S K Care Homes Limited

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?	Requires Improvement

Overall summary

This was an unannounced inspection carried out on the 23 June 2015.

Holmfield Court is located in the Roundhay suburb of Leeds. The original brick-built house was extended to provide accommodation on three floors, all with lift access. There is a small car park and garden at the front of the property and on the day of the visit this area was enhanced by a number of tubs and planters with colourful flowers. There is also a large garden at the rear, mainly laid out to lawns, with two patio areas. The communal lounge and dining room on the ground floor feel spacious and light, with large windows and pleasant views over the garden.

The home specialises in providing care for people living with dementia and is registered for up to 25 residents. On the day of the visit there were 22 people living in the home.

At the time of this inspection the home did not have a registered manager. The manager had worked at the home for five years but had only been appointed as the

Summary of findings

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

The care plans we looked at did not contain appropriate and decision specific mental capacity assessments. The applications for the Deprivation of Liberty Safeguards (DoLS) had not been carried out appropriately. Staff members and the manager had little knowledge about the DoLS procedures.

People did not enjoy a range of social activities. There was no opportunity for people to be involved in a range of activities within the home or the local community.

There were enough staff to keep people safe and staff training and support provided did not always equip staff with the knowledge and skills to support people safely. Robust recruitment and selection 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.

People were happy living at the home and felt well cared for. People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. However, they were a little disorganised. People had a good experience at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care; however, these had just been re-introduced. Complaints were welcomed but we were not always able to see if they had been investigated or responded to appropriately.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was generally safe.

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. However, not all staff had completed safeguarding training. Individual risks had been assessed and identified as part of the support and care planning process. We were not able to see fire alarm checks had been consistently carried out.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

We found that medicines were well managed.

Is the service effective?

Requires Improvement

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

People were asked to give consent to their care, treatment and support. However, the care plans we looked at did not contain appropriate and decision specific mental capacity assessments. The applications for the Deprivation of Liberty Safeguards had not been carried out appropriately.

Staff training and support provided did not always equip staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

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

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

There was no opportunity for people to be involved in a range of activities within the home or the local community.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. However, they were a little difficult to navigate.

Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint. However, we noted there was not always information recorded about the outcome or actions taken.

Is the service well-led?

Requires Improvement 

The service was well led.

The manager was supportive and well respected. The provider had systems in place to monitor the quality of the service.

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

However, these processes and procedures had just been re-introduced and we were not able to see sustainability of quality management at this inspection.

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 23 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in dementia and an expert by experience in people living with dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 22 people living at the home. During our visit we spoke with seven people who lived at Holmfield Court, two relatives, one visiting friend, two visiting health professionals and six members of staff and the manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at four people's care plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "Oh yes, I feel safe, quite safe." Another person told us, "A lady grabbed my hair and banged my head on a wall, so I don't go down [to the lounge] anymore." We spoke with the manager about this and found all the correct procedures had been followed and health professionals had been involved.

One relative told us, "Yes, on the whole. My relative's had a couple of falls recently. I had to go on a Sunday in an ambulance with my relative after an unwitnessed fall. They previously had a bruise on their face, probably as a result of another unwitnessed fall. On another occasion, another resident reported that my relative had been hit with a walking frame by a third resident." We spoke with the manager about this and found all the correct procedures had been followed and an investigation had taken place.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. However, one staff member told us they had not received safeguarding training. The staff training records we saw stated some staff had completed safeguarding training but other staff had still yet to complete the training. The manager told us the training matrix was not up to date but this was something they had identified as needing addressing.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. One member of 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. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Care plans we looked at showed people had their risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We observed people being moved safely using a mechanical hoist throughout the day. We noted some people had a 'Do Not Resuscitate' order in place. We spoke with staff who knew which people these were for and what it meant.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency. We saw there were several health and safety checks carried out, for example, room safety, window restrictors, bed rails and outside areas. We spoke with the maintenance man who confirmed there were systems in place to ensure the home was maintained in good order and electrical and water safety and temperatures were undertaken and recorded.

We asked a staff member about reporting health and safety concerns where equipment was broken. They told us faults were reported to the manager and documented in a diary which the maintenance man used. We were told timescales for responding depended on how busy the maintenance man was. For example, the weighing scales which had broken and were repaired within two to three days.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. However, we noted that fire alarm tests had not been conducted between November 2014 and May 2015. The manager told us they were aware of this and had reinstated the tests once they had become the manager. Staff knew the fire assembly area and told us the fire alarms were tested weekly.

One staff member told us they had not had a fire drill test during night.

We saw there were grab rails in the corridors. However, we noted in two of the communal toilets areas the toilet guards around the toilet were not fixed to the floor and on the top floor we saw three hairdryers on stands at the end of the corridor, which could provide a fall hazard. The

Is the service safe?

hairdryers also did not have a label to say they had been tested by a qualified person to say they were in good working order. We discussed this with the manager who told us they would address this immediately.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home's occupancy was 22. The manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or bank staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift. One staff member told us, "We have time to spend with people." The people who lived at the home and their relatives generally felt there were sufficient staff to provide the care services that were required, however, sometimes more staff was required. Comments included, "No, no, no I don't have to wait a long time [when I use the call bell]. It's very rare. I never wait long, I'd play pop if they did", "They could do with a few more to do more night visits", "Sometimes yes, sometimes and no. Quite honestly I think they're so short-staffed sometimes, "Sometimes they can be a bit short of staff and then you have to wait a bit", "No, not enough recently. I've been told more staff were leaving and I'm concerned about continuity of care" and "There are not always enough staff. Often there is no-one in the lounge, where the two falls of my relative happened." A member of staff told us, "If someone's off sick, three staff is not enough. They're all conscientious workers and they're run ragged." The manager told us they would look at staffing levels and how sick and leave was covered.

We reviewed the recruitment and selection process for five staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. We found the application forms used by candidates did not include a space for them to record the dates of their employment history. This meant the organisation was unable to evidence how they had identified any gaps in the employment history of candidates and whether further enquiries were necessary. We spoke with the manager about this who told us they would feedback to the provider. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

One person told us they got their medicines on time and staff help them because of arthritic hands.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was tidy. However, although the room was cool there was no thermometer and temperature readings and recordings were not maintained. We explained to the staff member this was a requirement and they undertook to ensure this would be resolved as soon as possible. A small meds fridge was kept in this room with an indicated temperature of 5 degrees centigrade. Previous temperatures had been recorded and these were consistent.

A check of the controlled drugs were satisfactory, with clear recordings which corresponded to drugs held.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving.

We noted the home was generally well decorated, odour free and clean throughout. People's bedrooms were personalised and nicely decorated with pictures, photographs, ornaments and flowers. The bedroom doors had large numbers, names and two pictures of specific relevance to the individual person. One relative told us, "The home is light, clean and warm. My relative's room is always spotless." A visiting professional told us, "It's a nice environment, bright and light." One person who used the service said, "Oh yes, my room is very clean. Everything's changed every day."

However, we saw the floor covering in the en suite of one person's room had come away from the wall and had curled up a few inches, making thorough cleaning difficult.

Requires Improvement

Is the service safe?

In the conservatory, we observed the chairs were in need of a clean. One relative said, "The chairs in the lounge are a bit grubby." Another relative told us, "The conservatory chairs are dirty and need a deep clean. We are used to it but it's off-putting for other visitors." We raised these issues with the manager who stated they would address these issues.

Requires Improvement

Is the service effective?

Our findings

Some of the staff we spoke with did not fully understand their responsibilities or the implications for people who lived at the home in regards to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards applications (DoLS). One staff member told us, "I am not sure about Deprivation of Liberty Safeguards." Two staff told us they had received no training on these subjects and were unsure of how this subject was dealt with at the home. Another staff member told us they had received training and thought it was in 2013 or 2014. None of the staff we spoke with knew if anyone living at the home was under a Deprivation of Liberty Safeguards order. The training records we looked at showed four staff had completed MCA (2005) training in 2011 and three staff member had completed the training in 2013. However, 10 staff had not completed MCA (2005) at all. DoLS training was not on the staff training record.

During our visit we observed staff gaining permission from people before they performed any personal care or intervention. We saw evidence in the care plans that people or their relatives had given consent for administration of medication.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. In the four care plans we looked at, we found a DoLS application form for one person. However, this was outdated. One person's care plan stated 'name of person asks every day to leave the home and states he has not committed any offence and is not ill, therefore, should be allowed to leave. If he is not allowed to leave he states he will contact the police and tell them he is being kept against his will'. We noted this was signed by a previous home manager on 25 June 2011. Despite there being no evidence, there was a supervisory body's decision the authorisation had not been granted. It was, however, dated 22 July 2011.

We looked at care plans and saw they did not contain a mental capacity or decision specific assessment for people living in the home. This meant that we could not be sure people who used the service were being given appropriate choices.

We spoke with the manager about MCA (2005) and DoLS and they told us they had limited knowledge and they confirmed they were not confident in these areas and would need to seek training.

The care plans we looked at did not contain appropriate and decision specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11(Need to consent); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The applications for the Deprivation of Liberty Safeguards had not been carried out appropriately. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training records, which showed staff had completed a range of training sessions. These included food safety, infection control, health and safety, equality and diversity. However, the majority of training had been completed in April 2014. The manager told us the training record required updating and showed us an email, which confirmed that mandatory training had been carried out in April 2015.

Staff we spoke with told us they had completed several training courses in 2015, which included fire marshal, moving and handling and medication. They also told us they were due to attend first aid training in June 2015.

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. We saw from the staff records we looked at that supervision or appraisals had not been carried out. Staff we spoke with said they had not received regular supervision. One staff member said, "I had supervision eight months ago." Another staff member said, "I have not had supervision in 2015. Staff members were unclear how often supervision should have been carried out.

We did not find evidence to show staff were receiving supervisions or appraisals in line with the provider's policy. We looked at the supervision policy, which stated 'supervision should be held once every three months and should last for approximately 30 minutes'. Staff also told us they had not received an annual appraisal. We look at the policy for training and development which stated 'all staff will have an annual appraisal'.

Requires Improvement

Is the service effective?

The manager told us they had already identified the training records, supervision and appraisal procedures needed reviewing. They said they had already implemented a supervision plan and meetings for all staff which would be completed by the end of June 2015. We saw this was displayed in the staff area of the home. One member of staff who we spoke with was able to confirm they were scheduled to receive supervision the week after our visit.

The manager told us there were no competency checks in place at the moment but they were looking at implementing the care certificate.

Staff completed an induction when they started work. We spoke with a member of staff who had started working in the home on the day of our inspection. The staff member told us they had been shown around the home and introduced to people living there. A training programme was being arranged as part of their induction. Another member of staff who we spoke with confirmed that when they started working at the home they received mandatory training and also shadowed a senior member of staff on a shift as part of her induction.

We asked people and relatives if staff had the skills and knowledge to do their job. One person who used the service told us, "Pretty well hope so, I think so. They're very polite and everything. I'm not easily pleased." Another person said, "Well looked after? Well, up to a point I suppose." One relative told us, "My daughter is an OT and can be a bit critical. We get on with them [the staff]. It's nice to interact with the staff."

We saw one example where one person complained at another person. A staff member swiftly distracted both people and defused the situation.

We concluded the provider had not taken appropriate steps to ensure staff received appropriate ongoing or periodic supervision and an appraisal to make sure competence was maintained. This is a breach of Regulation 18(2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us the food was nice. One person said, "The food's good. We get a little treat now and again. Yes, we get a choice. We can ask for drinks at any time." Other comments included, "Generally speaking the food is all right. It's a shame it was poor today. We have two chefs", "The food's very nice", "All the meals are made. The food is very nice" and "Sometimes I think the food is a little bit wanting." Relatives told us, "The cakes are very nice" and "My relative says yes to everything."

One staff member told us, "Food is good." Another staff member told us, "The food is crap." One member of staff said, "Food is good. There are fresh fruit and vegetables and people can ask for more."

We spoke with the chef who told us they always had enough food and fresh vegetables and alternative meals were available if people did not want what was on the menu. We saw a three weekly menu was displayed in the entrance to the home and in the dining room. The menu showed a choice at lunch of two main courses and two desserts. At tea, one hot dish was offered with an alternative of sandwiches, plus home baked cakes which were very popular.

During morning drinks, the chef asked people about their food choices for the day. They assured one person that if they didn't like what they had chosen for tea, they would be able to have an alternative.

We observed the lunch time meal. Staff were responsive to people's needs and choices were offered. We saw staff assisting people to eat and they explained what they were doing and they encouraged people to eat and drink in good amounts. People did not have to wait long for service.

The tables in the dining room were set with tablecloths, cutlery, glasses and paper napkins. We saw some people ate their meal in the dining room, other people choose to eat in their room or the lounge area. The dining room provided a pleasant environment in which to eat. Large pictures of fruit and vegetables decorated the walls.

We saw morning and afternoon drinks being served in the lounge. In the morning, there was a choice of tea or coffee and a box of biscuits was offered. However, people did not have access to drinks and snacks throughout the day. The manager told us they would look at providing more drinks and snacks. We also noted the chef was not aware of people dietary needs. For example, they did not know how many people living in the home were diabetic. The manager told us they would address this immediately.

We saw evidence in the care plans; people received support and services from a range of external healthcare

Requires Improvement

Is the service effective?

professionals. These included GP, district nurses, dieticians and community psychiatric nurse. We saw when professionals visited, this was recorded and care plans were changed accordingly.

One health professional told us, "The staff are very helpful, caring. The staff know the residents well." Another health professional told us, "The records are well structured. Sometimes in care homes they can be all over the place. The staff have been really friendly. They know their residents on all shifts. The folders are well organised and the staff are very approachable."

We saw when a referral was identified by staff as being needed; this was made swiftly and without delay. However, we were not able to see when people have attended the optician or dentist. The manager told us people did attend these appointments but would make this clearer in people's care plans.

People who used the service and their relative told us the home calls on external support whenever needed. One person said, "I'm not often ill. If I was, of course they would call someone, oh yes." Another person said the district nurse visited them three times a week. One relative told us, "They get GPs etc straight away and contact us. Staff do listen."

Good

Is the service caring?

Our findings

We observed staff spoke with people in a caring way and supported their needs. We saw staff responded to people swiftly and respectfully when they asked for things such as going to the toilet.

We observed the interactions between staff and people were unhurried, friendly and sensitive. Staff appeared to know people well. We observed a number of movements by hoist, and these were done with staff, talking to the person throughout. We saw people were well dressed and well groomed.

One relative told us they had recently been contacted by the manager asking them to come in and review their relative's care plan. However, one relative told us they had had no involvement with the care plan.

One staff member told us, "We make residents feel at home." Another staff member told us, "Care is good; I would have my relative live here."

Relatives were coming and going throughout the day without restriction. People we spoke with and relatives told us visitors were welcome at any time. We saw one relative took their family member out for a coffee during the morning.

People we spoke with told us they liked the staff and felt comfortable with them and were happy living at Holmfield Court. One person said, "The staff are very, very nice." Another person said, "Kind? Yes, I think so. I treat people as I find them." One person told us, "They ask if you want help, you tell them what you want. I've never been refused anything." Another person told us, "As a rule, they're very nice. They're very attentive." Other comments included, "She's nice is that lady [staff member]. The staff are very friendly and if there's a problem they'll sort it out" and "Oh yes, the staff are very good. They go to extraordinary lengths to get you something special."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were fairly spacious and allowed people to spend time on their own if they wished.

Staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member told us, they would make sure people were appropriately dressed and would close curtains when needed. Another staff member told us they would always knock on people's door and explain who they were. Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes.

Requires Improvement

Is the service responsive?

Our findings

We saw the list of activities displayed in the entrance to the home, which included daily newspapers, towel folding, film afternoons and games. Staff we spoke with told us the activity co-coordinator was not working at the home at present. They said there was no rota or procedure for making sure activities were carried out. We saw people spending time in their rooms or in the lounge areas. We did not see any real or meaningful activities taking place. One staff member told us, "There is no activities on a morning and only if staff have time on an afternoon." Another staff member who we spoke with told us someone visits the home every two to three weeks to carry out reminiscence activities and the home had a visit with a donkey. The manager told us they were in the process of recruiting a new activity co-ordinator.

One person we spoke with told us, "My one objection to this place is there's nothing going on; they don't even take us to church. One chap comes in with music, not regular. There's not nearly enough to interest us. They could do something every day. It's the one thing I don't like about this place. There's no activities. Nothing at all put on such as going shopping or to church. We have quizzes occasionally, no games. We spent two hours making Christmas cards. There's no baking. Nothing very much at all. It's more than a bit boring. They could do with having someone in charge of things to do." Another person said, "One or two things happen during the week. A chappie was in yesterday with poetry and that. It was very interesting. Someone comes in on Wednesdays to do things, nothing exciting." One person told us, "Someone comes in on a morning and we do exercises."

One relative we spoke with said, "They should have activities. My relative can't watch TV and can't do conversation. There were some Easter and Christmas cards made by residents and they used to do some baking. My relative goes in the garden sometimes. My sister and I have tried to push for more activities. I wish there were more activities. Sometimes there is a one to one chat and music in my relative's room, that's nice."

Another relative said, "I don't witness many activities to be honest. [Name of entertainer] comes on a Monday morning with music, a quiz. A quiz is no good for the deaf. The TV is on a lot. Music is better, they have it sometimes. It needs an activities table, something to touch and do, it's very impersonal. There should be more things on the wall for discussion. They used to have a bookcase in the lounge; you could discuss old photos etc. It's not there anymore."

We saw in one person's care plan it referred to activities, for example, reading, one to one's, cooking, assisting in the dining room, singing, dancing, music, reminiscence, exercise/therapies, games, art work and flower arranging. However, we saw 'my daily diary' activity form was blank and had not been completed.

We noted in another person's daily activities diary only contained historical information. For example, '10/10/13 – Reminiscence – stayed in his room'. The last entry in this section was 23 November 2013.

We found activities were not carried out within the home. This meant the care provided did not meet people's identified social needs or reflect their preferences. This was in breach of Regulation 9 (Person-centred care); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 should have provided staff with the information to deliver appropriate care.

People's care plans were person centred and reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people. We saw the home used 'this is me' document. These were completed and up to date.

However, we found the care plans to be a disjointed and a little bulky. We found it was difficult to easily retrieve information without searching through the several

Requires Improvement

Is the service responsive?

sections. In one person's care plan there was no index which made it difficult to find the appropriate section. The manager told us they would review the care plans and the many sections.

We saw people were weighed on a monthly basis and where concerns were raised, these were increased to weekly checks. However, the weights were recorded in a separate book to the care plan and had not been transferred into individual care plans, which the manager assured us, would be completed as soon as possible.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed and were told by people who used the service the staff always ask permission before they did anything. People we spoke with told us they could get up at any time and go to bed at any time. One person told us, "I can lock my door from the inside if you want to. One or two wander about and I soon see them off." Another person said, "I like to do things for myself if I can. If I need anything I open the door and someone comes straight away."

People told us they could have a bath or shower at any time. One relative said, "My relative gets choice in their life, as far as I'm aware. Communications are very good with the home, they phone if there's anything."

People we spoke with told us they had no complaints and said why would you want to complain here. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. One person said, "I would tell them, one of the care assistants." Another person said, "I would tell the head lady. There's an office somewhere but I don't know where."

One relative told us they had made a written complaint to the previous manager about the lack of activities. The manager rang up about it but nothing happened. Another relative said they had not made any complaints. If they did, they would go to the manager. They said they had complained informally once as their family member had been unable to clean her teeth. They dealt with it. One relative said, "Clothing leaves a bit to be desired. It's getting better now. I do complain. My relative gets other people's clothes."

The manager told us people were given support to make a comment or complaint where they needed assistance. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

We looked at the complaints records but we were unable to see a clear procedure that had been followed when complaints had been investigated. For example, we looked at one response from a complaint in April 2015, which stated 'phoned relative on 10/04/2015 she is happy with the response'. There was no other information recorded about the outcome or actions taken. We also noted in one staff member file a complaint had been made by a family member but this had not been progressed. The manager told us they would review the complaints procedures and processes immediately.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The manager had worked at the home for five years but had only been appointed as the manager two weeks ago.

The manager worked alongside staff overseeing the care and support given and providing support and guidance where needed.

Staff we spoke with told us the manager was good and they had confidence in them. One staff member said, "[Name of manager] is doing well and trying hard. Staff respect her. I enjoy coming to work and teamwork is good." Another staff member said, "[Name of manager] is fine." One staff member told us they were very happy with their job as it was busy. They said, "The manager has a lot of learning to do as there is no deputy. We will all help."

The manager said, "I love this job. I've loved it since I was 15 and on work experience. Helping people who deserve it."

People living in the home told us in response to what could be better, "Nothing really. I feel comfortable. You look after each other"; "I've no grumbles at all. I don't mind it. It's very pleasant" and "It's the only thing I don't like about this place. There's no activities."

Relatives we spoke with said, "The previous but one manager was fantastic. Then things were not as good. It had lost the lovely feeling it had. The new manager is very enthusiastic" and "When we looked round, we had a gut feel it was the right place. Now, there is a buzz about again. I just wish there were more activities."

We asked people and relatives if they would recommend the home. Comments included, "Yes, I would", "Yes, it's very good and friendly. If there's anything you need they get it for you", "A year ago I would have said yes, now we have to wait and see", "The previous manager was always full of ideas but nothing happened. Staff morale was poor, a few left. One or two more want to leave"; "The previous manager never left the office. I do find the new manager more approachable."

A visiting health professional said, "The new manager is very good, very caring. Staff know the people very well. It's generally a good home."

The manager told us they monitored the quality of the service by monthly quality audits, daily walk rounds, resident and relatives' meetings and talking with people and relatives. However, they said the quality monitoring programmed had just been re-introduced following a lack of monitoring over the past few months. We saw the daily check sheet dated 22 June 2015, which included rooms, handover, observations and people's weight management. We saw audits had been completed in May 2015, which included infection control, food safety, laundry, health and safety and mattress. We saw the manager had created action plans from each audit and was in the process of formalising the action plans and timescales for completion. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

The environment was spacious and clean, however, there were some kitchen equipment that was in need of repair, for example, only three of a six ring cooker was in working order and the kitchen required a deep clean. The knob to switch on the deep fat fryer was missing which meant that staff had to use pliers to turn this appliance on and off. These issues had not been identified as part of the May 2015 audit programmed but the manager told us they were aware of the issues and would address these immediately.

We saw staff meeting minutes dated September 2014. Staff told us they had not had regular meetings over the last few months, however, they were aware that individual supervision meetings had been arranged. We saw an agenda template for staff meetings that had been implemented by the manager and was in the final stages of been completed. The manager told us a programme of staff meetings which included care staff, senior staff and night staff would be implemented by the end of June 2015.

We saw a resident and relative's survey had been completed in May 2015 and we saw the results showed very positive comments and people were happy living at Holmfield Court.

One relative told us, "There is no feedback, or surveys, or meetings." Another relative said they had attended just one meeting for families which was poorly attended. They thought such meetings needed better publicity. A letter had never been sent out to relatives about it. They had

Requires Improvement

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completed only one survey from Leeds City Council. One staff member told us the manager was arranging coffee mornings for relatives and people living in the home to attend if they so wished.

We saw accidents and incidents were recorded. However, these were not analysed to minimise the risk of re-occurrence. The manager told us all accident reports were filed in the people's care plans. There was no collation of these reports and therefore, the home was unable to determine trends or patterns. The manager told us they were aware of this and had identified it as part of their quality management review.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The care plans we looked at did not contain appropriate and decision specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found activities were not carried out within the home. This meant the care provided did not meet people's identified social needs or reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The applications for the Deprivation of Liberty Safeguards had been carried out appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We concluded the provider had not taken appropriate steps to ensure staff received appropriate ongoing or periodic supervision and an appraisal to make sure competence was maintained.