management within the organisation. They told us management was approachable, fair and willing to listen. For example, a member of staff told us that they provided negative feedback to management about the dementia care training. As a result management changed the training. We also heard from a member of staff who was unsuccessful with an internal job interview but got supportive and constructive feedback from a senior manager. They said this made them feel valued and they felt encouraged to apply for a job again in the future.

Staff informed us that the new chief executive of the organisation attended the last staff meeting in June 2014. Staff were pleased with this and said the chief executive was approachable and showed a keen interest in the needs of people with dementia. A member of staff said to us, "We do have [staff] meetings and we get listened to. You can speak to managers any time. They are very approachable."

Staff told us the handovers held between changes of shifts and staff meetings provided opportunities to raise issues and share information. A member of staff said, "There are meetings every couple of months and staff handovers. If I had any issues or concerns I would raise them then. There is an open-door policy here." With reference to staff meetings held every couple of months, a member of staff told us, "If there have been any accidents or complaints we always talk about them and try to learn from them." This view was supported by information and evidence we received from the care services manager. Social services had investigated some safeguarding concerns in the months leading up to the inspection. Areas for improvement had been identified from the investigations and we could clearly see that these had been addressed in a timely way. For example, the incident reporting process had been revised and strengthened to ensure it included scrutiny by senior management.

Staff were aware of the whistle blowing process and said they would not hesitate to report any concerns or poor practice. A member of staff told us, "I know all about the whistle blowing policy and know how to use it. If I had to I would not hesitate. I could not sleep at night if I thought something was wrong and I had not said anything." Staff told us that whistle blowing was covered in the staff induction programme. They said they believed management would be supportive and protective of them if they raised concerns.

A process was in place to seek the views of families about the care of their relatives, which involved an annual feedback survey. We could see that a survey took place in 2013. The survey summary report intended for display included the sentence, 'We welcome suggestions at any time, not just at survey time. It gives us the opportunity to find new ways to improve our care'. It included the contact details for one of the senior managers. Because the 2013 survey acknowledged that the response rate had been low, we asked if any alternative methods were used to seek feedback, such as meetings for people living at the home and their relatives. We were informed that meetings for families had been organised in the past but the attendance was very low. There was no evidence in place to suggest people living at the home were actively involved in developing the service. From our conversations with people who lived there, we found that many people would be able to provide views and ideas on matters, such as group activities and entertainment.

Good

Is the service well-led?

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We were informed by the care services manager that the quality assurance strategy (dated July 2014) had been revised and we were provided with a copy of the strategy. It took into account three elements; the quality framework, CQC compliance and the audit process.

The quality strategy outlined that trustees would visit each service twice a year and check the service using an approach based on CQC's new inspection methodology involving the five questions we ask. Although we had access to the proposed template for trustee visits, we were advised that Kyffin Taylor had not yet had a visit.

The audit process highlighted that care plan audits and medication audits took place quarterly. We were informed the home had not had yet had an audit in accordance with the revised quality strategy. We asked to see the last care plan and medication audit that had taken place. We were informed these audits had not taken place for some time as the new approach to audit was due to commence in accordance with the quality strategy. We were unable to determine from our conversations with management when the last care record and medication audit had actually taken place. This meant there was no on-going process in place to monitor the quality of the care, support and treatment people were receiving. This was a breach of Regulation 10(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Findings from the focused inspection of 5 February 2015

The provider demonstrated that the action plan they produced had been followed to meet shortfalls in relation to the requirements of Regulation 10 as described above.

Since the previous inspection a quality assurance manager had been appointed who was responsible for the majority of the quality audits and checks of the service. The quality assurance manager provided us with the audits that had been completed since the previous inspection. We noted they had been undertaken in accordance with the Trust's quality assurance strategy. The audits we looked at were detailed and included action plans where appropriate. The quality assurance manager advised that they carried out spot checks to ensure the actions were being addressed. A medicines audit took place on 30 October 2014 and a care plan audit was undertaken on 22 October 2014. An infection control audit achieved a compliance score of 84% when it was undertaken on 8 January 2015. The home was subject to a maintenance audit and finance audit in October 2014. The personnel files were audited on 16 December 2014. We were advised that the majority of audits were undertaken on a quarterly basis unless there was a need to undertake them more frequently.

As part of the quality assurance strategy trustees were required to visit the service twice a year. A trustee visit to Kyffin Taylor had taken place on 7 December 2014. We noted that it took into account the five questions that CQC ask on each inspection.

A satisfaction survey took place in December 2014. The results had been analysed and we observed that these were displayed on the notice board in the foyer. The quality assurance manager advised us that a staff survey had also taken place.

The quality assurance manager showed us a Trust-wide audit that had taken place. The Trust achieved a compliance score of 64.6% in July 2014 and this score had risen to 92% when a further audit was undertaken in February 2015. We could see that the outcome of this audit informed the high level risk register for the Trust.

We spent time with the chief executive who told us they reviewed the environment using a nationally recognised framework following the previous inspection. As a result of this environmental audit there were plans in place to invest in the building and equipment to ensure the home provided a dementia friendly environment.