CareQuality Commission

Calderdale Metropolitan Borough Council

Ferney Lee Services for Older People

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Inadequate
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

This inspection took place on 28 June 2016 and was unannounced.

At the last inspection on 13 January 2016 we rated the service as 'Inadequate' and in 'Special Measures'. We identified six regulatory breaches which related to safeguarding, staffing, consent, safe care and treatment including medicines, person-centred care and good governance. We issued warning notices for the breaches of safeguarding and safe care and treatment with a compliance date of 29 February 2016 and for good governance with a compliance date of 31 March 2016. We issued requirement notices for the breaches relating to staffing, consent and person-centred care. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Ferney Lee provides accommodation and personal care for up to 31 older people, some of who are living with dementia. Accommodation is provided in single bedrooms over two floors. Ferney Lee offers a mixture of placements which includes permanent places, intermediate care, transitional, emergency and respite care. There were 20 people using the service when we visited. This included eight people who lived there permanently, two people receiving respite care and ten people receiving intermediate care. Accommodation is provided over two floors and the intermediate care is provided on a separate unit. There are communal areas throughout the home including lounges, dining rooms, a large central kitchen and separate smaller kitchens.

The home has a registered manager who registered with the Commission in May 2016. 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.

Overall we found some improvements had been made to the care people received and areas such as safeguarding, care planning, consent and leadership were better than we had found at the last inspection. However, we still had concerns in relation to the management of medicines, risks to people, staffing levels and good goverance.

Although some improvements had been made we found the systems in place to manage medicines were not always safe. For example, one person had not been given their medicines as prescribed for several days which staff had recorded but no one had reported this to the person's GP until we raised the matter at the inspection and it was then addressed.

People told us they felt safe. There were better systems in place for managing safeguarding concerns. Staff had received safeguarding training and we saw incidents were being reported to the Local Authority safeguarding team. Although we found some of these incidents had not been notified to the Care Quality

Commission.

There had been a high number of falls since the last inspection and although these were well recorded there had been no analysis to look at how risks could be reduced. A significant number of the falls had occurred at night when there were only two staff on duty, although the registered manager told us there should be three staff on duty. This had not been investigated further by the provider.

People raised concerns about staffing levels and said there were sometimes not enough staff. Although people dependencies were recorded the registered manager was unable to provide any evidence to how the staffing levels had been determined.

People and relatives praised the staff who they described as kind and excellent. There was a relaxed and friendly atmosphere in the home and we saw staff took every opportunity to engage with people. People told us they were treated with respect and this was confirmed in our observations. The home had achieved an award in April 2016 from the Dementia Care Matters team for providing a high level of person-centred care to people living with dementia. The environment in the main part of the home provided comfortable and homely seating areas with many items of interest to stimulate and interest people such as an old Singer sewing machine and gramophone player.

People told us there were plenty of activities taking place in the home and we saw people enjoying a themed coffee morning during our inspection. People also told us about trips they had been on.

Safe recruitment procedures were followed which made sure checks had been completed before new staff started work. Staff training had improved and systems were in place to ensure staff received supervisions and appraisals.

People told us they enjoyed the food. We saw mealtimes were generally a pleasant and sociable occasion, although one person had a less positive experience with their breakfast . A choice of meals, snacks and drinks were provided throughout the day.

People were aware of how to make a complaint and we saw complaints received had been dealt with appropriately.

People's care records had improved. We found the care files were well organised and care plans were personalised. We saw people had access to healthcare professionals such as GPs and district nurses.

People and staff told us improvements had been made since the last inspection. We found the home was more organised and the registered manager was open and transparent. However, quality assurance systems were not fully embedded or always effective which is evident from the continued breaches we found at this inspection.

We identified three breaches in regulations – regulation 18 (staffing), regulation 12 (safe care and treatment) and regulation 17 (good governance). The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. 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 overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two

consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Although some improvements had been made medicines management was not consistently safe, which placed people at risk of not receiving their medicines when they needed them.

People raised concerns about staffing levels. Staffing levels were not always sufficient to ensure people's needs were met in a timely manner and they were kept safe. Safe staff recruitment processes ensured new staff's suitability to work in the care service.

Risks to people's health, safety and welfare were not always properly assessed and mitigated. Overall safeguarding incidents were recognised, dealt with and reported appropriately.

Effective systems were in place to keep the premises clean, secure and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met, although one person's mealtime experience was poor.

People's healthcare needs were assessed and people had access to a range of health professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring and this was confirmed through our observations.

People's privacy and dignity was respected and maintained by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records had improved and contained personalised information. However, staffing shortages meant people did not always receive care that was responsive to their needs.

An activities programme was in place and trips out were being arranged. We saw people enjoying activities on the day of the inspection.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems had been introduced to assess, monitor and improve the quality of the service, however these needed to be fully embedded. Although, some improvements had been made, regulatory breaches remained which placed people at risk of receiving unsafe care and treatment.

Leadership and management of the home had improved..

Care Quality Commission

Ferney Lee Services for Older People

Detailed findings

Background to this inspection

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

This inspection took place on 28 June 2016 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience with experience of services for older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

Usually we 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. We did not ask the provider to complete a PIR before this inspection.

We spoke with seven people who were living at the home, four visitors, five care workers, the chef, the kitchen domestic, the activities co-ordinator, the registered manager and the operations manager.

We looked at four people's care records in depth and two other people's for specific information, one staff file, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Inadequate

Is the service safe?

Our findings

At our last inspection in January 2016 we found medicines were not always managed safely. At this inspection, although improvements had been made, concerns remained.

Medicines were stored safely and securely. Temperatures of the medicines fridge and medicine storage rooms were monitored daily and within the recommended safety range. The registered manager told us medicines were obtained from two separate pharmacies, one for the intermediate care unit and the other for the main part of the home. They said the pharmacy supplying the main part of the home had recently changed.

We looked at the medicine administration records (MAR) on the intermediate care unit as well as the main part of the home. Although the home had one medicine policy we found this was not being followed consistently and saw differences in practice across the units. For example, on the intermediate care unit all the MARs were handwritten and because of the format staff had to re-write them every week. Staff told us this was very time-consuming. We saw where medicines had been refused or not given there was nowhere on the MAR for staff to record the reason. There were no protocols for 'as required' medicines on the intermediate care unit, although these were in place for people in the main part of the home. There were medicine reference books, the British National Formulary (BNF), on each unit, however the one on the intermediate care unit was dated 2012, which meant it may not contain up to date information as the BNF is updated annually.

Staff told us people admitted to the intermediate care unit came with a fortnight's supply of their medicines from hospital. Further supplies were then obtained from the GP surgery people registered with temporarily during their stay at Ferney Lee. We saw people were encouraged and supported to self-medicate where possible. We looked at the arrangements in place for one person and found they had secure storage facilities in their room. Staff checked with the person daily to make sure they had taken their medicines and checked stock levels each week, although this had not been completed for the week leading up to the inspection. We saw documentation in the person's care file which showed the risk of self-medicating had been assessed and judged to be safe.

We looked at two people's MARs on the intermediate care unit. One person was prescribed a medicine to be given on a set day each week and we found it had been given a day late on two consecutive weeks. The same person was prescribed an anti-inflammatory analgesic to be given 'as required' three times a day. The exact time of administration was not recorded which meant staff could not be assured there was a sufficient time gap between doses. The person was also prescribed a laxative to be given three times a day, yet there were no signatures to show this had been given on 27 June 2016. The staff member gave a valid reason why the medicine had not been given, but this was not documented.

We checked the stock balances of three medicines on the intermediate care unit with a staff member and found a discrepancy with one. One person was prescribed an anticoagulant (a medicine which thins the blood) and had seven tablets left when according to administration records there should only have been six.

This suggested one tablet had been signed for but not administered.

We looked at people's medicines in the main part of the home with two senior care staff. We saw while most people had printed MARs which were generally well completed, some had handwritten MARs. The senior care staff said this was because these people had been admitted for short stays. We looked at one person's MARs and found some were handwritten and others were printed and we identified discrepancies. The handwritten MAR showed the person was allergic to three medicines, however this information was not included on the printed MAR.

The same person was prescribed a controlled drug (CD), a prescription medicine which contains drugs that are controlled under the Misuse of Drugs legislation. The MAR showed the CD was prescribed to be given up to four times a day and there were no signatures on the MAR to show the CD had been administered since 3 June 2016. However, when we checked the controlled drug register we saw the CD had been administered on six occasions since 3 June 2016. The provider's policy stated the recording of receipt, administration and disposal of controlled drugs should be recorded on the MAR. This had been raised as an issue at the previous inspection.

We checked the MAR of another person who was prescribed a CD pain patch and these were recorded correctly.

Staff told us one person received their medicines covertly by crushing the tablets and hiding them in a glass of juice. We saw the reasons for this decision were well recorded in the person's care file. However, there was no information on or with the MAR to show this was how the person's medicines were to be administered.

We found one person was not receiving their medicines as prescribed. The MAR showed the person was prescribed four medicines to be given three times a day yet one dose had been missed on 10 occasions since 13 June 2016. Both senior staff told us this was because the morning dose was sometimes given at 11am as the person got up late and this meant there was not a sufficient gap before the lunch time dose so it was omitted. We asked if the GP had been informed and staff said no. We discussed this with the registered manager who said they were unaware of this. The day after the inspection they told us the GP had been contacted and the administration times had been changed to accommodate the person's preferences. They also told us they had contacted the pharmacy and arranged for printed MARs to be provided on the intermediate care unit. However, we were concerned these matters had not been identified or addressed until we brought them to the registered manager's attention. We concluded while some improvements had been made since the last inspection which reduced the risk of people not receiving their medicines as prescribed the provider remained in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the staff about their knowledge and understanding of safeguarding people in their care. They told us they had recently completed safeguarding training and were aware of how to detect signs of abuse and of external agencies they could contact. For example, they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They were also aware of the whistle blowing policy.

Information received from the Local Authority safeguarding unit showed the service had made 50 safeguarding referrals since the beginning of January 2016. Of the 50 referrals made only 6 had been accepted by the unit. The remaining 44 referrals were made as a result of people having unwitnessed falls.

We discussed this matter with the registered manager who told us because the service had failed to refer

incidents to the safeguarding unit in the past they now had to notify the unit of all incidents including falls.

We asked the registered manager and operations manager if they had carried out an analysis of the falls and looked for themes and trends. They told us 31 of the falls had occurred on the intermediate care unit and the majority of falls had happened during the night. The operations manager felt some of the falls occurred because people were discharged from hospital too soon and their mobility was still poor.

We looked at the six incidents which had been referred to and accepted by the Safeguarding Unit and found we had not been notified of three of the incidents as required. The registered manager was unable to explain why we had not been informed of these incidents.

We looked at the accident book and found at 1:30am on16 January 2016 one person had an unwitnessed fall in their bedroom. The record showed the person had been taken to their room by one staff member in a wheelchair. The staff member was unable to transfer the person into bed alone therefore they waited for a second staff member to attend. However, whilst waiting the emergency call alarm went off and they left the person unattended to respond to the emergency. On their return the person was found on the floor.

On the back of the accident record the staff member had written the following statement "There was only two staff on duty. I had taken (name of person) to bed and was waiting for the other night staff to assist me. The other night staff was assisting another person. When the emergency buzzer went off I felt I had to assist my colleague and was unable to transfer (name of person) on my own into a chair or their bed."

We asked the registered manager if an internal investigation had taken place into the circumstances around this incident. They told us they had not carried out an investigation and had not seen the statement on the back of the accident form until we had pointed it out to them. The registered manager told us the operations manager had seen the accident report as they had written a comment on the side of the form asking why a wheelchair had been used.

We asked the registered manager if other incidents (falls) had occurred on night duty when only two staff were on duty. They told us they did not have this information and we asked them to look into this matter and inform us of the outcome. The day after the inspection we were provided with a list of falls which had occurred since January 2015 which showed the number of staff on duty and times the falls occurred, but there was no analysis provided. We reviewed the data and found there were only two staff on night duty when 13 of the 25 falls had occurred on the intermediate care unit. A further 14 falls had occurred at night in the main building, seven of which happened when there were only two night staff on duty. We concluded the provider had failed to assess or mitigate the risks to people's health and safety and therefore remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of our inspection we found staff were visible and available to provide assistance to people when required. However, comments made by people who used the service suggested there were not always sufficient staff to meet their needs. One person told us, "There's not enough staff, always seem to be short. I have to wait for help when I'm in the toilet can be up to half an hour." Another person said, "Staff are fine but sometimes absolutely run off their feet." A further person said, "There's not enough staff at times. Could do with a couple more." Visitors told us; "The staff work hard and sometimes do without their breaks. Mornings are very busy; one or two more [staff] might make a difference."

The registered manager told us the usual staffing levels during the day were a team leader and seven care staff between 8am and 3pm and a team leader and four care staff between 3pm and 10pm. They said at night there were three care staff from 10pm to 8am. We asked the registered manager why only two night

staff had been on duty when the person had fallen in January 2016 when they had told us three staff were required on night duty to meet people's needs. The registered manager said at times the service experienced staffing difficulties especially if staff rang in sick or had to take unplanned leave. They told us under these circumstances the night shift might only be covered by two care staff. However, our examination of the duty rotas for the four weeks leading up to the inspection showed this was a regular occurrence as there were only two staff on duty three nights each week

We asked the registered manager how staffing levels were determined. They told us this was done by assessing people dependencies and we saw dependency assessments were recorded in people's care files. However, when we asked the registered manager to show us how this information was used to calculate safe staffing levels they were unable to provide us with any evidence. When we discussed this at the feedback session the Operations Manager told us there was a tool in place which was being used and said the registered manager would be able to provide this. When we returned to the home to collect some documents the following day we asked the registered manager for this information and they said there was nothing in place currently. They showed us a document which they said they would be putting in place. We concluded there were not always sufficient staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were in place. We looked at one staff file. We saw checks had been completed which included two written references and a criminal record check through the Disclosure and Barring Service (DBS). Any gaps in employment were checked. Interview notes were recorded and when all documentation had been reviewed a decision was made about employment. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We looked round the premises and inspected a random selection of bedrooms and communal toilets and bathrooms. We also inspected communal living areas including lounges and dining rooms. All hot water taps had thermostatic mixer valves to protect people from the risks associated with very hot water. Heating was provided by covered radiators which protected people from the risk of a burn from a hot surface. We saw fire-fighting equipment was available and emergency lighting was in place. We saw fire escapes were unobstructed. We saw upstairs windows had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We found all floor coverings were appropriate to the environment in which they were used; were well fitted and as such did not pose a trip hazard. We inspected records of the lift, gas safety, electrical installations, water quality, and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

The registered manager told us since the last inspection some areas of the home had been decorated and carpeted and a new call system had also been installed. The new call system allowed the registered manager to monitor the staff response times to calls.

Requires Improvement

Is the service effective?

Our findings

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us three people had DoLS authorisations in place and the documents relating to the DoLS were present in people's care files. We saw where conditions were in place these had been met. Staff we spoke with confirmed they had received training in the MCA and DoLS and knew which people had DoLS in place.

One person received their medicines covertly and we found the documentation relating to this decision was well recorded. We saw a mental capacity assessment had been carried out which determined the person lacked capacity to make the decision about their medicines. A best interest meeting had been held which involved the person's relative, who had Lasting Power of Attorney (LPA) for health and welfare, the community matron, GP and pharmacist. This clearly recorded the medicines which could be given covertly.

We observed staff asking people for consent and explaining what they were going to do. For example, we saw staff asking people where they would like to sit when they brought them into the lounge. We heard another staff member explaining to a person how they were going to transfer them into a chair and asked them if this was all right and then proceeded when the person said yes. We saw they checked with the person throughout the manoeuvre to make sure they were okay.

We found improvements had been made to the induction, training and support staff received.

The registered manager told us all new staff had completed refresher induction training. We saw evidence of induction training in the staff file we reviewed. The registered manager told us the Council were introducing a new starter and induction pack for all staff.

Staff told us they had received lots of training since the last inspection and this was confirmed in the training matrix. One staff member said, "It's better now than it used to be. There's more training. I love the work here and always look forward to coming to work". Another staff member said, "There's been a lot more training since [registered manager] came."

We saw staff had received training updates in moving and handling, fire safety, record keeping, safeguarding, medication and the MCA and DoLS. The registered manager told us they would be carrying

out competency checks with all staff who were responsible for medicines management.

Staff told us they had regular supervision with their line manager (Team Leader) and felt they were well supported by the registered manager and senior staff team. We saw records which showed staff had received supervision and appraisals.

People we spoke with described the meals as 'very good' and said there was always plenty of choice. One person said, "The food is excellent. We get a lot of choice." Another person, who was vegetarian, told us they got a good variety of meals. A relative said, "The food's brilliant. [Our relative's] appetite is better since they came in."

We observed lunch in the dining room which was a relaxed and sociable occasion. The tables looked attractive with tablecloths, napkins and small vases of flowers. Two staff served the meals in the dining room with other staff attending to people in other areas of the home. People were not rushed. One person was assisted with their meal by a care worker who chatted with them while they helped them with their meal. Another care worker ate a meal with people at the table and gave support to a person sat with them. A relative sat with their family member. We saw people were offered a choice of cold drinks, which were topped up as needed. China teapots were put on the tables; some people were able to help themselves and staff helped others to pour their tea. The gravy was brought round separately and people were asked if they wanted it and how much. We spoke with the chef and they had a good understanding of people's dietary needs and preferences.

However, at breakfast time we saw one person who was living with dementia had a poor mealtime experience. The person required assistance to eat their meal and at 09:45 was brought a bowl of porridge and assisted to eat by a member of kitchen staff. The staff member assisted and encouraged the person to eat correctly but had to keep leaving them to serve other people in the dining room. At 10:15 the person was joined at the table by a care assistant who also encouraged the person to use a spoon to eat the porridge but with no success. At 10:30 the care assistant said to the person in a friendly manner they had allowed the porridge to go cold. However, they continued to give them a spoonful of the porridge which by this time had been on the table for 45 minutes. At 10:37 the porridge was removed because the person would not eat any more and they were offered a drink of fruit juice before being assisted to move to a comfortable chair in the lounge. This was discussed with the registered manager who confirmed they would address this matter.

We saw the service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals. The registered manager told us no one who currently lived at the home had experienced significant weight loss or needed to be on a food or fluid intake chart. However, they confirmed appropriate action would be taken to support people if they were assessed as being at risk of malnutrition or dehydration.

The records we looked at showed staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This included GPs, hospital consultants, community nurses, speech and language therapists, dieticians and dentists. One person told us they saw the doctor regularly and said the nurse visited them twice a week to carry out wound care treatment.

We saw people staying on the intermediate care unit were supported in their rehabilitation by a team of healthcare professionals including physiotherapists and occupational therapists who worked alongside the staff employed at the home.

Good

Is the service caring?

Our findings

People who used the service spoke positively about the staff. One person said, "I like it here. The staff are good, I've no complaints." Another person said, "The staff have been very good." A further person said, "I'm enjoying being here. The girls are brilliant. There isn't a word good enough for them." Another person said, "Some staff are absolutely marvellous, some just mediocre."

Visitors we spoke with praised the staff and the care their relative received. They said, "The staff have been brilliant. They've brought him out of himself. He's clean and well cared for; they really look after him. He laughs and jokes with staff and sleeps better here than at home."

People told us staff treated them with respect and preserved their dignity. People looked clean and well-dressed which indicated that their personal care needs were being met. We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care. Staff knew what people were able to do for themselves and were able to support them to remain independent as possible. People told us their choices were respected by staff. One person told us, "I can go to bed when I want and had my breakfast in my room this morning."

We observed staff providing care and support to people. We saw staff were caring and patient in their approach and supported people in a calm and relaxed manner. They stopped to chat with people and listened, answered questions and showed interest in what they were saying. Staff we spoke with were compassionate and caring when talking about people.

One staff member said, "If I can put a smile on someone's face I have done my job. Residents always come first." Another staff member said, "We provide the best care we can give." We saw one person became anxious and was comforted by staff who knew the triggers to their anxieties and how to effectively reassure them.

The registered manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime. The relatives we spoke with told us they were always made to feel welcome when they visited the home and were offered a drink and light refreshment.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found shortfalls in people's care records as they were not person-centred, accurate or up to date. At this inspection we found improvements had been made. However, as evidence in the safe section of this report showed, the staffing levels on day and night duty impacted on service delivery and the service was not always responsive to people's needs.

We saw each person had their own care file which was accessible to staff. The care files were well organised and information was easily located. The care plans were person-centred and showed what the person could do for themselves as well as the support they required from staff. For example, one person's plan showed they could wash their own face if staff passed them the flannel, but needed staff to help them clean their dentures. We saw care plan reviews had taken place which involved the person, their relatives and the care manager. Care files contained information about people's life history, hobbies and interests. Daily records reflected activities people had enjoyed such as participating in an art class and visits from family.

Staff we spoke with said the care plans had improved since the last inspection and now provided more up to date information and were becoming more person centred. We saw staff responded appropriately if people requested assistance or support and wherever possible people were involved in their care.

People told us they were happy with the care they received. One person said, "I'm getting into the swing of things and doing more for myself." When we asked visitors about the care their relative received they said, "They can't do any better than they are doing. I would give them 10 out of 10 easy."

The registered manager told us the home had achieved the Dementia Care Matters Butterfly Scheme award in April 2016 which embraces person-centred care for people living with dementia. The observational audit carried out by the Dementia Care Matters team showed the home had been awarded Level 2, which is the second highest award, and stated the home provided 'highly skilled loving care with a high degree of good person centred dementia care and potential to develop into a Level 1 home'. The audit showed Level 2 was achieved by only 5% of homes in the 700 audits undertaken across the UK and Ireland.

The registered manager told us an activities co-ordinator was not employed but a member of the cleaning staff had taken the lead role in organising activities and outings for people who used the service. They told us all the staff involved themselves in social interaction and activities with people and we saw this was the case. We saw staff took every opportunity to engage with people from the handyman sitting discussing recent news events with someone while they had their breakfast to care staff having their meals with people. Communal spaces were arranged into small seating areas with lots of items of interest to stimulate and interest people. For example, a Singer sewing machine, gramophone player, jigsaws, books and a giant snakes and ladders. Staff told us people could bring in their pets to visit and one person told us how fond they were of the home's budgie.

On the day of inspection we saw a themed coffee morning was taking place and people were asked about their favourite holiday destinations. We observed people enjoyed joining in the discussion the topic

generated and were happy to share their experiences. Staff told us trips out to local places of interest were organised. We were told the service also held themed evening. For example, they had celebrated the Chinese New Year with a meal and drinks.

People told us there were lots of activities taking place. One person said, "There seems to be more going on with activities." They told us they had recently been out for a meal and staff had organised for them to visit their relative in East Riding which they had enjoyed. Another person told us they attended a weekly church service and a minister visited regularly to give communion. A further person told us they had arranged to go out with a staff member to get some wool to make toys for Christmas in the craft sessions. Visitors said the staff had taken some people out for a meal and a ride round Hollingworth Lake.

People knew how to make a complaint. One person said, "I would tell the staff if I was not happy with anything", which was what other people we spoke with told us.

Leaflets and posters about the complaints procedure were available in the home and informed people how and who to complain to and the timescales in which the service would respond to any concerns. We saw the service had received eight complaints since the last inspection. The records showed how the complaints had been investigated, any action taken as a result of the investigation and the feedback given to the complainant. We found the registered manager had taken appropriate action in response to the concerns raised.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who registered with the Commission in May 2016. Staff we spoke with said leadership in the home had improved and the registered manager operated an open door policy and they could contact them at any times if they had any concerns.

One staff member said, "[Registered manager] is very approachable and has turned the home around totally. It feels more settled and senior staff are supportive." Another staff member said, "I feel listened to. We have staff meetings and if there any problems things are sorted out." A further staff member said, "The paperwork is so much better now. We're a good team and we support one another." Staff we spoke said they would be happy for their relatives to be cared for at the home as they felt the care was very good. They also said they would recommend the home as a good place to work.

We found the home was better organised and the registered manager had put systems in place to improve communication across the staff team. We saw the registered manager met with senior staff on a regular basis to ensure clear lines of communication and accountability. Senior staff were allocated designated areas of responsibility such as infection control, health and safety and medication and the registered manager carried out monthly audits to ensure compliance.

We found required notifications such as allegations of abuse had not been reported to the Commission as required. For example, we had not been notified of three safeguarding alerts.

However, we found the quality assurance systems which had been put in place were not fully embedded or always effective in ensuring improvements were sustained. For example, although medicines audits were being carried out on a regular basis issues we identified had not been picked up or addressed. Similarly, with accidents and incidents the lack of thorough analysis meant themes and trends had not been identified or addressed to prevent further recurrences and reduce risks to people. People's dependencies were being assessed, however, there was no evidence to show this information was used to ensure safe staffing levels were maintained. We concluded the provider did not have effective systems in place to assess and monitor the quality and safety of the services provided and therefore the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw satisfaction questionnaires had been completed by 15 people who had received intermediate or short stay care at the service. These showed a high level of satisfaction and the following comments were made; "Exceeded expectations. Staff are angels from heaven" and "Well run place in nice setting" and "Can't fault it, been very happy here." One person wrote, "The welcome, professionalism, friendliness and encouragement I received is beyond anything I expected. Ferney Lee is the crown of services in Calderdale and every member of staff a bright shining jewel."

Both staff and residents meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

We saw the rating for the service from the last inspection report was displayed in the home as required.