Lakeland Care Services Limited

# Holmewood Residential Care Home

## Inspection report

Lamplugh Road
Cockermouth
Cumbria
CA13 0DP

Tel: 01900828664

Date of inspection visit:
06 November 2017
14 November 2017

Date of publication:
18 January 2018

## 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** |

# Summary of findings

## Overall summary

We inspected the service on 6 & 14 November 2017. The first day of our inspection was unannounced. At the last inspection, October 2015, the service was rated Good. At this inspection we found the service needed to make some improvements and was rated as Requires Improvement. This is the first time the service had been rated Requires Improvement.

There was a registered manager in post on the day of our inspection visit. 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.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were around risk assessments and ongoing assessments when people's needs changed; staff induction, training and development; and the quality assurance systems to check the quality of the service.

We found assessments of people's support needs did not always contain all the information needed to meet their current needs.

We found that the provider and the service did not have effective quality assurance systems in place. For example, for ensuring that the care given in the home was up to date best practice. Staff carrying out audits did not have the appropriate qualifications and skills to analyse and understand the significance and impact. The service was not always effectively seeking and acting on feedback from relevant persons, including people in the home, to improve the service.

People made informed choices and were enabled to be involved in decisions. Some of the records in people's care plans were not clear on the support they needed to make decisions.

We made a recommendation about how people's capacity was assessed and recorded.

We found some infection control measures were not in place and the home was not following national best practice guidance in this area. We have made a recommendation about improving infection control in the home.

Staff received basic training required to undertake their roles. Staff were given supervision and attended staff meetings. Staff received informal induction when they began working in the home.

We have made a recommendation about introducing a more formal structured programme, with more detailed training on the issues for people living with dementia.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner.

We made a recommendation about developing care plans to manage 'as and when' medicines.

There was a programme of entertainments in the home and people went out on day trips. People's preferences to meet their social and recreational needs was not always recorded. Some people spent all their time in their bedrooms and they maybe at risk of being socially isolated.

We made a recommendation about seeking people's views on day to day activities and then ensuring these are in place with appropriate staff support.

People were supported by sufficient numbers of staff who knew them well. Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

The environment was well maintained and the atmosphere was relaxed and homely.

Staff worked with external professionals to promote people's physical and mental well-being. People were well supported to have a dignified end of life and a pain free death.

People were supported to have a balanced diet that met their and health needs and told us of the good quality and range of the meals provided. Their visitors were made welcome in the home and people were able to maintain relationships that were important to them.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults. Staff knew how to recognise abuse and told us they would report any concerns.

Staff told us they felt they were listened to and valued by the registered manager and provider. There was good teamwork between the staff.

Staff and people who used the service said the registered manager was supportive and approachable. There was a complaints policy and complaints had been responded to and resolved appropriately.

Further information is in the detailed findings below. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe.

Risks to people's health and safety had not always been identified.

People received their medicines in a safe way. More detail on how to give 'as and when' required medicines was needed to give staff clearer instructions.

The home was clean, tidy and odour free. Some infection control practices needed to be improved.

People told us they felt safe. Staff had been trained to recognise and report any harm and abuse.

People recruited had all the appropriate checks completed before they commenced working.

### Is the service effective?

**Requires Improvement**

This service was not always effective.

The service was not regularly reviewing assessments when needs changed and staff did not demonstrate they had the qualifications, skills, competence and experience to do so.

People's capacity to make decisions were not always clearly recorded.

Staff received training to do their job. There was an induction of new staff into the home but this needed to be more targeted.

People had a good choice at mealtimes.

Health care professionals were consulted when necessary.

### Is the service caring?

**Good**

The service was Caring.

Staff were kind, caring and had developed good relationships

with people living at the home.

The staff treated people respectfully and protected their privacy and dignity.

Advocates were made available to represent the views of people who are not able to express their wishes.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were offered regular entertainment in the home. However, people's social and recreational needs were not detailed in a care plan or recorded.

People made decisions about their lives and said the service was responsive to their needs and wishes.

There was a system to receive and handle complaints or concerns.

People were supported to have a dignified and pain-free death that is as comfortable as possible.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Audit systems were being used however they had failed to identify the issues and concerns we found during our inspection.

People were not being fully consulted on changes or ideas to do with the running of the home.

The provider was not sharing good practice within their services and was not taking up advice given by relevant bodies.

Staff reported that they felt valued, there was good team work and the registered manager and provider were approachable.

# Holmewood Residential Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 6 & 14 November 2017. Our visit to the home on 6 November 2017 was unannounced and was carried out by one adult social care inspector, a specialist adviser in the care of older people 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. This person's experience was in the care of older people and people living with dementia.

Our visit on 6 November 2017 focused on speaking with people who lived in the home, their visitors and the staff employed in the service. The inspector arranged to return to the home on 14 November 2017 to look at how the home was managed.

Holmewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Holmewood accommodates 26 people, some of whom may be living with varying degrees of dementia, in one adapted building. There were 18 people living at the home when we inspected.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.  This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding and adult social services teams. We spoke with a health care professional who supported people who lived in the home. We used a planning tool to collate all this evidence prior to visiting the home.

During the inspection we spoke to 12 of the people living at Holmewood and four of their relatives. We spoke to the registered manager, four members of care staff, the senior on duty, a domestic, the cook and kitchen assistant. We also spoke with the company director, the general managers who visited the home while the inspection was being undertaken.

We looked at a sample of six care records and we observed staff supporting people in communal areas. We looked at the recruitment records of five staff, including two newly recruited staff, the staff duty rosters and staff training records. We checked maintenance contracts and audits the provider had completed.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe living at Holmewood and the home provided them with a safe environment. People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them.

They told us, "It's fine here no problems at all. There seems plenty of lasses about and they all know me." Another person said, "They come pretty quick if you buzz. I do feel safe. There are plenty of girls about even at night." A relative of a person living in the home said, "I always see staff about and I have never seen anything to worry me, it's all grand."

We checked how risks to people's safety had been assessed and actions taken to manage them. We found that the systems and tools in place to assess risk to people lacked detail and some important areas of risk had been missed. One person had a pre-admission assessment that stated that they had fallen at home prior to admission and records showed that they had fallen several times whilst at Holmewood. There had been a 'patient handling assessment' however there was no falls risk assessment and after each fall no reassessment of risks had been carried out. For other people where risks had been highlighted the actions and subsequent care plans to mitigate these risks were not always documented and transferred into people's care plans.

The home had an emergency evacuation plan. These plans were used in the event of the building needing to be evacuated in an emergency, such as a fire. However these needed more detail about each person support needs, risks factors and their mobility, these are often referred to as Person evacuation plans (PEEPs).

We found a breach of Regulation 12 (2)(a)(b): Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to assessing the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks.

People received their medicines in a safe way. We found that the service had robust systems in place for ordering, receiving, storing and disposing of medicines. We saw that timely ordering of medicines meant that people received their treatments as prescribed. We observed a medicines round and saw the supervisor remained with each person to ensure they had swallowed their medicines. We found that there were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured.

We found that people prescribed as and when required medications did not always have protocols in place to aid the safe and effective administration of their medications. For example when a person required medicine to calm agitation we found no clear instruct for staff on the steps to take and what to do if these did not work.

We would recommend that the service consider current guidance on giving 'as and when required'

medicines and take action to update their practice accordingly.

We found that communal areas such as the lounges and the dining area displayed a good standard of cleanliness and were appropriately maintained. There did not appear to be a malodour during this inspection.

Personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection. All cleaning products were in a locked cupboard to ensure people's safety. During the course of our inspection we saw that data safety sheets for the cleaning material used by the home were in place and made available on the cleaning trolleys used on each unit, as per the requirements of the Substances Hazardous to Health (COSHH) Regulations. COSHH is the law that requires employers to control substances that are hazardous to health.

However, we found that people did not always use their own toiletries when being supported with their bathing routine. On observation of the bathing facilities we observed a communal box of razors on the shelving and a communal box of toiletries, with stocks of shower gel and talc. We also observed that storage of towel linen was not always to the optimum infection control procedures, for example a large pile of towels and bath mats were stored in the communal bathroom very close to an open toilet facility.

We recommend that the service finds out more and takes action to improve infection control measures, based on current best practice, such as The Department of Health 2010 Code of Practice on the prevention and control of infections and related guidance.

People were supported by enough staff to meet their needs and staffing levels were based around people's care and support needs. The home had never used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. Staff said they had enough time to safely support people, and staff rotas confirmed this. During out inspection we observed that people received the support they required promptly because there were sufficient staff working in the service.

The provider had developed and trained their staff to understand and properly apply appropriate policies and procedures to safeguard vulnerable people from abuse. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. Information we gathered from the local authority and from notifications received showed staff knew how to recognise and report abuse.

Staff files showed the provider operated a safe and effective recruitment system. This included the completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check. This helped the provider to ensure the suitability of new staff.

The premises were safe for people to live and work in. The staff carried out regular checks on the premises to ensure they were secure and that equipment was safe to be used. The registered provider had also employed specialist external companies to carry out reviews of the safety of the premises and equipment. Staff understood and fulfilled their responsibilities to raise concerns and report incidents that related to people's safety. For example, staff we spoke to said they would always report any faulty equipment and that the provider was very quick to respond and repair or replace any faulty equipment.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke to made many positive comments about the support they received from the staff in the home and in relation to the service being effective. One person who had come in for a respite stay told us they would like to come back after having an operation as they knew they would be well looked after.

We found that the quality of the assessments varied. There were some important support needs that had not been identified and assessed, such as nutritional assessments. All people entering a care home are required to have a full nutritional assessment to identify risk and to set up care plans to meet their needs. Assessments did not link important risk areas. For one person rated as very high risk of developing pressure sores, using a tool called Waterlow, there was no nutritional assessments or eating and drinking care plan in place. Additionally the risk of developing a pressure sore should be closely linked to mobility care plans for positioning and repositioning and what equipment to use. This was not in place for some people rated as being at risk of developing pressure sores.

We also saw evidence that the home was not aware of national good practice in the care of people with fragile skin. For example we saw a large stock of talcum powder containers in the communal bathroom. The use of this is not recommended for people with skin integrity issues. The NHS Tissue Viability nurse had invited staff on a recent course and had been disappointed that nobody from the home attended.

We were contacted by a local authority occupational therapist who told us that they had concerns regarding manual handling plans. They said, "I saw a manual handling plan which was very vague and was unclear as to which equipment to use for transfers and did not document which loops etc. to use for slings. More detailed documentation is needed so all carers can follow."

The home was not following national good practice for reducing falls, such as NICE guidelines. This requires that people are assessed after each fall and a referral is made for specialist professional advice. One person who was prone to falls had not been reassessed after each fall and there was no care plans of how to recover this person if they had fallen to the floor. This meant we could not be sure the records were accurate and that people's current needs were being met.

The provider was not ensuring assessments relating to health, safety and welfare of people using the service were being carried out. This was in breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had received training and support to carry out their roles. There was a training schedule in place offering courses on basic subjects such as first aid and safeguarding. Additional training was also sought from time to time specific to people's needs such as a stroke awareness course.

Staff described working with increasing numbers of people who were living with varying degrees of dementia, either with people new to the home or those who may have developed this condition whilst at the home. Some people displayed behaviours that could be challenging to the service. We saw that staff had

basic dementia awareness training. However, staff had not received training to support them in managing more complex behaviours, such as agitation or aggression as a result of a health related condition.

When we asked the registered manager about staff development and the use of specialist leads or champions in areas such as moving and handling, dementia care, end of life care, or infection control she said that the home did not currently have these.

Staff had regular one to one meetings and annual appraisals with the registered manager or deputy manager to discuss any concerns, identify training needs and for their personal development.

When staff began working at the service they shadowed experienced staff and were extra to the shift. A senior person would introduce them to the home and instruct them on areas relevant to their role. The home however, did not have a formal structured induction programme, whereby staff competency could be assessed and checked at set time periods.

We found this to be a breach of Regulation 18 Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have an induction programme that prepares staff for their role. The home was not following the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their role. There was not a systematic approach to staff training and development to meet the changing needs of people in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Throughout our inspection we saw that the staff in the home asked people what support they wanted. The registered manager was aware of her responsibilities under the MCA and how to protect people's rights and we saw that she had made appropriate referrals for a DoLS application to the relevant authorities when a persons' liberties needed to be restricted in their best interests.

We found however the records of how decisions had been made in people's best interests could be improved. People's support plans were not always clear about the capacity people had to make their own decisions and where they may need support. We found it difficult to tell what level of capacity people had to make both day to day and more complex decisions and whether there may be times when their capacity fluctuated.

We recommend that the service reviews how it assesses and records people's capacity and ability to give consent and make decisions; to include any support needs people may need to communicate their wishes. Reference should also be made to people's legal status, such as any Mental Health Act section or whether a Lasting Power of Attorney is in place.

The mealtime experience we observed was calm, orderly and not rushed. The meal looked appetising and

was obviously enjoyed, with people requesting second helpings. Where extra support was needed this was given and in a discreet manner, with adaptive cups, crockery, and non slip plate mats for some people. Everyone we spoke with said the meals provided in the home were of a high quality. One person told us, "You do get a choice of what to eat and the food is very good."

People were supported to access appropriate health care services to maintain good health. People told us they received support from a range of health care services. The records we looked at showed that people were supported by the local GPs, and community nursing teams. The health care professional we spoke with told us that the staff in the home identified promptly if people required medical support and acted on any advice they gave.

The home used some easy to understand guides and communication boards for people. There was a whiteboard with easy read and symbols for the day of week and weather. The signs on toilet doors and for people's rooms were very small and hard to read. The provider discussed plans with us to make the home more 'dementia a friendly' with use of clear signage and colour coded doors.

The use of technology was being incorporated into areas of the home. For example the home made use of sensor mats to alert them to people who maybe at risk of falls so that staff could go and quickly assist them.

The building had been adapted to meet people's needs with all rooms being ensuite. People had equipment to promote their independence and well-being, such as profiling beds and one person had been supported to use a mobility scooter.

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us they felt well cared for in the home. The staff were observed to be very kind and compassionate with people who lived at the home and sensitive to their individual needs and preferences.

Staff also made family visitors feel welcome and encouraged them stay for refreshments. People made the following comments to us, "They [care staff] are very nice and the girls are very pleasant, my family come in a lot." Another person said, "I am very comfortable, they are very nice to me most obliging," and "I can't fault them really. I am very well looked after." And, "They are so nice they pop their heads round the door and say 'how are you [name]. It's lovely."

A relative said, "The carers always make a fuss when you come in and go the extra mile with all the residents." All of the staff we spoke with told us people were well cared for. A new staff member said, "I've worked in other homes and this is the best for attitude to people, all staff are very caring and obviously care a lot for each resident."

People received consistent, timely care and support from familiar staff who understand their needs and got along with them. We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. The staff interacted with people in a positive, encouraging and caring way.

We saw that people were respected at all times by staff and treated with kindness. There was lots of friendly banter, meaningful conversations and laughter between staff and people in the home. Staff demonstrated kind and caring therapeutic relationship with individuals living in the home and observed that all individuals responded positively to staff engagement. Staff used touch to reassure people and to convey warmth. We observed a person becoming agitated and a carer speaking to them and giving a hug and a kiss, the person became calm.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. "My friends and visitors come and there is plenty of room for them."

Staff respected people's dignity and privacy. They knocked on people's doors before entering and asked their permission before entering their rooms or when giving care. One staff member told us, "We look after people as we would with our own family." We observed the registered manager making a person's bedroom up ready for them to retire for the evening and paying really good attention to detail. She carefully put out nightclothes, turned down the bed, plumped cushions, closed the curtains and put on the radio and subdued lighting around the room.

People were supported to maintain their independence to promote people's self-esteem by assisting them

to maintain good standards of personal grooming. People wore clean, co-ordinated clothing and were given support with hairdressing, shaving, manicures and to wear jewellery and accessories. Staff took a pride in how well people were cared for. One person told us how the staff brought them paperbacks to read and how they often spoke of a common interest of reading. This they told us was a highlight of their week and they really looked forward to it.

People's right to privacy and confidentiality was always respected. Staff were aware of keeping records locked away and knew about professional boundaries in their relationships with people.

The registered manager of the home knew about local advocacy services that could be contacted if people required support to share their views about the service they received. Advocates are people who are independent of the organisation who can support people to make important decisions about their lives and to share their views.

Requires Improvement

# Is the service responsive?

## Our findings

We received varied feedback about the activities provided in the home. People told us they liked the larger events put on by the home, like outside entertainers and singers twice monthly. However people told us that days could go by without any activities being offered. People spoke of the trips to Blackpool and Edinburgh Zoo some time ago. This had been affected by the minibus being out of action for a few months. The registered manager told us a new one had been ordered.

One person told us, "There are activities but that they can be limited, the exercise lady is very good, we don't go out much, we are really limited by the vehicles so that's a bit of a miss really." Another person said, "I don't go out until my daughter takes me out in the wheelchair sometimes." And another said, "There are things to do downstairs but I get so breathless so I don't bother, I'm happy enough in here." Another person commented about being in their room a lot by choice and that activities were "all downstairs but it's alright here."

There was no formal written plan for each person and no records kept of activities undertaken for each person either in a group or individually. We observed a number of people spending long periods either alone in their bedrooms or sitting in the same chair for two to three hours with no activities apart from the television. We were concerned that people who spent a lot of time in their rooms were at risk of being socially isolated without a set plan.

There was a monthly programme of entertainments in the home however the home did not have a weekly plan with pre-planned activities for each day for people to chose to join in. The home did not employ a dedicated activities coordinator for the home, or have a lead person for this. Staff told us they tended to ask what people wanted to do each day when care tasks had been completed later in the afternoon. Staff said, "We just do quizzes or jigsaws if people want". We saw that staff called into see people who spent a lot of time in their own rooms for a chat. Again staff said they 'tried' to do this when care tasks had been finished.

On the day of the inspection we saw that a group of ladies were encouraged to join in an impromptu knitting activity. However staff had to leave to carry out care tasks and the session petered out as people required support to carry on. There was little in the way of activity equipment around the home or things that people could pick up and do themselves.

We recommend that the provider seeks out good practice for engaging people in meaningful activities of their choosing and records and monitors people's involvement.

At the time of our inspection there was no one at Holmewood requiring specialist care at the end of their life. We saw in care records that some people had recorded their end of life wishes but others had chosen not to. The registered manager told us that people coming to the end of their life would be supported for as long as possible to remain in their own home, with help from GPs, community and specialist nursing services. We received positive feedback from a visiting Community Nurse who praised the registered manager and the staff team for caring people at the end of their life. They told us, "The manager in particular goes out of her

way to make sure people are comfortable and that families also get the support needed. I've know the manager stay well over her hours to care for a person approaching the end of their life to offer comfort and continuity."

People told us they were asked about their care and if they were happy with it. People told us they received the support they needed and had been included in agreeing to the care they received. People records and care plans had been signed by people to say they had been consulted and agreed to what was written in the plans. One person said, "They ask me what I want and if I don't want to do it I don't have to. I am very happy." People told us they made decisions about their lives and said the service was responsive to their needs and wishes. We saw that people were given a good deal of choice across the day. We heard one person asking for a certain CD to be played and another had chosen what TV programme to watch, while another person told us they liked to sit in the window and watch the world go by.

People and visiting relatives told us they knew how and who to raise a concern or complaint. A copy of the complaints procedure was included in the home's brochure which was given to people on admission and indicated who to contact should they need to raise a complaint and the timescales for action in response to the complaint. The registered manager explained that wherever possible they would attempt to resolve complaints informally. One person told us, "I do see the manager if I want. Another person said that they had never had cause to complain but would feel comfortable doing so if they needed to.

Requires Improvement

# Is the service well-led?

## Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse or serious injuries. The registered manager had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

The registered manager and provider ran a programme of audits throughout the home. The majority of these audits were carried out by the registered manager and the general manager. These were carried out regularly and included: checks on the buildings physical environment, safety checks of floor surfaces, areas requiring decorating, stairways, lighting, ventilation and windows. We saw that action was taken when areas needed repairs or renewal. As well as the registered manager, the general manager and provider also carried out audits on care plans and people's files. On speaking to the general manager and provider they stated that they did not hold any qualifications in care however they said they were looking more that these were in place and had been reviewed at set frequencies.

These audits had failed to identify the issues and concerns we found during our inspection around risk assessments, care assessments and person centred care planning. The provider ran two other care homes both employing registered managers, however the managers and staff at these homes did not meet up or share resources. There were no systems set up for communication, to share good practice, share lessons learnt from incidents, or for managers to carry out quality checks at the other homes to drive improvement in the quality and services provided.

One of the providers' homes had received support from the adult social care quality development lead to improve care planning at the beginning of the year. When we inspected this home in September 2017 we found care plans and risk assessments were now of a very high quality as a result of this input. This had not been shared across the organisation. We had made two recommendations at the inspection of this service to improve how capacity was recorded to fully comply with the MCA 2005 and about medicines. When we inspected Holmewood we found these had not been actioned and we have made the same recommendations again.

We were also told that the service did not have an overarching development plan for the purposes of continually evaluating and improving the service delivered in the home and by the organisation. We also saw that other areas lacked direction and monitoring. For example the home did not have a staff development plan and we found that the numbers of qualified staff were lower than expected for this type of service. There were no formal plans to address this. The home did not have champion or lead roles for staff at all levels to be given responsibility to develop. This is recognised good practice in staff development and ensuring that current good practice is implemented in the home.

We asked people how they were involved in the running of the home and how they were given a voice or a say. One person said, "I don't know anything about meetings or such like, and another said, "We don't have

any meetings or questionnaires." We asked the registered manager about meetings for people in the home or their relatives. She said they had tried them in the past but people weren't interested and attendance was poor. We asked people living in the home about surveys and they could not recall having completing any.

We were told by the registered manager about developments the provider was planning to improve the home. When we spoke to people they said they hadn't been consulted but thought they were a good idea. We saw a poster entitled 'Polite Notice' on the dining room door and in the staff office that stated that people could only eat in their rooms if there was a medical reason for this. When we asked people most said they could request to eat in their rooms but one person said they weren't sure if they were allowed to. When we asked staff about this poster they said it had been up for some time and thought it was to do with staff finding it increasingly difficult to get round everyone who chose to eat their meals in their own rooms. We did see some evidence that people were consulted on matters to do with them personally for example, one person had chosen to keep a bath in their ensuite instead of having a shower installed.

The home had limited means of supporting people to express their views and involving them in decisions about the running of the home.

We found that the provider and the service did not have effective systems for ensuring that the care given in the home was up to date best practice, and that staff carrying out audits had the appropriate qualifications and skills to analyse and understand its significance and impact. The service was failing to act on feedback from relevant persons to improve the service. This is a breach of regulation 17 (1)(2): Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with members of the staff team and they gave positive feedback about the management of the service. One member of staff told us, "The manager and deputy are always around and very supportive." And another told us, "The manager comes in and works together with us." Other staff and people living in the home said they saw also of the owner and that they too were very approachable. The registered manager spoke of really appreciating the staff and how important she felt it was to recognise hard work and commitment. The provider had a number of staff incentives such as employee of the month award, thank you and birthday cards and presents and vouchers at Christmas. Staff confirmed this and said they felt valued. One staff member said, "The manager is open to ideas and suggestions. We tried one of my ideas, it didn't work out but it was given a go, which was nice. The manager often says thank you and a good bye at the end of a shift." Other staff spoke of a "really good team" and staff pulling together to help each other.

All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider was not ensuring risk assessments relating to health, safety and welfare of people using the service were being carried out.<br><br>The service was not regularly reviewing assessments when needs changed and staff did not demonstrate they had the qualifications, skills, competence and experience to do so.<br><br>Regulation 12 Safe care and treatment. 12(1)(2)(a)(b)(c) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider was not operating an effective system to assess, monitor and improve the quality and safety of the service.<br><br>The provider was not was keeping up to date with relevant nationally recognised guidance to ensure that the care and practices in the home were in-line with current best practice.<br><br>Staff carrying out audits did not have the appropriate qualifications and skills to analysise and understand its significance and impact. The service was failing to act on feedback from relevant persons to improve the service.<br><br>Regulation 17 Good governance 17(1)(2)(a)(b)(e)(f) |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The home was not following the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their role. The provider did not have an induction programme that prepares staff for their role.<br><br>There was not a systematic approach to staff training and development to meet the changing needs of people in the home.<br><br>Regulation 18 (1)(2)(a) |