

Milelands Limited

Holme House Care Home

Inspection report

Oxford Road
Gomersal
Cleckheaton
West Yorkshire
BD19 4LA

Tel: 01274862021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 10,16 and 18 October 2018 and was unannounced on the first day and announced on the second two days. At the last inspection on 27 November 2017 the registered provider was not meeting the regulations related to person centred care and good governance. The service was rated requires improvement in all the key questions.

Following the last inspection, the registered provider sent us an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. At this inspection we checked to see whether improvements had been made and found the registered provider was not meeting the regulatory requirements relating to safe care and treatment, consent and good governance.

Home House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Holme House Care Home provides accommodation for up to 68 people with residential, nursing and dementia care needs. The home has three distinct units over three floors. At the time of our inspection 61 people were using the service.

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

We found risks were not always assessed and measures not always put in place to reduce these risks. Incidents and accidents were recorded, however learning from these incidents was not always evident.

We found the systems for managing people's medicines was not always safe because the administration of topical creams was not consistently recorded. Staff competency checks on the administration of medicines were up to date.

Emergency procedures were robust to protect people should the building need to be evacuated.

We found adequate numbers of staff were deployed to meet people's assessed needs. Feedback from people, relatives and community professional about whether there were adequate numbers of staff deployed was mixed and some people said use of regular agency staff at night reduced consistency for people.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. Safe recruitment and selection processes were in place.

People were not always supported to have maximum choice and control of their lives because decision specific mental capacity assessments and best interest decisions were not always in place to ensure people's rights were protected.

Staff told us they felt generally supported and they received some supervision, training and appraisal to meet their development needs. Staff had received an induction and role specific training, which ensured they had the knowledge and skills to support the people who lived at the home.

Most people told us they enjoyed their meals and meals were planned around their tastes and preferences. People were supported to eat a balanced diet and action was taken where people's nutritional intake had declined.

People were supported to maintain their health and had access to healthcare professionals and services.

Positive relationships between staff and people who lived at Holme House were evident. Staff were caring and supported people in a way that maintained their dignity, privacy and diverse needs.

Some care records contained detailed information about how to support people, however other care records had not been updated to provide person centred support. End of life care plans were in place for some people using the service to record their preferences.

Some activities were provided for people in line with their tastes and interests.

Systems were in place to ensure complaints were explored and responded to and people told us staff were approachable.

The registered manager and registered provider had an overview of the service, however this system had not been effective in identifying and addressing the concerns we found on inspection.

People who used the service and their representatives were asked for their views about the service and they were usually acted on.

We found breaches of Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Risk assessments were not always in place or up to date and medicines were not always managed in a safe way for people.

Staff had a good understanding of safeguarding people from abuse.

Overall, adequate staff were deployed to meet peoples assessed needs.

Staff were aware of the correct procedure to follow in the event of the need to evacuate the building.

Is the service effective?

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's mental capacity was not always considered when decisions needed to be made and best interest discussions were not always recorded.

Staff had received training and supervision to enable them to provide support to people who lived at Holme House.

People were supported to eat a balanced diet and had access to external health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a caring and respectful way.

People were usually supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

The service was not always responsive.

Care plans were not always up to date. Most care plans contained sufficient and relevant information to provide care and support.

People had access to some activities in line with their tastes and interests.

People told us they knew how to complain and staff were approachable.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The registered provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.

Learning from incidents was not always evidenced.

Feedback was mostly positive about the registered manager and management team.

Requires Improvement 

Holme House 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 checked 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 10, 16 and 18 October 2018 and was unannounced on the first day and announced on the second two days. The inspection was conducted by two adult social care inspectors on the first day 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. One adult social care inspector completed the inspection on the second and third day.

This inspection was brought forward in response to a number of allegations of poor care from relatives and community professionals. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people who used the service used non-verbal, as well as verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with nine people who used the service and six of their relatives. We spoke with four care assistants, two senior care assistants, one cook, one domestic, one activity coordinator, two care coordinators, one nurse and the registered manager. We looked around the building including some people's bedrooms with permission. During our inspection we spoke with four community professionals.

During our inspection we spent time looking at five people's care and support records in depth as well as six others for specific areas of information. We also looked at four records relating to staff supervision, training and recruitment, medicines administration records, incident records, maintenance records and a selection of audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Holme House. One person said, "[my relative] gets their tablets on time usually, but then they occasionally spit them out when the nurse has gone. The rooms are very nice, my [relative] uses a hoist and the staff are very careful with them." A second person said, "It is always clean when I come and the rooms are very nice, I get my tablets regular and on time."

A relative said, "They could do with more staff here, there is a high turnover, but the staff are nice mostly. [My relative's] room is very clean and the bed is clean and made up, [my relative] also has cot sides on their bed so that they can't fall out."

We found the registered provider did not have an effective system in place to ensure risks were assessed and mitigated. People at risk of leaving the building unsupported were not protected by key coded or secured doors. People could gain access to the lower ground floor by using the stairs from the second floor to the first floor and then down to the lower ground floor alarmed fire exit and out into an unsecured outside area near the car park and drive.

Risk assessments were not in place regarding one person exiting the building and timely action had not been taken to prevent recurrence. Incident reports showed this risk had first occurrence on 12 September 2018 and on 6 October 2018 the person had exited via the unsecured lower staircase and out the fire escape into the car park. On the first day of our inspection 10 October 2018 we found no care plans or risk assessments had been completed for the person with regards to the risk of exiting the building. The registered manager told us observations had increased and the person was spending time, when they were more unsettled, on the locked unit on the top floor to prevent this from recurring.

On the second day of our inspection incident reports indicated the person had exited the building twice the previous day and care plans still contained no reference to this risk or the previous incidents. We reported this concern to the local authority safeguarding team. Following this the registered manager took action to ensure the person was safe and risk assessments were updated to reflect this.

On the first day of our inspection, 10 October, the registered manager told us they had already spoken to the registered provider about the need for coded keypads to secure the bottom two stairwells at the home and the provider had agreed to this. The registered provider informed us no other person had exited the building, however we saw from incident reports a further person had exited the building on 4 October 2018 and was returned safely to the building by staff. This showed learning from incidents was not always evidenced.

Up to date information was not always available to support staff to manage and reduce the risks associated with transferring people using a hoist. In two electronic care records used by staff every day, there was no reference to use of a hoist, which was the method used to support the two people to transfer. Additionally, one of their paper records did not refer to the use of a hoist. One risk assessment related to moving and positioning a further person lacked detail, such as which loops on the hoist sling to use during transfers.

We found the systems for managing people's medicines was not always safe. At our last inspection we made a recommendation because the recording of topical creams was not robust; there was a lack of information available for staff to ensure they applied topical creams correctly. At this inspection we found this recommendation had not been acted on and records that staff had applied topical creams as prescribed, to keep people safe from skin breakdown were inconsistent. Daily records contained some evidence cream had been applied for some people.

Staff told us they had applied topical creams and we saw body maps and cream administration records had started to be used by the second day of our inspection. Some of the new records did not state the times of administration or contain information about when and why 'as required' creams should be applied.

On the first day of our inspection we observed the administration of medicines and found two people's medicines were not administered prior to meals, as prescribed, to ensure they were effective. We discussed this with the senior carer on duty and the registered manager, who ensured this was rectified. Protocols for 'as required' medicines for three people were not in place to provide guidance for staff.

During medicines administration the staff member administered three people's medicines without changing their gloves or washing their hands, including administering a person's eye drops. This meant people were not always protected from the spread of infection. We discussed this with the staff member and the registered manager and they said they would address this.

The above issues were a breach of Regulation 12 (1) (2) (a) (b) (d) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because risks were not always assessed and mitigated, learning from incidents was not always evident and medicines were not always administered in a safe way.

Medicines were managed by nurses and senior staff who had been trained and assessed as competent to administer medicines. The service had a system in place to ensure medicines were ordered and supplied in time to be available when the person needed them. We saw the amounts supplied had been recorded on the medication administration records (MAR). The count of any remaining tablets was not always brought forward and one medicine did not tally with the expected count. The registered manager said they would look into this.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. This meant people were protected against the risks associated with controlled medicines.

Senior staff had completed risk assessments for the risk of malnutrition, choking, developing pressure ulcers, falls, continence and finance. Staff said they read people's care records and senior staff shared information at handover meetings.

Staff told us they recorded and reported all incidents and staff were usually aware of any escalating concerns. The registered manager had identified some patterns in behavioural incidents between people which enabled changes to be made to staffing and incidents to be reduced. One staff member said, if a person was showing signs of agitation which may escalate to behaviour that may challenge others, they would, "Look for triggers. If they are pacing up and down do they need the bathroom? Are they in pain? Use distraction, try to diffuse."

Staff were aware of the correct procedure to follow and had received fire drills in line with the registered providers policy. People had an individual personal emergency evacuation plan (PEEP) in their care records. PEEPs are a record of how each person should be supported if the building needs to be evacuated. We saw evidence of service and inspection records for fire safety equipment, electrical wiring and portable appliance testing.

We observed there were appropriate staffing levels on the days of our inspection which meant people received sufficient support. We reviewed historic rotas and found staffing levels were usually thirteen care and nursing staff on duty during the day and six at night. The registered manager told us staff numbers were allocated according to a dependency tool, although the dependency tool only considered people's need for personal care and not for support with behaviour, keeping safe or observation to prevent incidents. The care coordinator showed us additional hours had been added to the dependency levels to reflect this.

One person said, "The staff are ok here but there is no continuity, there is a big change over, we seem to have plenty of staff at the minute and there seems to be enough staff at night now." A second person said, "It's always short staffed here, they don't always answer my buzzer because they are busy and the staff change a lot, the night staff answer me though." One community professional said, "There are staff around today. There is usually enough on. It's probably improved." A second community professional said, "There seems to be a high turnover of staff."

Most staff we spoke with told us there were enough staff on duty. One staff member said, "Staffing is OK now when we have four staff [on this floor]. It's difficult if we only have three on." A second staff member said, "Staffing is OK at present occupancy. The downside is we have a lot of agency staff. Predominantly nurses." Some people told us use of agency nurses could lead to a lack of consistency for people using the service. Only one permanently employed nurse was currently deployed by the service, except for the deputy manager and the registered manager, who only occasionally worked on the floor. One new permanent night nurse had recently been employed and cover was usually provided by familiar bank and agency nurses. The registered manager told us they were attempting to recruit further permanent nursing staff.

Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. We saw information around the home about reporting abuse and whistleblowing. Records showed safeguarding incidents had been dealt with when they arose and safeguarding authorities and the Care Quality Commission (CQC) had been notified. This showed the registered provider was aware of their responsibility in relation to safeguarding the people they cared for, although some issues, such as people absconding from the home and the administration of medicines and topical creams, had not always been addressed proactively to prevent safeguarding concerns arising."

We reviewed recruitment records for five staff members. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice and we found recruitment systems were robust.

One person said, "The home is nice and clean all the time and the rooms are cleaned every day." Some areas of the home were not visually clean, for example there were liquid spills visible on the dining room wall on one floor. Most areas of the home and equipment we saw were visually clean, although there was an odour in some bedrooms and outside the lift on the first floor. Staff told us bedrooms were deep cleaned at least monthly and, where there was any issue with continence, carpets were cleaned more regularly. On the first day of our inspection planned work to replace carpet with laminate flooring in two bedrooms was being completed to ensure it could be cleaned more effectively. Further improvements to flooring were planned to

eliminate and prevent odours.

Infection control audits and observations were completed regularly with staff to try to ensure good practice was maintained. Staff had access to personal protective equipment (PPE) and discussed with us when they used gloves and aprons and when they washed their hands to prevent infection, although this practice was not followed when we observed a medicine round.

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. DoLS authorisations had been applied for appropriately. One staff member said, "The Mental Capacity Act is about if people have insight. If they can make choices. You can't take choices away from them. You can't assume someone hasn't got capacity."

We found there was evidence of the assessment of mental capacity for some people in relation to health and well-being. These were a general assessment and not decision and time specific as required by the MCA. Where mental capacity assessments had been completed, for example with regard to medicines, and the person was found to lack mental capacity, there was no record of best interest discussion with the persons representative to evidence the decision was agreed to be in the persons best interests.

We checked to see if people's consent was being sought in line with legislation and guidance. We saw for one person a locked bedroom door preference and consent form was signed by the person and a staff member in October 2018, although recent records indicated the person lacked mental capacity to make some decisions. The form stated if a person lacked mental capacity staff were to complete the form in the persons best interests, however no mental capacity assessment had been completed to clarify if the person had the mental capacity to make the specific decision or not. No mental capacity assessments had been completed by the home regarding whether the person could consent to medicines, or restrictions on privacy such as a sensor mat, which was in use.

One person's mobility care plan stated they lacked capacity re: health, safety, and daily living needs and the four-stage mental capacity assessment had been completed by a senior staff member. No best interest discussion had been recorded and the persons representative was not recorded as being consulted. The same persons 'Involvement' consent form stated, "I do not wish to sign this care plan and risk assessment each time they are reviewed and amended," This had been signed by the individual and a senior staff

member in July 2018. No Mental capacity assessment or best interest discussion had been completed to check if the persons consent to this was meaningful and valid. The registered provider told us, following the inspection, the persons relatives had power of attorney to make decisions on their behalf, although the care records indicated this was for property and financial affairs only.

The above issues meant the rights of people who used the service were not always protected in line with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11(1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had spoken to the relevant people when making decisions in the best interests of people who used the service and they would ensure mental capacity assessments and best interest discussions were recorded. Following the first day of the inspection the registered manager showed us an example of how they had asked families and representatives to come into the home to review consent and best interest discussions.

Staff had completed training to enable them to meet people's needs effectively. Staff told us they completed initial induction training and shadowed a more experienced staff member for around three shifts, before they were counted in the staffing numbers.

Staff new to care completed an induction based on the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills and knowledge to ensure they provide high quality care and support. This demonstrated new employees were supported in their role.

Staff completed training including fire safety, manual handling, first aid, infection prevention and control, nutrition and hydration, mental capacity and DoLS, equality and diversity and safeguarding adults. We looked at the training records for five staff members and saw they had completed further training in areas such as dementia awareness, end of life care, recognising sepsis and epilepsy. Staff were given training to support people who might have behaviours that challenged others. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff received regular management supervision to monitor their performance and development needs in line with the registered providers policy of four times a year plus an appraisal. Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. Most staff we spoke with told us they felt appropriately supported by managers and had regular supervision, an annual appraisal and regular staff meetings. One staff member told us they didn't feel they received regular supervision. Records showed supervision was regular, however senior and nursing staff supervision from October, September and June 2018 were identical photocopies of issues that had arisen at the home, signed by the staff member and the supervisor. They did not record how supervision had been used to review staff practice or behaviours, and focus on professional development, in line with good practice guidelines.

Most people told us they enjoyed their meals. One person said, "Breakfast is always good, you can have a full breakfast. Dinner time it is usually a roast meat or fish and vegetables, nice puddings with custard or ice cream. Tea time it is light meals such as beans on toast or egg on toast sometimes fish and chips or sandwiches and jelly or yoghurt for dessert. We get drinks and snacks morning and afternoon, cake, biscuits, fruit." A second person said, "the food is very nice." A third person said, "The food's not bad really. Tea time meals are not good, I'm fed up of beans." A fourth person told us they now received culturally appropriate meals since the current registered manager was in post and a fifth person said, "The food is lovely."

At the last inspection on 27 November 2017 the registered provider was not meeting the regulations related to good governance because complete, accurate and contemporaneous notes were not kept in relation to people's nutrition and hydration needs. The registered provider sent us an action plan to show what they would do and when they would meet the regulations. At this inspection we found improvements had been made and more detailed records were kept including what meals or snacks were eaten or declined and the amount that was eaten and drunk.

The service ensured people's nutritional needs were monitored and action taken if required. We spoke with the cook who told us about the different options that were offered to people according to their preferences and needs. Some people needed their food to be of a different consistency and this was clearly indicated in a board in the kitchen and was updated if people's needs changed.

Professional guidance was included in people's care plans and we saw people received their meals and drinks in line with this. Staff recorded people's dietary intake and their weight was monitored and action taken if required. The cook told us they did not send out snacks from the kitchen mid-morning or mid-afternoon, however staff told us drinks and snacks such as biscuits or malt loaf were kept in the kitchen cupboards on each unit and offered throughout the day.

We observed lunch service on all floors and saw staff offered people a choice of meals and drinks. Staff were attentive throughout the meal, provided support and no one was rushed. Two people on one unit were asleep when their meal was placed in front of them and were woken up after around 10 minutes, which meant the meal was likely to be cold. We saw later in the afternoon staff did offer to replace a person's hot drink that had gone cold.

Technology was used to meet people's needs, for example, chair or bed sensors were in use where people were unable to summon help physically, or were at risk of falls.

Some care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance, for example in relation to specific health conditions. One community professional said, "We work well with [the home]. They refer on and listen and follow advice. If they are unsure they ask us."

People had access to external health professionals as the need arose and we saw from people's care records a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, speech and language therapy, physiotherapists and the falls team. This showed people who used the service received additional support when required for meeting their care and treatment needs.

One person said, "I get lost sometimes, some signs around would help. It all looks the same." One staff member said, "It's a good place to work but it needs updating." The design and layout of the building was conducive to providing a practical environment for people who used the service, although signage needed to improve. Picture signage may help orientation for people with cognitive or memory impairments and the registered manager told us they would look into this.

People's individual needs were usually met by the adaptation, design and decoration of the service. Hand rails in corridors were painted blue to contrast with the walls and support people who may be visually impaired. There were some pictures and photographs in the communal areas and people had access to a secure outdoor seating area.

Is the service caring?

Our findings

People told us they liked the staff and we saw there were warm and positive relationships between them. One person said, "The staff speak nicely to people, there is a good mix at present." A second person said, "All the staff are very nice to me. The staff and management treat me very well." A third person said, "The staff are respectful with personal care and are kind to me."

One relative said, "Staff approach with [my relative] is amazing. We class this as [my relatives] home."

One community professional said, "Some of the staff are really fantastic and caring."

Staff we spoke with enjoyed working at Holme House and supporting people who used the service. One staff member said, "I love care work. I like the residents."

We asked staff to talk about individuals living in the home and they talked with genuine care and concern and knew people well. They used this knowledge to engage people in meaningful ways, for example, with conversations about activities or music they knew the person liked. We saw people laughing and smiling with staff.

People looked comfortable and relaxed when interacting with staff and staff maintained compassionate relationships with people. For example, we saw one person became distressed and was supported by staff who sat with them and chatted with them until they were more relaxed.

People's diverse needs were respected and care plans recorded the gender of carer they preferred to support them, as well as their religious and cultural needs. The registered manager told us they supported individuals from different ethnic backgrounds with culturally appropriate food and gave examples of how they supported people with their religious needs. This demonstrated the service respected people's individual preferences.

People told us they had a choice of meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower. Staff used speech, gestures, objects of reference and facial expressions to support people to make choices according to their communication needs. Staff told us they showed people a choice of clothing or meals to support them to make every day decisions if they communicated none verbally. Care plans contained details of how to recognise when a person may be in pain, unhappy or happy using non-verbal cues.

People's individual rooms were personalised to their taste with personal items, photographs and bedding they had chosen. Staff and people told us dignity and privacy was respected. One staff member said, "We take people into their own bathroom or bedroom for personal care. Talk at the persons own level, explain and communicate what we are doing." People's private information was respected and records were kept securely.

People were encouraged to do things for themselves in their daily life. Care plans detailed what people could do for themselves and areas where they might need support. We saw one person was encouraged and supported to stand in a gentle and kind manner by a member of staff who was aware they may experience some discomfort, but needed to keep mobile to maintain their mobility. This showed us the home had an enabling ethos which tried to encourage and promote people's independence.

Relatives told us they were welcome to visit any time. This meant people were supported to maintain contact with people who were important to them.

Some people had independent mental capacity advocates and staff were aware of how to access advocacy services for people. An advocate is a person who can speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

Feedback about whether people were involved in planning their care was mixed and evidence was not always available to show people had been involved. One relative said, "They ring if there is a problem. They know [my relative] well. We generally leave it to them." One person said, "I think I have a care plan but I haven't seen it."

At our last inspection the registered provider was not meeting the regulations relating to person centred care. This was because people's records did not provide sufficient details to ensure they received care at the end of their life which was specific to their individual needs and preferences. At this inspection we found some improvements had been made, however further work was needed.

Care staff had received training to support people at the end of their life to have a comfortable, dignified and pain free death. Some people and their relatives had discussed preferences and choices for their end of life care including in relation to their spiritual and cultural needs. One person who was receiving end of life care did not have an end of life care plan in place. This meant end of life wishes were not always recorded to provide direction for staff, although staff we spoke with had a good understanding of people's needs and preferences.

The electronic care planning system was accessed by care staff to record daily care. Staff accessed a summary screen for each person which informed them of the main elements of care and highlighted any risks, such as allergies, risk of falls or special diets, however on two of the four electronic care plans we reviewed the summary screen was not completed and for one person there were no care plans or risk assessments completed. Some paper records were available, which were kept in the nurse or senior carers offices on each floor, but these were not up to date. For example; the care records for one person who had recently been admitted to the home had no updates in place related to changes to their mobility following a fall. However, we saw information was shared by senior staff at handover. The registered manager told us senior staff were responsible for keeping care plans up to date and this was completed for the above people by the end of this inspection. Following our inspection the registered provider sent us further information about this, however the date of the information could not be verified.

The above issues contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance because accurate and up to date records were not always kept and an effective system of audits was not in place.

We found care plans explained how people liked to be supported, for example, 'No makeup or jewellery. Wears deodorant on a daily basis,' and for a second person's, 'Likes bingo and entertainment'. We saw this person was taken to see the entertainer on another floor during our inspection. This is important as some of the people who used the service had memory impairments and were not always able to communicate their preferences.

We found staff knew people's needs and preferences and we observed care was delivered in line with these.

A short personal history was included in care plans. One staff member said, "I see the person not the illness. Learn about the person, their hobbies and interests. Read the care plan." A second staff member said, "Person centred, it's what they want, individual to them." A third member of staff said the new electronic records system was good. "It's easier for us to see people's care plans." A fourth staff member said, "Most of the care plans are now electronic. The system works really well." A new member of staff said, "I get time to look at the care plans and familiarise myself with who I am going into. It's nice to get to know people. They enjoy the singers and go down to watch the films."

Care plans covered areas such as skin integrity, communication, continence, personal care and mobility. Care plans that were in place were generally detailed and person centred.

Staff told us communication was facilitated with a daily handover and daily diary, as well as weekly meetings with the senior team. One staff member said, "Staff are nice and helpful. There is good communication."

Recording of daily support such as re-positioning, observations and personal care were recorded on the electronic system, however it could be hard to access information, as all charts were pulled through into daily records. For example; a person who was on 15-minute observations had several pages of these on the daily records, which had to be navigated to see what the person had for lunch on a certain day or what their mood was. The registered manager told us they were having training with the provider of the electronic system regarding electronic medicines records and they could discuss suggestions and ideas with them or feedback through the registered provider.

Pain assessment tools were not currently being completed for people using the service. The registered manager said this was because no one showed signs of significant pain and people were receiving appropriate pain relief prescribed to meet their needs. One community professional expressed concern about pain management for one person during our inspection, which they raised with the registered manager, who followed this up to ensure the person was receiving person centred care.

The registered manager was not aware of the Accessible Information Standard, although the service was overall meeting the Standard. This requires the service to ask and record information about people's communication needs and ensure they receive communication support if they need it. Information regarding people's communication needs was recorded in care plans, for example regarding people's hearing, vision, communication and memory. We saw staff used appropriate communication methods with people and the registered manager told us some people had telephones in their rooms with large numbers on to support them to communicate independently if they were visually impaired.

Some people told us they could access activities in line with their tastes and interests. One person said, "There are two girls now who do the activities here, they are very good. They've only been here a couple of months, they try to push a bit too hard and are a bit over enthusiastic. We don't go out much, it seems if you can walk you can go out, but if you are in a wheelchair you are never taken anywhere." A second person said, "[My relative] likes it when the singers come, [my relative] sings along with them and enjoys that, anything else he/she joins in with if he/she feels like it." A third person said they were occasionally taken out by family but, "I don't go out with the home because I'm in a wheelchair, they don't take people in wheelchairs out. They do some activities here. I join in if I feel like it." We discussed this with the registered manager who told us people were supported to go out of the home by their relatives, and staff occasionally took one mobile person out to the shops, as this was part of their assessed needs. The registered provider told us following our inspection that everyone had access to trips outside the home.

The registered provider employed two activity coordinators to complete activities with people. Staff spoke with good insight into people's personal interests and we saw from activity records people had taken part in activities inside the service. On the days of our inspection people took part in craft activities, music and movement, joining in with a singer, table top games and baking. Staff on the third-floor unit painted one person's nails. The registered manager told us activity coordinators spent time with people who remained in their rooms on a one to one basis to provide social interaction.

One person said, "If I had a complaint I would speak to a senior nurse." A second person said, "I can talk to the manager, she is alright, I complain to her." A third person said they had complained to a senior staff member about the timing of their tablets, but nothing had changed. The registered manager followed this up during our inspection.

One relative said, "Overall we have no concerns, if we had we would go and see the manager."

We saw complaints had been dealt with appropriately when they arose and action taken when required. Staff we spoke with said if a person wished to make a complaint they would facilitate this. The registered manager was clear about their responsibilities to respond to and investigate any concerns received and demonstrated learning from complaints was implemented to improve the service, for example discussing concerns at staff meetings and in staff supervision. A number of compliments had also been received by the home.

Is the service well-led?

Our findings

People told us they thought the home was generally well led. One person said, "I know who the manager is by sight, but I don't know her name. The manager has changed three times in two years. It was a bit like a prison camp before, we were told what to do all the time, we had no choice, it has changed for the better now and we can choose what to do." A second person said, "The manager is a diamond, she mucks in with everything, even when she finishes in the office there is nothing she can't or won't do, she is trying to improve things."

One relative said, "Here is amazing. Since moving here [my relative] is relaxed. I am thrilled with the way everyone conducts themselves."

One community professional said, "Seniors and managers are very good. They act on things if asked." A second community professional said, "Information is not filtering down to care staff." We discussed with the registered manager, who felt it was not the case. They discussed this with the community professional concerned.

The registered manager had been in post for over a year. Two care coordinators were deployed during weekdays and a deputy manager, although the deputy manager had been supporting a different home run by the same registered provider for the two months prior to the inspection. They returned to the service during our inspection.

Most staff told us they felt supported by the registered manager and management team, who acted on any concerns. One staff member said, "The manager puts in the hours and gives direction. She listens, but I'm not sure it is always taken on board."

At the last inspection on 27 November 2017 the registered provider was not meeting the regulations related to good governance because complete, accurate and contemporaneous notes were not kept in relation to people's nutrition and hydration needs. The service was rated required improvement and the registered provider sent us an action plan to show what they would do and when they would meet the regulations. At this inspection we found improvements had been made in the area of recording of nutritional needs, however consistent improvements in governance had not been made across the service and the registered provider was still not meeting this regulation.

The registered manager and registered provider could not always demonstrate they were keeping an overview of the safety of the service. The issue of recording topical creams to maintain peoples skin integrity had not been effectively addressed since our last inspection on 27 November 2017. There was a lack of oversight of incidents which meant four incidents of absconding had not been analysed to prevent further incidents. The incidents of absconding had not been translated into care plans or risk assessments. Measures put in place to reduce the risk of absconding were not robustly recorded and were ineffective.

The registered provider had quality monitoring systems in place, however they had not been effective in

identifying and addressing the concerns we found on this inspection. Medicines were audited monthly by a senior staff member, although the concerns we found had not been identified and addressed. This demonstrated the medicines governance systems in place were not always effective.

A program of care plan audits had previously been completed by the senior team at the home, however this was replaced with reviewing and transferring care plans onto the electronic system in June 2018. Some care plans had not been transferred by October 2018 and changes to people's needs had not been updated on care records. No care plans were available for two of the people we reviewed on the electronic system, which care staff accessed on a daily basis. Some paper records were available, but these had not been updated and this had not been identified by the registered manager or the registered providers quality assurance system.

The above issues were a breach of Regulation 17 (1) (2)(a) (b) (c) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because an effective system was not in place to assess, monitor and improve the quality and safety of the service and accurate records were not always kept.

Some quality assurance systems were in place. A daily walk round was completed by the registered manager when she was on duty and some action was evidenced. Audits of health and safety, catering and infection prevention and control were conducted. The registered manager had overview of people's weight and kept a log of incidents and complaints. The senior team observed staff practice in medicines management, infection control and the meal time experience.

The registered provider visited the service regularly and we saw evidence they conducted observations of the lunchtime experience and spot checks of records, for example, medicines and health and safety. Information was also reviewed by the registered provider in areas including incidents and accidents, safeguarding, training compliance and recruitment.

An external quality improvement organisation reviewed the service twice a year and completed an action plan, which had identified some of the issues we found on 5 October 2018, such as the administration of topical creams not being recorded. The registered manager worked to an action plan completed in conjunction with the registered provider and we saw some action had been completed within the timescales set.

The registered manager told us they felt supported by the registered provider, and could contact a director at any time for support.

The registered manager told us their aim was, "To make this the best home in Gomersal, with the best care anyone could possibly have. To treat people how I would want to be treated." They told us they attended managers' meetings, training and events to keep up to date with good practice, and maintained their professional practice as a nurse. We saw the registered manager engaging with people throughout the day and they told us they regularly worked some weekend shifts to ensure they had an overview of how care was being delivered.

We found the management team worked in partnership with community professionals to promote the wellbeing of the people living at the home.

People who used the service and their representatives were asked for their views about the service and they were usually acted on. A suggestion box was available in the foyer, although no one had used this since our

last inspection. Two residents and relative's meetings had been held since our last inspection and topics discussed included feedback on meals, activities, staffing levels, service quality and the environment of the home and grounds.

Two people had complained at a resident's meetings in February 2018 about the external rubble around the banks of the car park and exterior to the building, which had not been landscaped since the building was completed several years prior. Staff had decorated the car park area with flower planters, however the rubble to the side of the home presented a risk to people with mobility problems if they accessed the unsecured areas outside the building. We discussed this with the registered manager who said they would discuss this with the registered provider.

Anonymous questionnaires were sent out to family members and professionals every six months by the registered provider and feedback had been reviewed and followed up where required. Information was posted in the entrance to the home entitled, 'Look what we did,' demonstrating what action had been taken in response to feedback from people.

Staff meetings were held approximately every two months. Recent topics discussed included confidentiality, maintenance and the garden, meal times, infection control, building security, electronic care plans and reporting incidents to senior staff. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

The registered manager understood her responsibilities with respect to the submission of statutory notifications to the CQC. Notifications for all incidents which required submission to CQC had been made.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Decision specific mental capacity assessments and best interest decisions were not always in place to ensure people's right were protected.</p> <p>The consent of the relevant person was not always evidenced.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed and mitigated.</p> <p>learning from incidents was not always evident.</p> <p>Medicines were not always administered in a safe way.</p> <p>(1) (2) (a) (b) (d) (g) (h)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service.</p> <p>Accurate and up to date records were not always kept.</p> <p>(1) (2)(a) (b) (c) and (f)</p>

The enforcement action we took:

A warning notice was issued to comply within 28 days