J.E.M. Care Limited

Haylands Residential Home for Gentlemen

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 07 August 2017. This inspection was unannounced, which meant the service did not know in advance we were coming.

Haylands Residential Home for Gentlemen is a care home providing accommodation and personal care for up to 24 people some of whom are living with dementia. It is a spacious, three storey building located in Urmston and situated near local amenities such as shops, a library and public transport links. There is a chair lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure. The home has two lounges and one dining room. At the time of this inspection there were 22 people living in the home with care provided on the ground and first floor.

Our last inspection took place on 25 and 26 July 2016 when we gave an overall rating of the service as 'Requires Improvement'. We found two breaches of the legal requirements in relation to safe care and treatment and good governance. At this inspection we found that the service was now meeting these regulations.

At the time of the inspection there was a registered manager at Haylands Residential Home for Gentlemen. A registered manager is a person who has registered with the Care Quality Commission to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We noted improvements in medicines management from the last inspection in July 2016 and some examples of good practice. Medicines were ordered, stored, administered and disposed of safely.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

At the last inspection we made recommendation for the provider to access the best practice guidance to promote the health and wellbeing of people who are living with dementia. At this inspection we found the provider had made a number of positive changes within the environment of the home to make it more dementia friendly.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they demonstrated a good understanding of the act and its application. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the managers if they had a concern.

People had a choice of nutritious food and their weight was monitored, with appropriate referrals made to other healthcare professionals when concerns were identified. However, we received varied opinions on the quality of food on offer.

Care plans were complete and regularly reviewed. We saw any changes to care plans were reflected in handover documents to help ensure all staff were aware. Information on preferences, social history and interests were recorded.

The involvement of people and their relatives in care planning had improved since our last inspection and a regular quality assurance meeting was now held with people and their relatives. Care workers knew people well as individuals and we saw warm and friendly interactions between people and care workers.

We found accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident.

Some senior care staff at the home had received advanced training in end of life care and some people had their future wishes recorded in their care plans. The registered manager confirmed this was a working progress and wanted to ensure care planning discussed people's future wishes going forward.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the registered manager.

Care workers had supervision with senior staff. The registered manager had reviewed the supervision and appraisal system to ensure care workers received an annual appraisal and regular supervisions. Staff received the training they needed to meet people's needs.

A clear system of safety and quality auditing was now in place at Haylands Residential Home for Gentlemen. A range of audits and checks were undertaken by the manager to monitor the quality and safety of the service.

The atmosphere and culture at the home was much improved. The managers each knew their own roles and responsibilities. Staff expressed confidence in the management team and in each other. There were regular staff meetings where staff could contribute their views.

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

The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

Personalised risk assessments were in place to reduce the risk of harm to people.

People's medicines were administered safely and as it had been prescribed. Arrangements for the ordering, storage and disposal of medicines were robust.

Is the service effective?

Good

The service was effective.

People had a good choice of nutritious food and drink. However, feedback was mixed about the quality of food on offer.

Staff and managers were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

People told us they were supported by caring and compassionate staff.

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they were admitted to the home to ensure that these could be met.

People were encouraged to take part in activities that interested them. Some people felt the activities could be improved further.

There was an effective complaints policy in place and changes were made to the service provided to prevent the recurrence of a similar complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible and approachable. The provider was involved in the overall management of the home.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager and deputy manager.

There was an effective quality assurance system in place.

Haylands Residential Home for Gentlemen

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.

The inspection took place on 07 August 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had previously worked the adult social care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this feedback to help plan the inspection and have reported any significant findings in the main body of this report.

As part of the inspection process, we observed how staff interacted with and supported people at lunchtime and throughout our visit in various areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 12 people who were living at the home and one person's relative who was visiting on the day of the inspection. We spoke with two care staff, the cook, the registered and deputy managers. We reviewed records relating to the care people were receiving including two people's care plans and risk assessments, daily records, accident records and four medication administration records (MARs). We also looked at records relating to the management of a residential care service including training records, staff supervision records, records of servicing and maintenance, and policies and procedures.

Good

Is the service safe?

Our findings

We asked the people living at the home what made them feel safe. One person said, "This home is safe, I have no worries about that" and "The staff are great, they make me feel safe here."

At our last inspection in July 2016 we the management of medicines was not safe and we considered this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting the requirements of the regulation.

We checked the arrangements for medicines at Haylands Residential Home for Gentlemen. We were informed that only the registered manager and senior staff were authorised to administer medicines and had completed medication training along with two medication competency assessments per annum.

At the last inspection medicines were stored in one medication trolley in a small lockable room within the home. We noted this trolley was not secured to a wall in this room, due to the room in question also being used as a storage room which was cluttered with other items, such as the belongings of people who had previously left the home. At this inspection we found this room had been adapted and used only as the medicines clinic room. During the inspection we were advised by the registered manager she had recently asked the owners to install air conditioning in this room because she was conscious the room temperature exceeded 25c. The installation of the air conditioning has been agreed by the owners, and the home was waiting for this to be installed. In the interim the medicines trolley was safely stored in the dining room, with daily room temperatures recorded.

A monitored dosage system was used for most of the medicines with others supplied in boxes or bottles. Monitored dosage systems consist of blister packs made up by a pharmacist, where the tablets each person takes at different times of the day are supplied in separate sealed pots. We checked the medication administration records (MAR) and saw that there were no gaps, and it was clearly recorded when people had refused to take their medicines or had not required it. The registered manager explained that when someone refused to take their medicine, they would try again later. If they still refused then this was recorded and medicines were disposed of in a safe manner. If this refusal continued staff told us they would inform the GP. This meant that people were receiving their medication as prescribed

A list of senior staff responsible for administering medicines, together with sample signatures was available for reference and people had individual medication records that contained a photograph of the person using the service to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

People's medicated creams were stored in the clinic room and applied by the care workers after people had been assisted to bathe or wash. Application records and body maps to explain why, how often and where creams and lotions should be applied were kept in people's rooms and signed by the care staff who applied the creams. We checked two people's cream charts and body maps and found they were filled in correctly.

This meant that people were receiving their topical medicines as prescribed by their GPs.

We saw that when people were prescribed 'as and when' medicine (PRN), there were appropriate protocols in place to support staff to know when to administer these. During the inspection we noted the home did not have controlled drugs medication on site, appropriate storage was in place if people required controlled drugs.

At our last inspection in July 2016 we found a potential trip hazard, the stair lift at the home did not have a safety guard at the bottom of the stairs to minimise the potential of someone tripping over the rail. At this inspection we noted a cushioned guard rail had been put in place to minimise the risk. However, we were informed by the registered manager the chair lift had recently been replaced and again slightly left a gap which could cause a trip hazard. The registered manager confirmed this would be raised with the owners to ensure the cushion guard was extended further. The registered manager confirmed she would notify us when this work had been completed.

There was a clear system in place to monitor accidents, incidents and safeguarding concerns within the home. The registered manager carried out a monthly trends analysis on information, such as accidents or incidents, occurring within the home. This meant that the home responded to accidents and incidents and took appropriate action to safeguard the individual and other people, and making referrals to relevant professionals where necessary.

At the last inspection we found the provider did not have their own 'Safeguarding Adults' policy and procedure. At this inspection we found the provider had now implemented their own service specific 'Safeguarding Adults' policy which was provided to the staff team to read and sign.
We checked the safeguarding records in place at Haylands Residential Home for Gentlemen. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff told us that they had completed training on safeguarding adults from abuse, and the training records we viewed confirmed this. Staff were able to describe different types of abuse, and the action they would take if they became aware of an actual or potential incident of abuse. Staff told us that they would report any concerns to the registered manager or a senior member of staff and were also confident about using the whistle blowing procedure. They were certain they would be listened to and that appropriate action would be taken.

We saw that care records contained risk assessments to identify any potential risks to people's health and wellbeing and plans were in place to safely manage those risks. We noted risks of falls were being managed and referrals to external professionals were made if required. We saw people had their walking aids close to hand throughout the day. We saw several occasions when staff reminded people to use their walking aids before mobilising and staff walked with people to ensure they remained safe.

Throughout the course of our inspection we saw that people were attended to within acceptable timescales. The atmosphere on all floors during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when activated, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

The registered manager said if occupancy increased, staffing levels would be reviewed.

We asked people if they thought there were enough staff to meet their needs. People living at Haylands Residential Home for Gentlemen told us there were enough staff and said they were not kept waiting when they needed any assistance. Comments from people included; "I think there are enough staff, oh, aye yes", "There are enough staff. I get looked after well. People who need help get it when necessary" and "The staffing is stable."

The Care Quality Commission (CQC) had received one whistleblowing concern since the last inspection in July 2016. This was in relation to medicines not being administered safely, unsafe staffing levels and allegations of poor practice from the management team in January 2017. We referred these concerns to Trafford commissioning team who carried out an unannounced visit of the home. Furthermore, the provider was asked to undertake an internal investigation in to these raised concerns. Once the investigation was concluded we found all of the raised concerns were unfounded and no further action was required.

We checked the systems that were in place to protect people in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept by the main door to each unit in a 'fire file'. A contingency plan had also been implemented that provided details of how the home would continue to deliver the service in the event of an emergency. Fire drills had now started to take place more frequently, including fire drills for night staff.

At our last inspection in July 2016 we looked at a sample of four staff records for staff recently recruited. We were satisfied that the service had appropriate recruitment systems in place to help ensure staff employed were fit to work with vulnerable people. At this inspection we were informed the home had not employed any new staff since the last inspection, therefore we could not view any newly recruited staff files.

We saw domestic staff cleaning the premises and viewed schedules in place to make sure all areas of the home were kept clean. We saw that staff wore aprons and plastic gloves when they were cleaning. The home was clean and free from any malodours during our visit.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Monthly checks on all wheelchairs and hoists had been completed. This would help to ensure that people were kept safe.

During the inspection we noted the service had an external company undertake a fire risk assessment of the home in June 2017. From the fire risk assessment there were several actions that required the provider's attention. This work had not been identified as urgent by the external company and the registered manager provided evidence that a contractor had been completing this work in stages. We also noted from the electrical condition report carried out in June 2017 that works were required within the home. Again, this work had not been identified as urgent and the contractor was due to make the necessary improvements. We have asked the registered manager to let us know when this has been completed.

Good

Is the service effective?

Our findings

We asked people who used the service and their representatives if they found the service provided at Haylands Residential Home for Gentlemen to be effective. People we spoke with told us that their care needs were met by the provider. Comments received from people included: "It's well run this place. I don't think I've ever seen a patient ill-treated", "It's a happy environment" and "They look after you very nicely."

At our last inspection in July 2016 we recommended that the service explores good practice in modern dementia care, in order to improve the quality of life of those living with dementia. At this inspection we found the provider had implemented a number of positive changes in relation to making the home more dementia friendly.

The care home is located in a Victorian residence retaining many of its original period features. The building has historically undergone a variety of alterations in adapting it to become a care home. Rooms were spacious and furniture and fixtures were all in a good condition. We found appropriate signage was available with people having photos, or other distinctive indicators in place that would help them recognise their bedrooms. We saw examples of good practice such as clear signage and the use of colour schemes to help people locate bathrooms and toilets. The provider had decorated two corridors with 'theming' or colour schemes to support people living with dementia to orientate themselves in the building.

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager maintained a record of people subject to a DoLS.

Staff had received MCA and DoLS training. Staff understood the importance of the MCA and told us how they supported people to make decisions in their daily lives. We noted the registered manager had appropriately sought authorisation for DoLS for some people living at the service and therefore protecting their human rights. They showed a good understanding of how to support people in a way that did not restrict their freedom.

We saw people, or their representative with appropriate legal status (such as a lasting power of attorney for health and welfare) had signed to consent to their care being provided. This included forms to indicate consent to use of equipment, photographs and the plan of care. During the inspection we observed staff offering people choices, such as where they wanted to sit after eating their meals. Staff told us they would

always ask for people's permission before providing care or support, and would observe for non-verbal signs of consent if the person was not able to provide consent verbally.

At the last inspection we recommended the registered provider implements their own MCA and DoLS policy and procedure. We found this had now been completed and provided further guidance to assist staff with guidance on how to follow the MCA process.

The provider had established a programme of induction, mandatory, qualification level and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

New staff were subject to a structured induction process. This led to them gaining the Care Certificate. The Care Certificate is provided by the Skills for Care organisation and is the start of the career journey for staff and is one element of the training and education that will support them to be ready to practice.

The provider ensured their training records were now fully up-to-date and there was a clear training programme in place. The training matrix confirmed staff had completed key training in subjects such as first aid; moving and handling; fire safety; safeguarding; medication; control of substances hazardous to health; infection control; and dementia awareness.

Additional training courses such as national vocational qualifications / diploma in health and social care were available for staff to undertake.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two months. Staff spoken with confirmed they felt valued and supported in their roles.

A four week rolling menu plan was in operation at Haylands Residential Home for Gentlemen which offered people a choice of menu and was reviewed periodically. There was a record of any special diets required and we saw there were plentiful supplies of fresh, frozen, dried and canned foods. This included the option of fresh fruit. The kitchen had been awarded the five star very good rating at the last environmental health inspection which meant the cook followed safe food hygiene practices. Each person had a nutritional assessment in their plans of care and we saw that people had access to dieticians if they needed more support.

We received mixed comments from the residents regarding the food. Comments from people included; "The food is on a par with most. You get what you choose. You can get a drink when you want", "I like sausages, you can always have a cooked breakfast", The food is very nice. The menu is varied. I'm very satisfied with the arrangements. I'd give it 9 stars", "The food is adequate. You're not going to get the Good Food Guide here" and "You pick food from the menu; sometimes you get what you want."

At the last inspection In July 2016 we observed the lunchtime meal to be a negative experience for people. For example, the décor in the dining room had not been updated for some time and our observations of the meal time were that the staff on duty appeared to be rushed and there was a lack of organisation to ensure this was an enjoyable meal time experience for people. At this inspection we found the provider had made vast improvements in this area.

We observed the lunchtime meal experience in the dining room. We saw that the tables were nicely set for lunch and condiments were available. The atmosphere was relaxed with quiet music on in the background.

Staff were present at all times and they interacted well with the people. The food appeared nutritious and people were asked if they wanted any more. We did not observe much wastage of food and one person asked for more potatoes which they duly received. We noted the dining room had been recently decorated and included a painting of a tree that had photos of the people living at the home.

People were weighed monthly and appropriate action was taken if people lost weight, for example, they were referred to the dietician, therapist or GP. We saw that referrals had been made to dieticians, the SALT team, occupational therapists and district nurses when required. This meant that people's health needs were met by the service.

Good

Is the service caring?

Our findings

We asked people using the service and their representatives if they found the service provided at Haylands Residential Home for Gentlemen to be caring. People we spoke with told us that they were well cared for and treated with respect and dignity by the staff at Haylands Residential Home for Gentlemen. Comments received from people using the service included: "They [care staff] do the best they can with what they've got", "The staff know the names of all the residents. They're kind and help off their own bat", "The staff are very caring and kind. I've never seen anyone ill-treated here", "I've no individual needs but I'm sure they would respond to them if I had", "I get looked after very well" and "The staff are kind."

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversations with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully. Through our discussion with staff and observation, it was clear that that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

Staff told us the topics of privacy and dignity were discussed at meetings and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

People's relatives were able to visit the home at anytime and we saw that during our inspection visitors came at all times including several family members. Staff told us people's relatives were involved in many social events they hosted including celebrations for peoples birthdays, a summer barbecue, and other festivities throughout the year. Relatives we spoke with confirmed they were very welcome and involved with events.

None of the people receiving personal care services at the time of our visit had specific needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

The provider told us no-one living at the home was receiving end of life care at the time of our visit. We asked if there was a specific approach or model of end of life care that the home would provide should anyone be approaching the end of their life. The registered manager told us they had completed the 'Six Steps' end of life programme, and staff had been provided with this training. We saw that all care files contained a section to record people's final wishes. This allowed the person to express what they wanted to happen in their final days. In the files we viewed we noted this section had started to be completed. Discussions with the registered manager confirmed this area was still being developed, but the home was

now ensuring people's 'final wishes record' was discussed sensitively with the person to allow them the opportunity to discuss their future wishes.

Good

Is the service responsive?

Our findings

Care plans were written in a person-centred way and contained detailed information for staff about their daily routines, preferences and how people wished to be supported. Assessments had been completed on admission to ensure that the home could provide the appropriate care to people. This detailed information enabled staff to provide people with the support they needed, whilst still encouraging people to retain some independence and control over their lives by supporting them to continue to do the things they could still manage. When people's needs changed the provider had a flexible approach and could respond, for example if a person required additional support, or a specific piece of equipment this was addressed through referral to the appropriate professional team.

Care plans were easy to navigate and provided information about the full range of people's needs. These included food/fluid intake, mobility, personal care, elimination, moving and handling, medication and health, social contact and communication, skin, sleep, behaviour, safety and end of life care. Care plans were up to date, reviewed as needed and contained information about people and their preferences.

We saw that people who lived in the home were each allocated to a key worker which was usually one of the senior or other carers. We asked staff what they understood by the role of key worker and they told us that it included being responsible for keeping a named person's bedroom tidy and making sure they had toiletries as well as liaising with that person's family. Conversations with staff suggested that the key worker system was well understood by them as they were able to give us detailed information of this kind about the people they key worked when we asked about them.

During the last inspection in July 2016 we discussed the activities with the registered manager due to some of the people suggesting activities were not always happening as frequently when the activities co-ordinator was not available. During this inspection we viewed evidence of a number of activities that had taken place and were scheduled for the forthcoming year. However, some people still felt the activities could be improved even further.

The home employed an activity co-ordinator who worked on a part time basis at the home. At the time of our inspection the activity co-ordinator was on annual leave. Activities in their absence were meant to be completed by the staff on duty. The registered manager said it was the responsibility of all staff to assist with activities and she made additional bookings for entertainers such as singers to attend when the activity co-ordinator was not available.

During the inspection we continued to receive a varied response about the activities on offer. Comments included, "There is some good things to do, but only when [activity co-ordinator] is in", "I don't bother with activities. I'm not bothered about outings", "I'm going on a trip out in a few weeks, to Blackpool with the bowls club to play bowls on a very famous green", "I enjoy reading the newspapers, and I think a few more board games would be good" and "The activities are getting better, but they could do more I suppose."

We saw that one staff member brought their dog regularly to the home at the request of people living in the

service. We observed people's reactions were joyful when the dogs were brought in to them. One person living at the home said he enjoyed the dogs company. This person commented, "I have had pets all my life and it is great to have Millie here, she's a lovely dog."

The home had an activities board which captured a number of planned activities, such as trip to Blackpool and museums. We found there was a clear schedule of actives planned for the future. Many of the activities included arts and crafts, singing and bingo. Visitors also attended the home regularly to provide entrainment to the residents in the form of singing and acting. The local church visited the home regularly and provided a prayer service. People living at the home were able to make suggestions on the activities at their resident meetings that took place every three months. We saw there were records of each person's interests in the activity files the activities co-ordinator kept so activities could be tailored to suit people's needs.

During our inspection we observed staff sitting with people and playing board games. It wasn't clear if there had been any activities arranged for the day. The registered manager commented that activities were a work in progress and that the added edition of the quality assurance evening meetings with people and their families had been positive to establish new ideas for the home. The last meeting was held in March 2017, and families suggested a list of staff names and photos that would be helpful and a cupboard for board games that people could easily access. We found both suggestions were completed by the home. We will continue to monitor this at our next inspection.

We saw there was an up to date complaints policy that contained details of organisations external to the provider that people could contact if they were not satisfied with the handling of their complaint. People we spoke with told us they would feel confident to raise a complaint should they feel this was necessary. We found there had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

The home had a registered manager who was also supported by a deputy manager. The registered and deputy managers were both present throughout our inspection. Both managers were observed to be helpful and responsive to requests for information and support from the people using the service, staff, visitors and the inspection team.

At the last inspection in July 2016 we found breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the provider not demonstrating sustained improvements to the service due to the lack of reliable and effective governance systems in place.

At this inspection we saw that a clear system of audits was in place and governance systems had improved the quality assurance processes at the home.

At the last inspection the registered manager told us they carried out informal checks on the care plans, safety of the home and observing the competencies of staff. However there were no written records of these checks for us to review. At this inspection we found the manager now had clear records detailing the competencies of staff. For example, staff administering medicines had their competencies reviewed by the registered manager every two months or when required.

We viewed a number of audits completed by the registered and deputy managers. There was a system of routine checks and audits in place for a range of areas to enable the managers to monitor the operation of the service and to identify any issues requiring attention. These audits covered infection control; medication; training; care plans; daily observations; night monitoring visits and health and safety checks / audits. The registered manager also introduced unannounced spots checks of the home; that had been undertaken at 2am, 4am and 6am.

The quality assurance process for Haylands Residential Home for Gentlemen involved seeking the views of the people using the service or their representative periodically. We were informed by the registered manager that questionnaires had recently been sent out and they were awaiting the results. The home also introduced a new quality assurance evening which further provided people with the opportunity to discuss their care and provide any suggestions they have.

We saw a staff meeting took place monthly. We saw that the registered manager had encouraged staff to share best practice and their experience of things working well to drive change within the home.

The manager is required to notify the CQC of certain significant events that may occur at Haylands Residential Home for Gentlemen. We noted that the registered manager had kept a record of these notifications. This meant that the registered manager was aware of and had complied with the legal obligations attached to their role.