GCH (Hertfordshire) Ltd

Halcyon Days

Inspection report

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Tel: 01438362245

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out a comprehensive inspection at Halcyon Days on 09 August 2017, this was unannounced. Halcyon Days is registered to provide accommodation and personal care for up 57 older people some of whom live with dementia. At the time of our inspection 28 people were living at the service.

The service had a registered manager in post who had registered with the Care Quality Commission as they are required to do. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People occasionally experienced delays whilst waiting for their care to be provided. Staff however took sufficient time to carry out their tasks and the registered manager took action to remedy the deployment of staff during the inspection. Risks to people's safety and wellbeing were safely managed with appropriate equipment in place to support people's health needs. Staff were aware of how to keep people safe and were aware of when to report a concern. People were supported by staff who had undergone a robust recruitment process to ensure they were suitable to work with vulnerable people. People's medicines were administered as the prescriber intended, although we identified one issue with management of medicines that we have reported in the 'well led' domain.

People were supported by staff who were well trained and supported by effective leadership to develop their skills and provide effective care. Care staff received regular supervision of their conduct and practise. People's consent was sought and staff worked within the principles of the Mental Capacity Act 2005 when people lacked the capacity to make their own decisions. However these decisions were not consistently documented. People were happy with the food and drink provided to them and where people were at risk of weight loss, staff took appropriate the actions. People were supported by a range of health professionals.

Staff spoke and interacted with people in a kind and friendly manner, and clearly demonstrated a caring approach to meeting people's individual needs. Staff ensured people's dignity and privacy was maintained at all times and supported people's social needs. People felt able to raise a concern or complaint with staff who they felt would take appropriate action to resolve these. People were provided with regular opportunities to meet in order to discuss improvements in the home or be kept abreast of developments.

Changes over the previous 12 months within the providers management team meant the service had not received consistent levels of support including the registered manager until the recent changes to the providers registration. Systems to monitor and improve the quality and safety of the service had identified issues with governance arrangements, but had not effectively managed these. Systems that were in place regarding the management of medicines were not followed by those staff trained to do so. Peoples care records including those relating to mental capacity required reviewing to ensure they were accurate and up to date. Management of staff deployment had not been sufficiently reviewed to ensure people's needs were

met. People and staff told us the management team were visible and responsive. The views and opinions of people, relatives, staff and health professionals had been sought. Meetings were held regularly with staff and feedback regarding the quality of care people received was in the process of being obtained.

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.

People told us they felt safe.

People were supported by staff who knew how to identify and report any incidents that may place people at risk of harm or abuse.

Risks to people health and well being were proactively managed.

People received their medicines as the prescriber intended.

Is the service effective?

Good

The service was effective.

People were supported by staff they felt were well trained and supported.

Staff told us they felt supported in their role and received appropriate training to support them and enable them to develop.

People's nutritional needs were met and those people at risk of weight loss were monitored and supported well.

People were supported by a range of health professionals when their needs changed or when they requested to.

Is the service caring?

Good

The service was caring.

People's privacy was respected when providing personal care and peoples dignity was promoted.

Peoples received care in the manner they preferred this to be delivered.

People felt listened to and that their opinion mattered.

Peoples confidential information was managed securely.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff, who knew them well and met peoples individual preferences.

People were supported to pursue their individual hobbies and interests.

People and relatives told us they were aware of how to raise concerns or complaints.

Arrangements were in place for people to provide feedback about concerns or improvements they may have had through regular meetings.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor and improve the quality and safety of the service provided had improved and were being used within the home effectively, however had not been consistently carried out by the provider.

Systems that were in place regarding the management of medicines were not followed by those staff trained to do so.

Peoples care records including those relating to mental capacity required reviewing to ensure they were accurate and up to date.

People and staff told us the management team were visible and responsive.

The views and opinions of people, relatives, staff and health professionals had been sought.

Meetings were held regularly with staff and feedback regarding the quality of care people received was in the process of being obtained.

Halcyon Days

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place at Halcyon Days on 09 August 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed copies of regular monitoring audits we received from the provider, alongside reports findings of a service monitoring audit carried out by the local authority. We sought additional feedback from social care professionals who supported people living in Halcyon Days.

During the inspection we observed staff supporting people who used the service; we spoke with three people who used the service and the relatives of three people. We spoke with five staff members, the registered manager, the deputy manager, and representatives of the provider.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to five people who used the service and other documents central to people's health and well-being and associated management records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe. I know the doors have codes so nobody can come in and staff are very good." Another person said, "I do feel safe. I cannot see very well and I cannot walk but staff are good and keep me safe."

Staff spoken with were knowledgeable about safeguarding procedures and how to protect people against the risk of avoidable harm and abuse. They told us they were clear processes and procedures in place to monitor and report their concerns. For example staff told us that if they found any bruising on a persons` skin they recorded this on a body map and in care records. They also completed an incident report which was then investigated where necessary was reported to external safeguarding authorities. Staff were clear when describing how to report their concerns to local safeguarding authorities or to CQC following their whistleblowing procedure. Information was available to all staff, people and visitors to the home regarding external organisations people could anonymously report their concerns to, and training records confirmed staff had received appropriate training.

The registered manager reviewed incidents, accidents and injuries for emerging patterns or trends that may indicate a cause. This information was also submitted to the provider on a monthly basis so the provider could also review any emerging trends both in the home and across the organisation.

Staff were knowledgeable about risks associated with people`s daily living. Staff told us they knew people well and knew how to mitigate and manage risks to keep people safe. We observed staff using the hoist to transfer people to a wheelchair safely and support people to walk with their Zimmer frame. They did this in a safe manner and constantly reassured people as they were assisting them. Staff were knowledgeable about people who were at risk of malnutrition and dehydration and they told us in detail how they encouraged people to eat and drink.

Every staff member we talked to could tell us the name of the people who were at risk of developing pressure ulcers or if they were at high risks of falls. Staff also detailed and we saw what actions they were taking to proactively mitigate the risks. For example people who were at high risk of developing pressure ulcers had pressure mattresses in place and special air boots they wore to protect their heels from developing sores. People`s care plans detailed the risks to their well-being and measures in place to mitigate these and these were regularly reviewed. At the time of the inspection, not one person living at Halcyon Days had developed a pressure ulcer.

People told us they thought there were enough staff to meet their needs because staff answered their call bells in a timely way. One person said, "I think there's enough staff, if I ring my bell they come quickly. If I wait it`s only for a few moments." Another person said, "I have a bell around my neck. They come when I ring." Relatives said that they felt staff were less visible during the weekends than during the week. One relative said, "It seems that over weekends I can't see so many staff around."

Staff told us generally they felt there was enough staff to meet people`s needs however busy times during

the day were harder to manage. One staff member told us, "I think if we think about the numbers of residents and staff then it's enough staff. If we think about the needs residents have we could do with another staff member for a couple of hours in the morning especially." Another staff member said, "We are mostly permanent staff which is very good but at times it is busy."

We observed on one unit that staff were under pressure during the morning. There were four staff on the unit and whilst two staff administered medicines the other two staff assisted a person who had come back from hospital. The two staff also answered call bells, assisted people with breakfast, offered personal care to people who were just waking up and kept an eye on people who were sitting in the lounge. When we spoke with the registered manager and regional manager about the deployment of staff they agreed and told us that in addition to implementing a new shift on the rota they were also in the process of changing pharmacy as they felt the manner the pharmacy organised people's medicines placed additional pressure on staff. They told us once the change was implemented, which was imminent, then they would return to one staff member administering medicines. Although staff were busy, people's needs however were responded to when they required assistance. Staff were able to carry out their duties in a calm and unhurried way, regardless of the pressures they were under on Nightingale unit. In other areas of the home we saw that the staffing levels appeared sufficient with no concerns raised by people or staff, and a calm and relaxed atmosphere.

Staff told us before they stared working at the service they went through a thorough recruitment process where their employment history was explored, references were asked from their previous employers and a criminal records check was completed to ensure they were suitable for the roles they had to perform. The registered manager had recently carried out further criminal record checks for staff employed over three years to ensure staff continued to be suitable for the roles they had to perform.

People's medicines were given as the prescriber intended. One person told us, "Staff give me my medicines and they are on time." We saw that staff followed safe working practices while administering medicines and medication administration records [MAR] checked were completed consistently demonstrating people had their medicines as required. Staff were seen to sit with people, explain what the medicines were they were giving and remained until they had taken all their medicines. Medicines were stored in a temperature controlled room and regular checks were carried out to ensure the temperature remained within safe parameters. PRN protocols were in place to ensure staff had guidance in how and when to give people medicines prescribed on as and when required basis who were unable to communicate their needs verbally.

People's medicines were regularly reviewed by the GP including those prescribed to manage challenging behaviour. For example, one person was reviewed on admittance to the home who was prescribed a significant dose of anti-psychotic medication at lunchtime. This would inevitably make them drowsy so the time for administration was reviewed and changed to the evening. The registered manager reported that this persons general wellbeing and eating had significantly improved which was further evidenced from records looked at.

Stocks of medicines we checked tallied with the numbers recorded in the MAR. Regular spot checks of medicines were carried out by senior staff, and staff ensured they dated the box once opened to assist with auditing. Regular checks of the temperature of the medicines were carried out to ensure medicines were stored within safe temperature ranges.

Good

Is the service effective?

Our findings

People told us staff were sufficiently skilled and experienced to care for them. One person told us, "They are well trained; no doubt about it and [Registered manager] watches them like a hawk to make sure they do things correctly." Another person said, "They are knowledgeable and they listen. They help me if I need it."

Staff told us they had regular training and they were happy with the support they received from the manager. Staff told us there had been occasions recently where a supervision meeting had been missed; however were clear that they felt comfortable approaching any member of management for support. One staff member said, "We do have training all the time and we can put our name down for any training we want to do." A second staff member said, "I had my appraisal with the manager and it was really good, we are working to making me a senior when there is a vacancy, so now we are looking at training and how to get my knowledge better."

Staff had been identified to undertake champion roles within the home, for example in dignity, falls, dementia or nutrition. The champions would meet with staff and act as an additional source of support and guidance for staff in their particular area. The champions also met with staff to discuss each area as a development exercise, and looked for ways to improve the service. For example the falls champion spoke with staff about the need for people to have appropriate footwear to reduce the chance of injury from a fall. They undertook an assessment of people's footwear, and then the registered manager ordered appropriate slippers for people. As a result, one person had significantly reduced the number of bumps, falls and slips they had.

Staff told us they were supported and listened to by their line managers. One staff member told us, "The managers are very good. They listen and help us." A second staff member said, "The [registered] manager is supportive and we all work as a team and support each other." Staff were encouraged to deliver high quality care through support from their line manager and colleagues and also through a reward system that recognised outstanding practice and gave that staff member an award and gift each month.

Staff understood how important it was to offer people choices. One staff member told us about a person who at times chose to stay in their rooms, and although at times the staff member thought it best they didn't, respected their decision and left them in their room. They did however pop in to check the person was okay. We also observed staff asking people to choose from the menu and taking people back to their rooms once they were tired after lunch or requested support with personal care.

Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) and they followed best interest processes to help ensure that the way people received care and support was in their best interest. However MCA`s and best interest decisions were not always clear or explicit regarding why the decision had been taken and what the decision was for. Where measures had been taken to keep people safe, for example the use of bed rails, we were able to see that the least restrictive methods had been taken and that people's family had been consulted, however this was not clearly documented. The provider was aware of the need to improve the quality of MCA knowledge and recording and had provided begun providing

additional training to staff both in regard of completion of the assessment and general knowledge around capacity. MCA assessments were in the process of being reviewed. We have reported on this in the well led domain.

People told us they enjoyed the food. One person said, "The food is very good. I am a good eater as well. We had a questionnaire to ask us about the food and it is good." Another person said, "We have enough choice here and the food is tasty." People were offered several drinks and snacks throughout the day.

The provider was using a supplier of freshly frozen meals which had specific calorie counts and ensured an appropriate nutritional intake. The meals were cooked from frozen in a special oven and then served to people. The cook however did prepare people a freshly cooked breakfast in the morning and there were a range of options for tea time meals such as freshly made sandwiches or soups. We saw that placed around the home were tables where staff placed fruits, crisps biscuits and juices for people to snack on. Staff told us they were able to place finger foods here for people who at times did not sit for long periods at the lunch table due to their anxiety or restlessness. It was felt that this was a positive solution to be able to continue to encourage people to eat. In addition, people were able to bake cakes in addition to those supplied by the kitchen. Tea, cakes and biscuits were available to people throughout the day. One person's relative told us, "Mum put weight on since she came here so the food must be good."

People were weighed regularly and where a weight loss was identified staff involved the person`s GP and a dietician to ensure they had specialist advice in meeting people`s nutritional needs. The registered manager was quick to instigate weekly weights, telling us it was, "Best to nip it in the bud," when we asked them why a person who lost 750 grams in a month was placed on weekly monitoring. We saw after this their weight had increased to healthy levels above the level they had previously been.

Where people were at risk of malnutrition the registered manager told us they would use supplements to aid weight gain, however these were always only ever on a trial basis for a month. They were clear that supplements were not a substitute for a healthy diet, and were also not suitable for all people.

We saw that staff involved health care professionals in people`s care when it was a need for it. Care plans evidenced involvement from GP, dieticians, chiropodists and opticians. For example they told us about a person who they observed had difficulties swallowing. They involved the relevant health professionals Speech and language team [SALT] who assessed the person and suggested they had a pureed diet. However staff then continued to notice that the person continued to struggle with their food and they asked for a follow up assessment. The SALT team was in the process of reviewing with the person`s GP to find an effective method to aid the person to have an improved food and fluid intake.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "They are very nice, kind and very patient." Another person said, "Staff are lovely. I cannot complain at all. They are nice." One relative said, "The girls are nice. I can honestly say they have a lot of patience and they are very respectful."

People received care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. We observed one person who was finding it difficult to hear the television. We saw the staff member approach them and ask if they were having difficulty, when they confirmed they were, the staff member asked to inspect their hearing aid, which they discovered was not working. They remedied the issue and the person was seen to then contently watch the television and engage in discussion with other people. The way people related to staff demonstrated positive relationships between them. One person told us, "The staff are good, we can have a bit of banter, they are people and don't treat us a residents but treat us like people."

Staff addressed people using their preferred names and it was clear that staff knew people well. People told us their privacy and dignity was promoted. One person said, "I feel comfortable even with the male staff. They are very good regarding my dignity." Another person said, "I lock my door and they knock and wait until I open. They are very good." We observed staff closing bedroom doors when they offered personal care, and greeted people when they went in.

People looked presentable and well groomed, their hair looked clean and combed. Care records noted how people wished to look as part of their recorded preferences, and when we observed how people were dressed, we saw this was how people had documented this. We saw people wore jewellery of their choosing, were dressed in appropriate and clean attire and staff were attentive to help people change if their clothing was stained. At meal times, we saw staff gave people a choice to wear a 'dignity' apron in order to protect their clothing. The relaxed manner demonstrated by staff created a sense of calm and a warm homely feel in the home where people were seen to all be smiling and seemed happy.

The registered manager at the time of inspection was in the process of creating an in house dignity forum. This forum would be chaired by the dignity champions but information and development would be cascaded to all staff working in the home. The registered manager was also looking to involve people living at Halcyon Days by identifying people who could also be involved with this forum to ensure people's feedback and views were also considered as part of this initiative. People had already developed their own dignity framework identifying areas around dignity that were important to them and developing a methodology about how care should be delivered for staff.

People were involved in their care. Staff constantly asked people what and how they wanted help with, what they wanted to eat or drink, where they wanted to sit and how and with who they wished to spend their time. One person said, "They ask me what I like and I know I have a care plan." We saw that peoples care plans were currently all under review, and a new care plan system was being implemented. For the ones that

had been completed in the new format we saw people or their relatives had been involved in developing the plan of care, and these had been signed by the appropriate person. There were records to demonstrate family members were notified of changes in peoples` condition and that when an incident or accident occurred staff ensured that people and their relative were informed and duty of candour was followed.

At the time of the inspection, the registered manager was making links with local organisations to provide advocacy support to people who lived in the home to provide independent support with personal matters, which included matters that arose within the home such as a concern or making decisions about care.

People's care records were stored safely and securely in the home to prevent people's personal and confidential information being seen by other unauthorised people.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and met their preferences. One person told us, "I am not really interested in my care plan. I can do what I want in the home. I go to bed when I want, I get up when I want." A second person said, "I feel involved, they [staff] listen to me and know what I need and how I like things done."

People or, where appropriate, those acting on their behalf had been able to contribute to the assessment and planning of people's care. Care plans we looked at contained an initial assessment of people`s medical conditions, their personal care needs, and risks to their well-being for example. People told us they felt part of the assessment and that their views were listened to. One person's relative told us, "The assessment was very thorough and went on for ages over a few visits, they certainly know all about [Person]. I was comfortable and at ease because they kept checking and asking [person] if they were happy with the plan and clarified things with us."

People preferences were documented in their care plan, for example the time they wanted to get up or go to bed, or whether people wanted a male of female staff member to assist them, however this was not consistently translated into relevant parts of the care plans. Staff although were aware of peoples preferences as we saw throughout the inspection that staff were attentive to people and intuitively intervened when people required assistance. Staff clearly knew people's preferences. We heard throughout the day staff called people by their preferred names, knew how they liked their food and drinks and who people liked to socialise with. Staff were aware of peoples family histories, hobbies and interests and took an interest in them. We heard one person talking to a staff member about a current news item as they read the paper. The staff member did not have an understanding of what was being discussed, so we then observed the person clearly enjoy explaining the intricacies of the topic to the staff member who remained attentive and listening.

People were supported by staff to join in activities within the home, but also staff respected people's wishes to remain in their rooms. However staff were aware that people may become socially isolated so when people stayed in their rooms, staff regularly popped in to see they were okay. One person told us, "Sometimes I go downstairs and I enjoy the activities, but I like to read in my room, they give me my space but also check I'm okay, it's sweet that they worry."

People told us there were activities available to them and we observed these going on during the inspection. We saw that activities were provided by all staff not just the activity staff and was based on people's interests. For example, one person was supported by staff to do some knitting, whilst a second was happily talking to a staff member about their life and things they used to do as a child as part of reminiscence therapy. People were also able to engage in group activity such as music, flower making, pampering sessions, chair exercises, movies and games. People were also involved in daily tasks if they chose. Relatives told us they often visited and saw activities like baking cakes, arts and crafts and musical entertainments.

We saw a sociable atmosphere was promoted by staff in the home and people were seen to pour drinks out

for one another as they shared a discussion and a second person spent their day busily folding table cloths, aprons and tidying around the dining area whilst talking with staff.

One person said, "There are activities and I enjoy colouring and entertainment. Another person said, "They [staff] always ask if I want to join in sometimes I do sometimes not. I do like my hair done."

In addition to in house activities we saw that people were taken for a variety of day trips. For example people were able to attend day centres, visit the local shops, farms, museums, restaurants and visit family and overnight stays.

However one person who was more able told us that there was little for them to do. They said, "For me it`s not much I can do. Often I go and have a sleep because I am bored. I read, watch TV and other things but I would like to go out a lot more." During the inspection the registered manager organised a voluntary group to visit this person in the home to look at bespoke days out doing things they wanted to do such as shopping and day trips.

The registered manager and staff had continued to develop the home in accordance with the provider's dementia policy to be more dementia friendly, and had begun decorating one unit that followed best practice within the dementia care field. They told us that people had been able to choose colour schemes, textures and wallpaper and there were plans to decorate specific areas of the home into themed areas such as beach scenes in bathrooms and street scenes in communal areas.

People and their relatives told us they felt they could approach both staff and the management team if they were unhappy with the any aspect of the service. One person told us, "I can raise any concerns any time with staff or [name of registered manager]." Another person said, "Staff listen and the manager is very approachable and helpful. I can raise anything with them." We saw that when a complaint or concern was raised, this was documented, investigated and responded to by the registered manager, who also reported complaints received to the provider and local authority for monitoring and improvement purposes.

People and relatives were provided with regular meetings where the registered manager met with them to discuss improvements in the home. They had asked for people's views and opinions and listened to feedback. For example, recent improvements in the home were discussed and people's views sought. Suggestions for activities were discussed and we saw planning undertaken for areas such as a group cinema trip and planning for the summer fete. This demonstrated to us that although the last resident meeting was held in May, people's feedback was valuable to the management team, who listened to the views and opinions of others regarding what was important to them. Relatives we spoke with told us they were able to provide feedback to the registered manager however we were unable to locate evidence of meetings or forums being held.

Requires Improvement

Is the service well-led?

Our findings

Halcyon Days is part of Gold Care (Hertfordshire) which was previously registered as Gold Care Homes (Halcyon Days). The change of registration was due to a reorganisation of the company. Gold Care Homes has made several changes to the operating structure within their organisation over the past 18 months, which has resulted in Halcyon Days having four different regional managers within this time. This had led to continued changes to policy within the home and left the registered manager at times feeling unsupported. A new nominated individual was registered with CQC in August 2017, and we saw that a new system of quality assurance and care planning was being embedded within the home, along with continued development of a strategy of care to be adopted as an organisational approach.

The registered manager told us that since the registration change they had felt better supported, particularly by the new regional manager. They told us, "[Regional manager] is supportive, it's been nice to have someone who is at the end of the phone and someone who I can get help from when I need it, we've not had that for a long time." We found that due to the consistent changes in care planning, governance and management support to the home this had led to some areas that required improvement.

People's care records were not consistently maintained to ensure they were accurate and contemporaneous. For example, mental capacity assessments were completed, however they lacked detail, and in some examples the process had not been followed. For example, one assessment had been completed where a person's relative had power of attorney and a second clearly demonstrated that the underlying principal of assuming people have capacity had not been applied. One of the questions in a person's assessment asked staff to record how they had communicated to the person the decision that was being made. They had noted they did not ask because the person did not have capacity.

People who had a DoLS application in place, for example for them to remain at Halcyon Days, did not have the appropriate recorded MCA, or documented how the decision was reached in the persons best interests. Where peoples relatives declared they had a power of attorney to make those decisions for people the registered manager was in the process of collating evidence of these, but not all at that point had been seen. They told us they planned to write to those relatives with a clear deadline, and would then review all people's decisions in relation to their care where a valid power of attorney had not been seen. All the documentary concerns we identified were at the time of inspection being addressed by the management team through training and constant reviews of the quality of recording. However, at the time of inspection, these assessments were not completed in some examples, or lacked sufficient detail so is an area that requires improvement.

When we looked at medicines records we found that handwritten entries on the MAR were not consistently double signed which meant there was a risk a staff member may enter incorrect information leading to an administration error. When we looked at how medicines were managed, we found it difficult to reconcile stocks from the records held as MAR charts had not been accurately completed and we identified a concern regarding governance and storage for one persons controlled medicine. When we checked the records of one person's patch, the controlled drugs record noted seven were remaining. When the deputy manager

looked in the cupboard, the box was not there. It transpired that when the pharmacy collected the medicines due to be returned, they collected these patches inadvertently. However, no record of collection was available. The patches were located at the pharmacy, and a new prescription immediately issued, however this did mean that safe methods of disposal of medicines were not consistently in place. Subsequent to the inspection the registered manager conducted a full review of the incident and reviewed practice within the home, however, the homes own governance arrangements did not identify the issues found and is therefore an area that continues to require improvement.

Although the registered manage had carried out dependency assessments of people's needs to ensure there were sufficient staff on duty, we found these were not effectively used to effectively deploy staff across the home. Our observations were that people waited for staff to assist them, particularly at busy periods such as in the morning or after lunch. Our findings were shared with the registered manager, who then put an extra staff member on in the morning, however, had monitoring of staffing been effective and responsive to people's varying needs, this would have been in place at the time of the inspection.

A range of audits were carried out by the registered manager regularly and included areas such as care records, fire and emergency procedures, infection control, medication, nutrition, health and safety and a night audit. Where the audit was completed, any area for improvement that is identified required an accompanying action plan, however this was not consistently completed. However this had been identified by the providers monitoring of the home in July as an area to improve. However since September 2016 there had been one assessment of the quality of care carried out by the provider up until April 2017. Since the appointment of a new senior management team this had then increased with a review in both June and July 2017. This, although an area of improvement, requires further development to ensure the issues identified are then sustainably delivered to the home, however does support the evidence that demonstrates the registered manager had received little structured support prior to the registration changes.

People, relatives and staff told us they felt the management team were approachable, supportive and listened to their views and opinions. One person said, "I know [name of manager] and they are very good. They come around and visit me." A relative said, "I have confidence in [name of manager]. Previously the manager was not as good but now I feel confident in talking to the manager. They listen and try and solve issues. This manager is lovely and very approachable." One staff member said, "The manager since they came have made a difference. Things really improved since they arrived."

People's feedback had been collated which included relatives, staff and health professionals. We saw that the overall satisfaction score was exceptionally high with the quality of care provided at Halcyon Days with each of the five keys questions regarding safety, effectiveness, caring, responsiveness and being well led scoring in excess of 90%.

As part of continuous development and improvement the management team were half way through on a one year's development program with a local training provider. This covered areas such as leadership, complaints, appraisal, and recognising excellence within care.

Staff told us there were regular team meetings held for both day and night staff. Staff felt they were able to discuss issues and concerns in these meetings and that the management team listened to them. Additionally staff told us they were made aware of development both within the organisation and other homes local to Halcyon Days. For example staff were aware of the recent investments received by Gold Care Homes that had enabled them to improve the organisational infrastructure and make improvements within the homes. The service had developed a Health and Safety committee which consisted of staff and a

resident. Although not fully functioning at the time of inspection, we were told that the plan was to train the person so they could both complete the audits themselves but also hold the registered manager to account. There were also further plans that were looking to adapt it to incorporate an infection control committee which would include the infection control lead.

We saw that the service had achieved accreditation with both Investors in People and also had completed a local training providers recognised training around the complex care foundation. This gave staff key areas of learning but did not offer an overall qualification. The service was due to embark on the premium element of the training which would then provide them with accreditation to provide care to people with more complex needs.

Statutory notifications that were required to be submitted to the Care Quality Commission had been completed without delay.