Haydn-Barlow Care Limited

Holmfield Nursing Home

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 March 2018 and was unannounced.

Holmfield Nursing Home 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.

Holmfield Nursing Home provides accommodation, nursing and personal care and support for up to 22 older people living with physical frailty due to older age and complex health conditions. The home has two floors; with a communal lounge and dining area on the ground floor. At the time of our inspection, there were 20 people living in the home.

At the time of our inspection visit, the manager was awaiting confirmation of whether or not they had been successful in their application to register with us. Shortly after our inspection visit, it was confirmed their 'registration' had been accepted. We refer to the manager as 'registered manager' throughout the report. 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.

When we inspected Holmfield Nursing Home in August 2016, we gave a rating of 'Requires Improvement.' In November 2016, we returned to undertake a focused inspection which looked at whether the service was safe and well led. This was because we had received some information of concern regarding the management of risk to people's safety and wellbeing. At that inspection, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and gave a rating of 'inadequate.' The service was placed in 'Special Measures'. Services in special measures are kept under review and inspected again within six months.

At our inspection in May 2017, we found sufficient improvements had been made to remove the service from special measures, and the rating changed to 'Requires Improvement'. However, we found continued breaches of the regulations related to people's safe care and in the governance of the home. Risk of potential harm to people were identified, however, actions to minimise those risks were not always effective. Staff did not feel consistently supported by the registered manager, and planned improvements and actions had not always taken place. We also found staffing levels were not always sufficient to keep people safe.

At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. The overall rating has changed to 'Good' overall. However, the rating for 'well led' remains 'requires improvement because the provider needs to demonstrate stability and sustained improvement.

Action had been taken to ensure risks were properly assessed and plans were in place to manage those

risks. There were enough staff on duty to ensure risks were well managed and people were kept safe. The provider had developed a new tool to ensure staffing levels remained sufficient. People's medicines were now managed safely and were regularly checked to ensure good practice was followed.

Staff now felt well supported by the registered manager, and reported significant improvements had been made. The registered manager, with support from the provider, had developed a range of checks and audits to check the quality of service provided. However, further improvements were needed to ensure issues were identified and improvements were sustained.

Improvements had been made to ensure people were able to maintain activities and hobbies that interested them, and a range of activities were being developed to help engage and interest people.

People told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people and understood what action they should take in order to protect people from abuse. The provider ensured staff followed safeguarding policies and procedures. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

The risk of infection was minimised through effective infection control procedures and auditing.

People were asked for their consent before staff supported them. Where people lacked capacity to make particular decisions, this had been assessed to ensure people were protected. Where people lacked capacity and had been deprived of their liberty to keep them safe, the provider ensured they applied to the relevant authority to ensure this was done lawfully.

Effective induction of new staff was in place, and the registered manager had taken action to ensure nursing and care staff had the required skills and knowledge.

People and relatives told us staff were respectful and treated people with dignity. We saw this in interactions between people and staff.

People had access to health professionals when needed and care records showed support provided was in line with what had been recommended. People's care records required updating to support staff to deliver personalised care and give staff information about people's communication needs, their likes, dislikes and preferences. People were not always involved in how their care and support was delivered and reviewed, but the provider had plans in place to ensure this process was completed by summer 2018.

Complaints were logged and acted on in line with the provider's policy and procedure, and actions were taken to ensure the service improved following complaints and concerns.

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.

Risk assessments were in place, and staff have information they need to support people safely. Staff knew what action to take to safeguard people from the risk of abuse, and the provider had measures to ensure they recruited people who were suitable to work in the home. There were enough staff to meet people's needs, and the provider kept this under review. Medicines were stored and administered safely and effectively, and the risk of infection was minimised through good hygiene practices.

Is the service effective?

Good

The service was effective.

Effective training and induction systems were in place for both nursing and care staff, and this was supported by regular one to one meetings for staff. People were offered a choice of meals and drinks that met their dietary needs, and where they were at risk, their food and fluid intake was recorded and action taken where required. People received timely support from appropriate health care professionals. Where people lacked capacity to make day to day decisions, this was assessed and documented. Staff understood the need to obtain consent from people in relation to how their needs should be met. DoLS applications had been made as required. The provider had taken steps to tailor people's environment to their needs, in line with current best practice.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff took opportunities to engage with people to enhance their well-being. Staff were patient and attentive to people's individual needs and showed respect for people's privacy, and the provider ensured they had the time, resources and support to do so. People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been regularly reviewed. The registered manager was taking steps to ensure people and their relatives involvement in reviewing their care was consistently recorded. Staff responded to people quickly and effectively on a day to day basis, and as people's needs changed. People were supported to maintain hobbies, activities and interests. People knew how to raise complaints and were supported to do so. Care plans considered people's wishes for their care and support at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider has a recent history of not sustaining improvement. Whilst a new registered manager is in place, and improvements have been made, the provider needs to demonstrate sustained change.
People, relatives and staff felt able to approach the new registered manager and felt they were listened to when they did so.They told us the new registered manager had made positive changes and that they were confident this would continue. Staff felt well supported in their roles and there was a culture of openness.

Holmfield Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 20 March 2018 and was unannounced. The inspection was conducted by one inspector, a nurse specialist advisor and an expert by experience.

Before our inspection visit we reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked 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 as part of our evidence when conducting our inspection, and found the PIR reflected what we found.

We also reviewed information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we spent time observing interactions between people and staff. We spoke with six people who lived at the home, and with five relatives. We also spoke with the registered manager, two nursing staff, four care staff and the activities co-ordinator.

We reviewed four people's care records, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

At our previous inspection in May 2017, we found risks of harm to people were identified, however, actions to minimise those risks were not always effective because the provider's staffing levels did not allow staff to consistently implement actions to minimise identified risks. We also found records of some medicine applications, such as pain relieving patches for example, were not kept as needed. We rated 'safe' as 'Requires Improvement', and found the provider was in breach of the regulations as a result. At this inspection, we found improvements had been made, and the rating has changed to 'Good.'

Most people and visitors we spoke with told us there were enough staff on duty to keep people safe. One person commented, "I think so yes, I think it's quite well staffed. And at night there seems to be yes, there's not been a problem." A visitor commented, "There always seems to be a lot of staff around when we have been here."

Staff told us they thought there were generally enough staff to keep people safe and meet their needs. One staff member told us they felt staff absence had been better managed since the registered manager started managing the home. Staff also told us the provider and the registered manager took action where more staff were required. For example, as more people had moved into the home, care staff had been increased from three to four staff in the morning.

However, some staff felt the night shift was difficult, as it started at 7 pm, when staff numbers reduced and people still needed to be supported to go to bed. One staff member commented, "We could do with an extra carer on the night shift. Every night is different but four or five people on average prefer to stay up until later. If someone wants the toilet and you are assisting another person to bed it can be difficult but we manage." Another commented, "I think there are some occasions where we can be pushed for time. There are always improvements that can be made but I think the care side has improved."

The registered manager told us they had trialled one member of care staff staying on shift until 10 pm, but the trial had shown this extra person was not needed to meet people's needs. They added that they were beginning to use a new dependency tool to determine required staffing levels at all times of the day and night. They told us this new tool would give them more accurate information on required staffing levels.

During our inspection, we observed people had their needs met by staff, and that staff had time to interact and engage positively with people.

A nurse specialist advisor supported this inspection and reviewed how medicines were managed. They found people received their medicines safely and as prescribed. Medicines Administration Records (MARs) we reviewed had no gaps in recording, and the home had a check form that was reviewed at each shift change to follow up on any medicine that were not signed for. Some people were prescribed medicines to be taken on an 'as required' basis. The home had clear protocols in place so nursing staff knew when these medicines should be administered. The home also used forms to indicate where prescribed creams and lotions should be applied, and these were effectively completed.

Controlled drugs [these are medicines which require specific storage and administration] were stored safely, and systems were in place to ensure their administration was effective. We checked the records for one of the people who was prescribed a pain relieving patch. The stock balance of this was correct, and guidance was in place to ensure it was administered safely and as prescribed.

People told us they felt safe living in the home. Comments included; "I most certainly do [feel safe], more than anywhere. I am right near my daughter in-law. It feels warm and lovely. I'm quite happy here, the staff are friendly every one of them.", and, "Oh yes, very safe I've got no grumbles."
Risk assessments had been completed for people and included information about what actions staff should take to keep people safe. Where people had a range of care needs, such as people living with diabetes or being fed via a PEG, risk assessments for each area of their care had been completed.

We found assessments were in place to manage this risk, for example two people were assessed as needing to be turned regularly to reduce pressure on their skin. Records showed people were turned or re-positioned regularly and that people's skin was effectively protected.

Some equipment was also in use for people, such as specialised mattresses, to keep people comfortable. However, we found two of these mattresses had not been serviced since 2015. We also found the chart indicating the pressure the mattress should be set at was unclear. We found pressure settings differed slightly from what had been recommended for individuals. We raised this with the registered manager, who told us they would photograph the required pressure setting and attach these to people's mattresses so staff were clear. Pressures were adjusted to ensure they were accurate during our inspection visit. The registered manager acknowledged mattresses had not been service since 2015 and, following our inspection visit, sent us evidence that they had arranged with a technician to service these.

We found the provider was no longer in breach of the regulations.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise those risks were in place. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider ensured equipment was safe for people to use. For example, we checked records of maintenance of hoisting equipment, and found this was up to date.

There was a plan for emergencies so the provider could continue to support people in the event of a fire or other emergency situation. Staff knew what the arrangements were in the event of a fire and were able to tell us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans so staff were clear what individual support people would require in the event of a fire or other emergency.

The provider's recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' Staff told us they had a DBS check which the home completed and they had to wait for their references to be returned before they were offered employment. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions.

Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. They understood how to look for signs that might be cause for concern, and were aware of their responsibilities to report any concerns to the management team. One staff member commented, "You might see a change in personality, or unexplained bruising for example. If there was anything I was unsure about, I would go straight to [Registered Manager]. Staff also had access to contact details for external organisations should they feel people remained at risk if the provider had not taken action. Staff told us they

felt confident to do this.

The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used PPE [Personal Protective Equipment], for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. Staff also carried clinical waste in sealed bags. Infection control guidance was laminated and posted around the home so staff knew what action to take to reduce the risk of infection. These measures reduced the risk of cross contamination. There was a cleaning schedule in place to ensure the home remained clean and tidy.

The provider had systems to ensure lessons were learnt where incidents occurred. For example, the registered manager checked all incidents, accidents and falls that took place in the home. Records showed monthly audits were also completed which identified any patterns or trends which required actions across the home. Falls in particular were mapped to a 'falls cross' which, at a glance helped the provider identify areas of the home where falls occurred, for example so action could be taken to make a particular area safer.

Good

Is the service effective?

Our findings

At our previous inspection in May 2017, we found nursing staff were not always given the opportunities they needed to maintain effective knowledge and skills. We also found that, whilst people had access to health professionals, referrals were not always made as quickly as they should have been. We rated 'effective' as 'Requires Improvement' as a result. At this inspection, we found improvements had been made, and the rating has changed to 'Good.'

People told us they thought staff were well trained and had the skills they needed to support them. One person commented, "Oh yes, I think they are very well trained, getting people out of bed, hoisting people up, I think they are quite competent."
Nursing staff told us they felt they had ample opportunity to 're-validate' their skills and knowledge and renew their professional nursing registration. Training records kept by the registered manager confirmed this was the case. One nurse explained they had recently attended training in how to support people to manage diabetes, which they had spoken with the registered manager about as they hoped to share information with the wider staff team.The registered manager attended regular local nursing home manager forums in order to share and receive best practice and keep themselves and their nursing staff up to date with clinical developments.

Care staff also spoke positively about training they had received since the registered manager had been in post. One said, "We've had a lot of training since [name's] been manager. It helps as you then know what you are looking for." Another staff member told us, "I have just been signed up for a nutrition course with one of the nurses."

Staff received an induction when they started working at the home. This was linked to the Care Certificate. The Care Certificate requires observed practice so that the person in charge of the training can be assured that the new member of staff has the attributes which are necessary to provide high quality of care.

We staff putting their training into practice. For example, on two separate occasions we saw two care staff supporting a person to transfer from a wheelchair to an easy chair. Staff used safe moving and handling techniques and communicated clearly with the person throughout to ensure they knew what was happening and felt comfortable. Staff also covered the person's legs with a blanket to ensure their dignity was maintained.

Staff reported having regular one to one meetings with their line manager where they had the opportunity to discuss their practice and development needs. Records confirmed these had taken place to support staff training in ensuring staff remained effective in their roles.

People, relatives and staff told us the provider worked in partnership with other health and social care professionals to support people. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people had seen their GP, dietician, chiropodist and dentist when required. Staff made referrals to health professionals in a timely way so people received

support when they needed it. One relative commented, "Yes, [name] has seen a doctor twice now. The chiropodist comes in and the hairdresser. They added staff contacted medical staff urgently if this was required.

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 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).

People told us staff ensured they had their consent before supporting people. One person explained, "Yes they will say would you like to go into the dining room and if you say no that's fine." During our inspection visit, we observed staff seeking people's consent.

Capacity assessments were completed to determine what capacity people had to make decisions for themselves. Where decisions had been made in people's 'best interests' because they lacked capacity, these were documented and showed the provider had involved people and their representatives as required.

Staff demonstrated they understood the principles of the MCA and DoLS. For example, one staff member commented, "There are a few people who don't always understand. You sometimes have to coax people or make decisions in people's best interests." Another staff member said, "All people are assumed to have capacity unless it is determined otherwise. It is not up to me as an individual to put my ideas into people's heads. But, if it causes harm to them or anyone else, we escalate it."

The provider had taken action to ensure the home environment supported people with specific needs. For example, since our previous inspection, the provider had taken steps to make the environment more effective in supporting people living with dementia. We saw a number of 'talking points' had been added to communal areas of the home. These included objects people could feel, touch and talk about to help them reminisce. We observed people doing this with support from staff.

People's needs were assessed and documented before they moved into the home. Records showed staff collected a range of information about people so they could meet their needs from the start. Records also showed people's needs were monitored and reassessed to ensure their support remained as effective as possible, in line with people's identified needs.

At our previous inspection, people and staff told us basic food items sometimes ran out, so they did not always have access to snacks in-between meals, and meal choices could not always be accommodated.

At this inspection, people told us snacks were freely available, and they spoke positively about the food on offer and the choices available to them. One person told us, "Oh yes [there is enough food], usually you find yourself leaving a bit which you don't want to." They added, "Yes, yes quite a good choice of food. They tell me I have a choice." We saw people made choices about what they wanted to eat. For example, one person chose to have toast followed by ice cream for their breakfast, which staff respected.

People's cultural and religious preferences in relation to food were respected. For example, vegetable curry and chapattis were made for one person, and for another, quiche was provided as the person did not eat pork. We spoke with the registered manager about food and drink choice, and they showed us the kitchen

area, where a wide range of food in large quantities was stored.

Where people had risks associated with their food and fluid intake we found these were managed effectively to ensure people were protected. Over lunchtime we observed people were supported by staff where they required this, some people had specialised plates or cutlery as per their care plans.

We reviewed food and fluid charts for four people who had been assessed as 'at risk'. These charts recorded food and fluid intake, and fluid totals had been completed to provide a picture. However, whilst fluid intake was recorded, fluid output was not recorded. This meant it was not as effective as staff did not measure how much fluid had been retained. We raised this with the registered manager, who told us they would work with the home's nursing staff to establish target amounts based on people's weight and measure fluid output for those most at risk.

Good

Is the service caring?

Our findings

At our previous inspection in May 2017, we found staff did not consistently demonstrate a respectful approach toward people when undertaking tasks. We rated 'caring' as 'Requires Improvement' as a result. At this inspection, we found improvements had been made, and the rating has changed to 'Good.'

At our previous inspection, interactions between people and staff were limited, and, when they did take place, were focussed on tasks to be completed. At this inspection, we observed a number of interactions between people and staff. These interactions were positively received by people, and staff seemed interested in how people were feeling and in their well-being. Where staff were 'passing through' communal areas of the home for example, they took opportunities to greet people and share jokes and laughter with them.

People and their relatives told us staff were kind, caring and respectful. Comments included; "Absolutely [staff are respectful] and friendly, we have a laugh together.", "Yes I do [think staff are kind] and very tolerant.", and, "Yes, [name] always gets lots of attention and if she gets upset they reassure her."
Staff spoke with us about what being 'caring' meant for them. One staff member told us, "It is about being nice, looking after people. Making sure they are happy. If you can put a smile on someone's face, it is a rewarding job." Another staff member told us, "Being caring is about being kind, respectful, understanding. No two people are the same. It is how I would want my grandparents to be treated."

People and relatives told us they were supported to maintain relationships which were important to them, and that visitors were welcomed to the home. We observed people visiting the home on the day of our inspection visit, and saw they were treated respectfully and had a good rapport with staff and the registered manager.

People's dignity and privacy was respected by staff. For example, people were assisted to go to bathrooms or their rooms if they needed support with their personal care. Staff ensured people could speak with them privately and discretely if they wanted to discuss something personal. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only accessed by those who needed to access them.

During our inspection visit, we observed staff supporting people to be as independent as possible. For example, when supporting people to move around the home, staff ensured people had the opportunity to be part of the process, by encouraging to do whatever they could for themselves.

Staff told us they felt well supported by the registered manager, and that they cared about people and staff. We observed the registered manager interacting with people, staff and visitors to the home. These interactions were positive and helped create a relaxed, caring environment.

Good

Is the service responsive?

Our findings

At our previous inspection in May 2017, staff told us they felt they were restricted in how far they were able to personalise care to individuals because of time and felt care continued to be task led.

We also found there were very limited opportunities for people to take part in any group activities or be supported with individual hobbies or interests, so that risks of social isolation were minimised. We rated 'responsive' as 'Requires Improvement' as a result. At this inspection, we found improvements had been made, and the rating has changed to 'Good.'

People told us staff responded to their needs in a timely fashion, for example when they summoned help via a call bell. People also told us staff were aware of their needs and preferences and responded accordingly. For example, one person said, "I think I've got everything I need, I wanted my own bedroom and my own bathroom."

Staff told us the registered manager had looked at staffing levels and at how staff spent their time. Staff told us there were clearer plans in place for how staff were deployed on any given shift, and this made it easier for them to respond to people's needs. One staff member commented, "We all have different allocated roles. Before, it was a free for all. Now, staff are allocated to particular areas of the home so it is easier and more organised."

Since our previous inspection, work had been undertaken to support people to engage in meaningful activities and to maintain hobbies or interests. This included employing an activities co-ordinator. People spoke positively about the activities co-ordinator. One person said, "She has so much energy and has brought life to the place."

Relatives told us they had been asked to provide information on what people enjoyed doing before moving into the home, and the activities co-ordinator told us they were using this information to plan activities. They also told us they had spoken with the registered manager about purchasing items for the home that could be used to engage and stimulate people.

During our inspection visit, we saw people engaged in activities. For example, some people were painting Easter bonnets. When one person showed a member of staff the bonnet they had made, the staff member said, "Oh [name], that is beautiful." The person responded positively to this.

Care plans contained information about people's needs and preferences. The registered manager explained they had worked hard since they started managing the home to ensure care plans were updated and accurate because they recognised they required some improvement. They told us they had introduced a 'resident of the day' scheme, where, each day, one person would be focussed upon to ensure, amongst other things, that their care plans were up to date.

Most care plans we reviewed were up to date and accurate, containing all the information required in

relation to people's needs. However, one person had been assessed as being at risk of falls. The risk assessment stated a 'falls care plan' was therefore required, but none was in place. We raised this with the registered manager who acknowledged this was yet to be completed. They assured us they were working on updating all care plans in priority order, and that they had developed a 'care plan matrix' to progress this work. Following our inspection visit the registered manager sent us this matrix, which demonstrated how this was being done.

People were unsure whether or not they had been involved in the development or review of their care plans. Some relatives told us they had been involved but not all. Whilst care plans included evidence they had been reviewed, they did not reflect who had been involved in the review and what discussions had taken place. The registered manager acknowledged that, until recently, people and relatives had not always been formally involved in reviewing care plans, and that this had not always been properly recorded. They assured us they were working on improving this, and this work was included in information the registered manager sent us following our inspection visit.

The home was not currently supporting anyone with end of life care. However, there were policies and procedures in place so staff knew how to approach this. Advance care plans were in place which included clear information on people's wishes if they became very unwell or needed support in the home at the end of their lives.

Most people and relatives told us they had not had cause to complain, but knew how to and felt confident to do so. One person told us they had raised a concern and that, "Yes, I had a good response." Staff knew how to respond if someone wanted to make a complaint. One staff member said, "I would speak to the person about it, record it and take it to [registered manager]."

The provider kept a record of complaints received. This showed complaints had been logged and responded to in line with the provider's policy and procedure. Records also showed complaints were fully investigated and analysed so they could be responded to, but also that lessons could be learnt and action taken where issues had occurred. Records also showed how the provider worked closely with commissioners to improve the service provided where complaints had been made.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in May 2017, we found the provider's systems and processes to monitor the safety and quality of the service did not always identify where improvements were needed. The provider had not always ensured actions where risks to people's safety and wellbeing were identified were managed effectively. We also found staff did not consistently feel supported in their role by the registered manager. We rated 'well led' as 'Requires Improvement', and found the provider was in breach of the regulations.

At this inspection, we found some improvements had been made, and the provider was no longer in breach of the regulations. However, the rating remains 'requires improvement' as the provider needs to demonstrate improvements can continue and are sustainable.

The new registered manager had introduced a range of quality checks and audits to address the issues we found at our previous inspection, and to help the service improve. For example, a 'kitchen audit' had been completed following our previous inspection, this had identified a range of actions required. Records showed these actions had been completed in February 2018. This had resulted in the kitchen environment being more organised, and in a wider range of foods being available to promote choice and help protect people from the risks of malnutrition.

However, some audits had not been effective. For example, a 'tissue viability audit' had been completed. This recorded that 'mattress settings' for people with specialised mattresses were correct, and that settings were recorded in folders kept in people's rooms. However, we found pressure setting instructions for staff were unclear, and did not correspond with settings that were being used. We also found these mattresses had not been serviced as required. Whilst action was taken on this following our inspection, this demonstrated improvements were still required to ensure a good quality service could be sustained.

Since our previous inspection, a new registered manager was in post. The manager had started working at the home as lead nurse in April 2017. The previous registered manager left in July 2017, and the new manager had started managing the home at this time. They became 'registered' with us in April 2018.

At the previous inspection, we found staff did not feel well supported by the registered manager at that time, and that the registered manager did not spend time out of their office which meant they did not have a visible presence. At this inspection, we observed the registered manager was very visible in the home, and spent time with people and staff so they were familiar and could see what was happening. The registered manager had a good rapport with people living in the home. People were familiar with them, and responded very positively during their interactions.

All the staff we spoke with were positive about the new registered manager, and felt they had made a range of improvements. One told us, "Things have greatly improved. She [registered manager] has turned the place around. It is more organised, there is a better atmosphere. Before, things were allowed to slip. But now, everyone is happy and motivated." Another staff member said, "The home is a lot better managed in the past few months." They added, "I feel well supported by the manager. She is really approachable. If you

aren't sure, you can ask and she never judges."

The registered manager told us they felt well supported by the provider, who they said had helped them make improvements following our previous inspection. They commented, "They listen to me and take action, especially on the clinical side."

Staff told us they were able to share their views at regular staff meetings. Records confirmed this. One staff member said, "We have regular staff meetings which is good. We ensure everyone is on the same page."

Most people and relatives we spoke with could not recall being asked formally for their views on the service. However, records showed the provider had plans in place to get feedback from people, relative's, staff and others. Surveys had been sent out to people in March 2018, and were shortly due to be returned. The registered manager explained the results would be analysed and an action plan developed to act on feedback received.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They acknowledged this was not something they had yet considered in detail at Holmfield, but assured us they would attend to this as they completed the review and update of all care plans.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and also on the provider's website.