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Holmesley Nursing Home

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 9 November 2018. The service was last inspected in February 2016. The overall rating was good and the key question for Caring was rated as outstanding.

At this inspection, we found the key questions of Safe and Well Led were now rated Requires Improvement. This was because staffing levels had not always been maintained to ensure people's needs were met in a timely way. Fire safety checks had not been always been completed. The key question of Caring is rated good at this inspection. This was because of the mixed feedback we received about staff's approach at times.

Holmesley Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Holmesley Nursing Home is registered to provide accommodation for 55 people who require nursing and personal care. The service is intended for older people, who may be living with a physical disability, mental health needs or a dementia type illness. At the time of the inspection there were 53 people living at the service. The service provides accommodation over two floors, with access provided by a passenger lift. Many bedrooms have en-suite facilities and patios leading to the mature and well planted gardens.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staffing levels did not always ensure people's needs were being met in a timely way. Conversations with people and our observations confirmed staff were stretched and busy which led to a delay in some people`s support needs being met. This was being addressed by the provider who had agreed to increase the staff team. We have recommended the provider keep staffing levels and the deployment of staff at the service under review.

Improvements were made during and after the inspection to ensure that medicines were stored at the correct temperature. People received their medicines as prescribed from trained and competent staff.

The registered manager had begun to implement a new system to monitor that regular safety checks were being completed. Some fire safety checks had not been completed as necessary.

The majority of people said staff were kind, caring, friendly and thoughtful. However, some people had less positive experiences and said staff could be "short" with them when busy or short of staff. We received a mixed response from people about how staff promoted their privacy. We have made a recommendation to

ensure staff attitude and approach improves.

Quality assurance systems were in place. However, the processes in place had failed to identify the shortfalls found at this inspection. We have made a recommendation to ensure the provider has a clear process for setting and achieving improvement plans.

People felt safe at the service. Comments included, "I am very happy here"; "They (staff) help me…" and "I like it here and feel safe". They were protected from abuse and their safety was maintained because staff had a good understanding of the risks associated with the people in their care. Risk assessments were in place and provided guidance.

Staff were appropriately recruited, trained and supervised to provide care and support to people who used the service.

People had access to relevant health care professionals. Health professionals provided positive feedback about the service and the good working relation developed. A varied and nutritious diet was offered to people which reflected their needs and preferences.

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their daily lives.

People's care plans had been developed to identify what support they required and how they would like this to be provided. People had opportunities to take part in activities which they enjoyed and which met their abilities and interests. They were confident that any concerns raised would be dealt with.

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

This key question has changed from Good to Requires Improvement.

Staffing levels did not always ensure people's needs were being met in a timely way. This was being addressed by the provider who had agreed to increase the staff team.

Improvements were being made to ensure medicines were stored at the correct temperature.

Fire safety checks had not been always been completed.

Risks to people's safety and welfare were assessed and measures were in place to reduce risks. Incidents and accidents were investigated and appropriate action taken where necessary.

The service was clean throughout and free from offensive odours.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

This key question has changed from Outstanding to Good

The majority of people thought staff were kind, caring and friendly. We received mixed feedback from some people about staff's approach at times relating to privacy and attitude.

Positive relationships had been developed between staff and people who used the service. Staff knew people well and were aware of what was important to them.

Staff responded appropriately when people became anxious or distressed and promoted people's dignity.

People were encouraged to be as independent as possible. People were supported to maintain contact with families and friends and to develop new friendships.

Is the service responsive?

The service remains Good

Is the service well-led?

The key question has changed from Good to Requires Improvement

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the service.

A registered manager was in post and people expressed confidence in them. The management and leadership of the service were described as very supportive.

People's views were sought about the service and they were encouraged to help improve the service.

Care Quality Commission

Holmesley Nursing Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was carried out on 5 and 9 November 2018. The first day of the inspection was completed by one inspector. On the second day the inspection team consisted of two adult social care inspectors, and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

During the inspection we spoke with 22 people to hear their views of the service. We spoke with six relatives and friends. We also spoke with the registered manager, the two providers, the assistant manager, ancillary staff and 12 care staff. We received feedback from five professionals during the inspection, including a falls nurse specialist; speech and language therapy assistant; a palliative care nurse; a GP and a community phlebotomist (a professional who is trained to draw blood from people for clinical or medical testing). Following the inspection, we received feedback from a GP, a tissue viability nurse and speech and language therapist.

We looked at records relating to the management of the service including six people's care plans and associated records including medicines administration records. We looked at three staff personnel files including staff training and recruitment records. We reviewed a selection of compliments and the

complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also reviewed.

Requires Improvement

Is the service safe?

Our findings

The key question of Safe was rated as Good in February 2016. At this inspection the rating has changed to Requires Improvement. This was because of concerns relating to staffing levels; the storage of medicines and inconsistent fire safety checks.

Staff were not always readily available to assist and monitor people in a timely way. Nine people using the service, a relative and two professionals felt there were not always enough staff on duty. Comments from people using the service included, "They (staff) are good and bad, I get impatient because I have to wait… When you ring the bell, it can take up to an hour and they (staff) say, "there are other people here beside you…"; "They desperately need more carers" and "They are short of staff and that's where the care goes out the window…I don't want to complain…"

Staff spoken with said they felt stretched at times; shifts were busy and they had little time to spend socialising or comforting people. Comments included, "I will be honest, sometimes they are really short of staff, it's hard to find people. If residents need two staff they can be waiting 15 minutes. It brings a lot of stress on the staff…" and "For the capacity of the home I feel we are under staffed…for example someone had to wait nearly 50 minutes today…" Staff also described working through their morning breaks at times as the morning was so busy.

We reviewed the call bell response times for November 2018 and found some people were waiting for assistance for between 15 to 40 minutes, depending on the time of day. The registered manager explained the morning and mealtimes were particularly busy. However, staff told us they were busy all through the day. One person said, "The bell takes a while but I keep pressing". On the first day of the inspection one member of staff had called in sick, meaning an activities coordinator was assisting in the dining room until late morning, rather than organising activities and spending sociable time with people.

On the first day of the inspection there were 15 people using the ground floor lounge. Some people were dozing in their chairs; the TV was on but on-one appeared to be watching it. There was no other stimulation and little interaction with staff. From 10.40am until 11.50 am there was very little staff presence in this lounge. One person was calling out, "Help…help…" Another person required assistance to use the toilet but was asked to wait by staff, as they were busy assisting another person. A third person who required assisting with moving for safety was attempting to get out of their chair. We alerted staff to people's requests. On the second day of the inspection, several people were in the lounge 'watching' television in the afternoon. There was little engagement with each other or staff. One person asked us for help as there were no staff in the vicinity and they wanted to move.

The registered manager had reviewed the dependency of people using the service but this review had not influenced the staffing levels, nor did it consider the layout of the building. The building was over two floors with three wings. 17 people using the service required nursing care. The usual staffing arrangement was one registered nurse; two care leads; three seniors, one on each wing, and five care staff. The care team were supported by the registered manager and assistant manager, who also worked as a nurse, and ancillary

staff. For example, cooks; activities staff; housekeeping staff, reception/administration staff and two maintenance staff. The registered manager explained they had been actively recruiting to fill vacant staff positions but in the meantime the service used regular agency staff to cover any shortfalls.

Immediately following the inspection, the registered manager contacted us. They acknowledged that people's needs and dependency had changed. Following discussion with the provider, the full-time post of 'welfare liaison person' had been introduced. The post was offered to a nurse working on the bank. This meant the person was able to start immediately. The registered manager was to advertise for a second person for this role. The aim of the new role was to assist each wing to deliver care early in the morning. From 09.00am the 'welfare liaison person' was to be based in the ground floor lounge to assist and engage with people, and respond to any call bells ringing for over five minutes. They were to remain in the ground floor lounge in the afternoons, ensuring a prompt response to people's requests.

The registered manager had also held a staff meeting to discuss staffing issues. Staff highlighted the difficulties posed by the layout of the building, meaning it could be hard to find help quickly. To address this walkie talkies were to be introduced to enable staff to message each other when they required assistance with people's care. Housekeeping staff had also agreed to make contact with people who were ringing their bell and to carry out any small requests they could help with. For example, getting someone a drink or adjusting the TV or radio. A care lead had been nominated to work on the floor to monitor staffing and time management to review effective ways of working.

We recommend the provider keep staffing levels, people's dependency levels and the deployment of staff at the service under review.

People received their medicines as prescribed from trained and competent staff. However, there was room for minor improvements in relation to the storage of medicines. Temperatures were not monitored in individual rooms where medicines were stored. Following the inspection, the registered manager confirmed they had rectified this. They had purchased individual thermometers to be kept in the medication cabinets. They planned to incorporate the recording of storage temperatures during the morning medication round. The recorded temperatures of the main clinical room where some medicines were stored was above that recommended on occasions. The registered manager was aware of this. By the second day of the inspection a slotted air ventilation duct had been fitted to the door to reduce the temperature. Fridge temperatures were recorded when medicines were needing to be stored.

Improvements were needed to ensure all fire safety checks were completed regularly. The fire safety records were not well organised and the registered manager and maintenance person found it difficult to provide us with the information we required in a timely way. The registered manager had recognised some of the regular weekly fire checks had not been fully completed in August and September 2018. According to records emergency lighting hadn't been checked since February 2018. The maintenance person thought the records may have been lost. The registered manager had developed a new matrix to enable her to track checks and audits although it hadn't been fully implemented at the time of the inspection. We found one fire door on the first floor was not closing, posing a hazard should there be a fire. The maintenance person adjusted this during the inspection. Another fire door was used by staff to access an outside smoking area. The alarm to the fire door had been broken and we found the door was left open at various times. The maintenance person said they were aware the alarm was damaged and they were waiting for a service visit by the fire alarm company. An external contractor serviced the alarm system six monthly and if any concerns were identified in between.

People were protected from the risk of abuse and avoidable harm. They told us they felt safe at the service.

Comments included, "I am very happy here"; "They (staff) help me…" and "I like it here and feel safe". Relatives felt their loved ones were well cared for. Comments included, "I don't worry so much now she has moved here" and "The staff are very good and understand (person's) needs and her ways."

Staff had received training in relation to safeguarding adults and understood their responsibility to report any concerns to the registered manager or provider. They were confident these would be listen to and acted on. Staff were aware they could report any concerns to the local authority safeguarding team or the Care Quality Commission (CQC). There had been one safeguarding issue in the past 12 months and the registered manager had worked with the local authority safeguarding team in relation to this. After the site visit we were informed of one individual safeguarding concern. This was being investigated by the local authority with the full co-operation of the registered manager and assistant manager.

Measures were in place to reduce identified risks to people's health, safety and welfare. People's care plans included risk management plans for staff to follow. Risks identified included, falls, malnutrition and dehydration, choking, pressure sores, and behaviours that challenged the service. Where a risk of self harm had been identified clear guidance for staff to reduce the risk. For example, the removal of objects from the room that may be used to inflict injury.

The service worked with the local falls team where people had experienced falls and their advice had been incorporated into the care records. A nurse from the falls team said the service engaged well to look at ways of reducing falls. The service had a falls protocol, which guided staff to explore why the person might have fallen, for example whether they had an infection. The protocol advised that a referral be made to the falls team if the person had three or more falls. The falls nurse said a referral would be more effective after the first fall. The registered manager had amended the falls protocols by the second day of the inspection in line with the falls nurse advice.

Staff had been safely recruited, with relevant checks carried out to ensure they did not pose an identified risk to people who used the service.

The service was clean and odour free throughout. The laundry was secure, well equipped and organised, with industrial washing machines and driers. The Food Standards Agency had awarded the service the top rating of 'five' in October 2018. This showed high standards of food hygiene were maintained.

Checks and maintenance were undertaken on the gas and electrical systems as well as equipment such as hoists and passenger lift to ensure they remained safe. Hot water temperatures were controlled and monitored to reduce the risk of scalding. Windows checked on the first floor had been restricted to reduce the risk of falls. Personal Emergency Evacuation Plans (PEEP) were in place for each person. This provided staff and emergency services staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. The PEEP for one person required review as it instructed staff to assist one person into their wheelchair but the PEEP failed to make clear the wheelchair was too big to get through the bedroom door. The registered manager said they would review this immediately.

Good

Is the service effective?

Our findings

The service continued to be effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service. People said they had confidence in the staff's abilities. Comments included, "The staff know me well and understand my condition…" and "The nurses are very good here. I trust them completely." Relatives and professionals also expressed confidence in the staff team's knowledge and abilities. Comments included, "The staff seem thoroughly aware of people's needs and any changes…"; "Staff appeared to be well trained. The training we provided was very positively received" and "The staff engage with us…and are willing to learn."

The provider had a training plan, which was varied and relevant to staff's roles and responsibilities. The training plan included a variety of core training to ensure staff worked safely with people. Additional training relating to people's needs was also provide. Staff said they received appropriate training and support but said they would always welcome more training and displayed enthusiasm to learn. Registered nurses confirmed they received training and support to enable them to continue to practice safely.

The provider information return (PIR) confirmed all new staff received a full induction. The PIR showed 83 per cent of staff had obtained a recognised care qualification compared with 70 per cent of staff at the last inspection.

Staff received support and attended regular meetings where they were able to discuss any issues of concern. Competency checks were carried out by the registered manager or assistant manager to ensure staff practice was safe. Annual appraisals were completed so staff received constructive feedback about their performance.

Prior to moving to the service, people's needs and choices were assessed by the registered manager or deputy manager, to ensure the service was suitable for them. People and their relatives were welcome to visit the service to look around and meet some of the staff to ensure the service was right for them.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made appropriate applications for DoLS to the supervisory body when necessary.

People's rights to make decisions and remain in control of their lives as much as possible were promoted by staff. People said their choices and wishes were respected by staff. They confirmed they had choices about

their care, daily routines, food and activities. The registered manager and staff had received training about the MCA and demonstrated they understood the principles of the Act.

Where people lacked capacity, their power of attorney or next of kin were involved in making decisions in their best interest. We saw that best interest decisions were made in accordance with the Act. For example, one person required the use of bed rails which could be restrictive to their movements. The use of the equipment had been agreed in the person's best interest.

People's health needs had been assessed and were being monitored. They had access to a variety of healthcare services and professionals according to their specific needs. Where recommendations had been made, these were incorporated into care records and staff followed instructions. For example, where people were at risk of choking, they received the correct texture of food to reduce that risk.

Feedback from health professionals confirmed they were informed of people's changing needs and staff acted on any recommendations made. A GP said, "We get appropriate referrals in a timely way…they are looking after patients well…" A nurse specialist said, "They recognise when people are at risk and use the appropriate equipment. We are not seeing anything of concern…" Relatives comments included, "Dad is taken good care of - he seems happy" and "They (staff) always let us know of any changes. They are on the ball here…"

People said they enjoyed the meals, snacks and drinks provided. Comments included, "The food is brilliant…"; "Good meals and well looked after…" and "The food is perfectly acceptable and I am never hungry." However, two people said they were not keen on fish fingers for a main meal, which was one of the three options on offer during the inspection.

Catering staff were aware of people's individual dietary needs and preferences, which ensured appropriate meals were prepared and served. For example, some people required a soft diet or pureed diet to reduce the risk of choking. A designated 'nutritional assistant' supported people who required assistance to ensure their nutritional and fluid intake needs were met. Staff were attentive and respectful in assisting people at mealtimes; people were not rushed and staff took time to make the experience sociable. Some people were vegetarian and separate meal options were provided for them. People's weight was monitored regularly and any weight loss was discussed with the GP and addressed by using fortified calorific foods and supplements.

People were happy with the overall environment, which met their needs and preferences. Comments included, "The quality of the home is really very good, I'm happy with the décor and views and I have an en-suite"; "It's a lovely place. The gardens are particularly nice…" and "There is plenty of room here. It is looked after well. It never looks shabby…" Since the last inspection the provider had made improvements to the physical environment and equipment at the service to ensure it was suitable for people's needs. New carpets had been laid on the ground floor corridor and a new passenger lift had been installed. There was signage to help people find communal areas, such as the dining room, lounge and toilets.

Good

Is the service caring?

Our findings

This key question was rated as Outstanding in February 2016. At this inspection the rating has changed to Good. This was because of some mixed feedback from people about staff's approach at times. Lack of staff at keys times had also impacted on people's experience of how well their care and support needs were being met.

The majority of people using the service told us staff were kind, caring, friendly and thoughtful. Comments included, "They (staff) are kindly and very good at personal care"; "Lovely staff - always cheerful"; "I bruise very easily and they (staff) are gentle with me…and "They (staff) treat me very well". However, some people had less positive experiences and said staff could be "short" with them when busy or short of staff. Comments included, "Irritability of the staff now and again you get these sparks" and "The staff are busy. They are not rude but can be brusque. They don't have time for too many pleasantries. They are in and out…" One person said, "Sometimes I feel lonely"; another said, "They (staff) do their best I suppose". Another person told us, "The staff listen to me when they have time."

We received a mixed response from people when asked if staff always respected their privacy and knocked on their doors. Comments included, "They don't always knock" and "No, not always. They are busy…" One person said, "I like it when they knock on the door." During the inspection we observed staff knocked on people's bedroom doors before entering. We recommend staff are trained and supported to ensure their approach is friendly and caring at all times and that people's privacy is promoted.

At the last inspection an existing resident was designated as the 'welcomer'. The role was fundamental in assisting new residents to settle into the home. It meant that people moving in had a 'buddy' and were supported to meet other residents and staff and shown around the service. However, this position was currently vacant. The registered manager said they hoped to find other residents to take on the role. They explained in the meantime, new residents were introduced to people who may have the same interests or come from the same the area, in an effort to help them to settle.

The service continued to offer access to a wheelchair accessible car which could be booked free of charge by people for social outings with family or friends. This service also supported people to attend family occasions in the local community, such as meals out. The car could also be booked by relatives who wished to take their family member out but whose own car may not be wheelchair accessible. The transport service extended to people attending 'taster days' and considering a move to the home. The registered manager explained the service was also happy to collect people and their relatives who wished to view the service and were unable to get there easily.

Positive relationships had been developed between staff and people who used the service. We observed that people responded positively to staff presence. Staff greeted people warmly when they came into the lounge or dining room and called people by their preferred name. In response people showed they were pleased to see staff by smiling and greeting them too, sometimes with a hug.

Staff knew people well and were aware of what was important to them. When staff spoke with people they showed an interest what they were saying and demonstrated patience and understanding. Staff positioned themselves at people's eye level to improve communication and contact. One person entered the lounge area and a member of staff said, "I will put the music on that you like" and tuned the radio to Classic FM. This person's care file noted they enjoyed listening to classical music. One person said, "I feel that nothing is too much trouble". Another said, "The staff are good, kind and helpful."

Staff responded appropriately when people became anxious or distressed. They took time to listen to the person and acknowledge what they said. They were caring and sensitive. As a result, the person was reassured and more relaxed. A relative said, "They understand mum's needs very well."

People's dignity was promoted. People were smartly dressed in clean clothes, some with matching accessories, such a jewellery. One person said, "I can choose what I wear…" Another said their clothes were always taken care of and returned from the laundry promptly. They added, "The girls do my nails for me and help with my make up". People's bedroom had been personalised with homely touches, such as family photos, personal property and other mementos. People liked their private space which suited their needs and preferences.

People were encouraged to be independent. Staff encouraged people to walk independently using the correct equipment to promote their safety. One person said they liked to be independent, they added, "Anything I can manage I like to do myself. Staff are there to help when I need them…" Equipment had been adapted to suit people's needs. For example, some people had pendant call bells to use when out of their room. People's individuality was respected by staff. Several people said they preferred to spend in their room and this was respected. One said, "I like to be left alone sometimes, I just like my own company."

People were supported to maintain contact with families and friends and to develop new friendships. Wi-Fi facilities were available for these who wished to video call and an email service was offered for people to send letters and pictures to their family and friends. Three people told us about their friendship, which had developed during lunchtimes together. People greeted each other during the lunchtime period and were obviously pleased to see each other. This made a sociable time. One person said, "It's lovely here". Visitors said they were welcomed at any time. One said, "I live four hours away so it's nice to be able to just arrive as and when."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

Care was planned to ensure people received the support needed and that reflected their preferences. People and their relatives (where appropriate) were involved in planning their care. Care plans identified people's care and support needs. They held information and guidance about the person's care, including communication; personal care; nutrition; mobility and skin care. Assessments and plans of care included current evidence based guidelines to support staff to achieve effective outcomes. For example, people had been assessed using a recognised tool for the risk of developing pressure damage. Where necessary suitable equipment was used to reduce the risk.

Intentional rounding was used to ensure the needs of people who remained in their room were monitored and met. Intentional rounding involves staff carrying out regular checks with individuals at set intervals to ensure they received attention on a regular basis. This meant people could be assured that staff would check on them regularly.

There was a programme of activities for people to take part in and the service employed two activities co-ordinators. However, activities were impacted at times by short notice staff absence. On the first day of the inspection, due to staff absence, one of the co-ordinator was helping in the dining room. The other was organising an afternoon trip. This meant there was little occupation or stimulation for people. Some people looked bored and others were asleep for various periods. In the afternoon a number people went out to local event. However, several people sat in the lounge with nothing to occupy them.

The second day of the inspection saw much more interaction and activities for people. For example, several people enjoyed the 'rainbow song' activity and discussion on 'the planets' which was completely interactive, especially when the colours of the rainbow became chaotic with lots of laughter. People said they were happy with the activities provided. Comments included, "I really like the activities it helps the day along" and "There are social activities going on every day." Activities included, regular outings to places of interest; music sessions; exercise classes; games; pampering and arts and crafts. One person explained that they "Would like more books." Special occasions were celebrated, for example birthdays. People received a birthday card and present from the staff.

The service supported a disability football team called Holmesley Wolves which was affiliated to the Devon Football Association, in the Intermediate League. The registered manager hoped people would be able to attend games in the warmer weather. One of the players had been working as a volunteer for six years in the household department. They were described as a valued member of the team.

The service provided end of life care for people. A local palliative care nurse specialist said they received appropriate referrals and worked in partnership with the staff team. They described the level of care as "good". Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in

advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. We saw several thank you cards from friends and family praising the care staff delivered at the end of life. Comments included, "Thank you for looking after (person) in their last few days…staff are exceptionally kind and caring" and "Thank you for all the love and kindness you all gave…"

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. One person said, "They (staff) know I'm a bit deaf but don't shout at me."

Staff worked with the speech and language therapist to extend the vocabulary of a person's speech-generating device. They were adding various words and phrases for the person to use and also ensuring some jokes were included to reflect the person's personality and character. Various information was displayed to inform people of events happening at the service. Symbols and pictures were used to describe the planned activities. Similarly, a calendar was displayed together with a weather forecast. This meant people were aware of what was happening on a daily basis.

Arrangements were in place to ensure people's concerns and complaints were investigated, responded to. People knew how to raise a complaint and felt confident to speak with the registered manager or assistant manager. Although one person said, "No point complaining everyone is busy." Six complaints had been raised in the past 12 months. Issues raised included staffing levels, cleanliness and one staff member's approach. All had been investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

The key question of well-led was rated as Good in February 2016. At this inspection the rating has changed to Requires Improvement. This was because the provider's quality assurance processes had not identified and acted to address areas of concerns relating to staffing levels; the storage of medicines and inconsistent fire safety checks.

There were a range of audits and systems in place to enable the provider and registered manager to monitor the quality of the service provided. From the internal audits we could see action had been taken in relation to maintenance. However, our findings showed the quality assurance system was not always effective because issues identified by us had not been recognised during the auditing and monitoring process. For example, the shortfalls found relating to staffing levels; medicines management and fire safety checks. The registered manager had recognised some deficits in the recent monitoring process and had developed a new matrix to ensure any shortfalls were captured and addressed quickly. We recommend that good practice advice in respect of setting and achieving improvement plans is reviewed and implemented.

The registered manager had worked at the service for many years and they had a high profile on a daily basis and knew people, their relatives and staff well. People, visitors, professionals and staff spoke highly of the registered manager and the assistant manager. The assistant manager was well organised and helped throughout the inspection and was able to produce requested records and documents relating to people's care without delay. One person said, "It's all very well organised". Another said, "They are professional and seem to know what they are doing alright…"

To improve staff retention, morale and motivation, following some staff turnover, the assistant manager had undertaken a research project. Recommendations were shared with the providers, which resulted in a staff recognition scheme. Staff were nominated for their performance by people using the service; relatives and other staff on a quarterly basis. Those selected were rewarded with vouchers and a certificate of recognition. The providers planned to introduce other incentive, such as paying double time to staff working on their birthday or a day's paid leave, which ever they preferred. The registered manager and assistant manager said this had a positive impact on staff morale. Staff described morale as good and said they were well supported by the registered manager and assistant manager.

Since the last inspection a new initiative was being introduced, the ambassador profile strategy. This aimed to encourage allocated staff to participate in the overall improvement of the service and to extend their knowledge about various aspects of care. For example, specifically relating to nutrition; end of life care; moving and handling; health and safety; infection control; safeguarding and dignity and diversity. Each ambassador would have a special interest and additional training which would be shared with staff to improve practice and people's experience.

A positive and open culture had been developed within the service. Staff said it was a good place to work and that they were happy in their work. They demonstrated a commitment to ensuring people's needs and preferences were met. Staff felt supported and listened to by the registered manager and assistant manager;

both were described as approachable. Comments included, "This is a great place to be…"; "We have good support and training and can go to (registered manager) anytime with work or personal issues…" and "This is one of the nicest places I have worked…"

Regular staff meetings were held at the service, which gave staff an opportunity to share their opinions and feedback on the service. Minutes showed a variety of issues were discussed and staff given feedback about their expected approach.

Annual satisfaction surveys were given to people to share their thoughts and experience of the service. 13 completed surveys had been returned at the time of the inspection. The registered manager intended to collate all survey responses and develop an action plan for those areas identified for improvement. We reviewed the returned survey for food recently completed. These showed that meal choice; quality presentation and variety was good overall although some people had scored 'fair'. People had also made suggestions to improve the menu. The registered manager said once collated, she would ensure people received feedback and that menus would reflect people's preferences more.

Accidents and incidents were reported and reviewed by the registered manager and provider to identify ways to reduce risks as much as possible. Records showed action was taken to explore why accidents happened. Referrals were made where necessary to the GP and local falls team.

The service worked in partnership with other professionals to make sure they followed current practice. For example, G.P's, district nurses and speech and language therapists. All professionals contacted said referrals to them were appropriate and staff were keen to learn and followed their suggestions.

The service ensured they had a community presence by organising fundraisers and support for specific causes, such as the local life boat charity. They also supported a local disability football team, called Holmesley Wolves

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display on the main noticeboard at the service.