HC-One Limited

Holmwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 15 August 2016 and was unannounced. The service was last inspected on 23 October 2013 when we found no breaches of regulation.

Holmwood Nursing Home is a purpose built care home located on the outskirts of Sheffield. The home provides accommodation for up to 41 people on two floors. The care provided is for people who have needs associated with those of older people, particularly relating to dementia. There is a car park at the service for visitors to use.

There is a registered manager in place at this service. 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 the 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 the registered provider was in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the need for consent and good governance. The Mental Capacity Act 2005 (MCA) had not been followed in regard to gaining consent regarding covert medicines. There was a lack of effective auditing in place. You can see what action we told the provider to take at the back of the full version of the report.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

We observed that the staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff were aware of the risks to people's wellbeing. Staff were trained in a variety of subjects to help maintain and develop their skills.

People's nutritional needs were assessed and monitored; their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were

met.

Staff supported people to make decisions for themselves and they reworded questions or information to help people living with dementia understand what was being said. People chose how to spend their time and were encouraged to live the life they chose.

People who used the service were supported to make their own decisions about aspects of their daily lives. However, we found that staff did not always follow the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made. We found two people did not have care plans in place for requiring covert medicine and best interest meetings had not taken place to ensure their rights were protected. We found a variety of audits took place to help the registered manager monitor the quality of the service provided. However, the audits undertaken had not identified the issues that we found during our inspection. You can see what action we told the provider to take at the back of the full version of the report

There was signage in place to help people find their way to the toilets and bathrooms. Staff helped to guide people to where they wished to go. The environment was well adapted for people living with dementia.

General maintenance occurred and service contracts were in place, which helped to ensure the home was pleasant and safe for people to live in.

A complaints procedure was in place. People's views were asked for feedback and received was acted upon to help people remain satisfied with the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to recognise the signs of potential abuse and knew how to report issues which helped to protect people.

People told us they felt safe living at the service. Staff knew about the risks present to each person's health and wellbeing.

Medication systems in operation at the service were generally robust. The registered manager was proactive in addressing minor medication issues which helped to protect people's wellbeing.

Is the service effective?

Requires Improvement

The service was not always effective.

There were issues regarding consent for some people. Best interest meetings had not always been undertaken to make sure people were not deprived of their liberty unlawfully.

There were enough skilled and experienced staff provided to meet people's needs. Staff undertook training to maintain and develop their skills.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

People participated in friendly banter with the staff and staff acted upon what was said.

Staff assisted people with kindness and promoted their independence.

There was a welcoming and caring atmosphere within the service.

Is the service responsive?

Requires Improvement

The service was not always responsive. There were shortfalls in people's care records regarding the care some people needed to receive to help maintain their wellbeing. People had not come to harm. The shortfalls had not been found by the auditing process in place.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A complaints procedure was in place which was available to people and their relatives. Complaints received were dealt with.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found the auditing processes in place required improvement. The shortfalls we found during our inspection could have been identified and acted upon by the registered manage if they had reviewed the audits that senior staff had undertaken.

People living at the service, their relatives and staff were all asked for their views and these were listened too.

Staff we spoke with understood the management structure in place.

Holmwood Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 15 August 2016 and it was unannounced. It was undertaken by two adult social care inspectors.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. The local authority was contacted prior to our inspection to gain their views about this service and their feedback was positive. We reviewed all of this information to help us to make a judgement.

We looked at the care records for eight people who used the service and inspected a range of medication administration records (MARs). During our inspection we talk to people using the service, and with visiting relatives and other visitors. We spoke with eight staff; this included care staff, the activities co-ordinator and cook. We also spoke with the registered manager and with the staff in charge of each unit during our inspection.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, quality assurance audits, complaints information and maintenance records. We looked at eight people's care records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

Good

Our findings

People we spoke with told us they felt safe living at the service. One person we spoke with said, "I am safe and happy here." Another said, "I know I feel safe with the staff." Relatives told us they felt their relations were safe at the service and said this gave them piece of mind. One relative said, "Mum is safe here with the staff. I would not have her here if I felt she was not safe." Another relative told us, "Staff are attentive. There are definitely enough of them. I can leave mum here and live my own life with no worries; she is safe and well cared for."

Staffing levels provided during our inspection met people's needs. The registered manager considered people's dependency and support needs which determined the staffing levels provided at the service. We saw that staff had the right skills to be able to deliver the service that people required. For example, there was always a member of staff on duty who had undertaken training about how to handle medicines safely. The registered manager told us they supported the staff when the need arose by working with them to make sure people received the help they needed. We saw that the staff worked as a team.

The registered manager confirmed that at present agency staff were being used but that the same agency staff were regularly used by the service to provide continuity of care. Staff we spoke with said there were enough staff provided to meet people's needs. One staff member said, "We cover shifts with the home's staff first. However, we have had to use some agency staff recently." Staff told us they covered annual leave or staff absence where possible. This helped to ensure people were cared for by staff who knew their needs and helped to provide continuity of care.

We found that there were effective procedures in place for protecting people from abuse. There was a whistleblowing policy (telling someone) procedure in place to guide the staff about the action they must take if they suspected abuse may be taking place. Staff were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. The staff undertook regular training about safeguarding vulnerable adults. The registered manager took action to help to keep people safe from harm by reporting issues promptly. A member of staff we spoke with told us how they would report any suspicion of abuse to the registered manager or contact the safeguarding team at the local authority to help maintain people's safety.

We looked at how staff were recruited and we inspected three staff files. We saw staff were not allowed to commence work at the service without completing an application form, providing references and undertaking a police check. (Disclosure and Barring Check, DBS). This provides information about any police

cautions or convictions). Interview responses were recorded and gaps in potential staff's employment history were explored. This helped to make sure potential staff were suitable to work with people who use this type of service.

The care files we inspected confirmed risks to people's health or safety and these were known by staff. Individual risk assessments were in place, they covered a variety of risks, for example, the risk of falls or prevention of skin damage. We found that this information was generally updated as people's needs changed. Staff were knowledgeable about the equipment people needed to use to help maintain their health and wellbeing, for example hoists to help move people safely. This equipment was provided and staff checked it regularly to make sure it was safe to use.

Information was in place to inform staff and the emergency services about the help people needed in the event of a fire. The information included each person's capabilities during the day and at night. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. The registered manager audited the general environment which included people's bedrooms. Furniture and fittings were assessed, water temperatures, gas and electrical safety checks were undertaken to help maintain people's safety. Maintenance staff were available at the service to address any issues. General maintenance was undertaken and service contracts were in place for the laundry and kitchen equipment, hoists, lift and stair lift to help maintain a safe environment. A maintenance programme was in place.

Throughout the service hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with gloves and aprons. These were found in different areas around the home and helped staff to maintain effective infection control. The domestic staff and care staff worked together to make sure the environment was kept clean and free from any unpleasant odours throughout the service.

Communal areas were free from obstacles or trip hazards. There was level access provided to the garden areas so people who were unsteady on their feet could access these areas safely.

We looked at the medicine systems in operation at the service. This included how medicines were ordered, stored, administered, recorded and disposed of. People were identified by a photograph on their medication administration record (MAR). Allergies were recorded to inform staff and health care professionals of any potential hazards. We observed part of a lunchtime medication round undertaken by a member of staff. The member of staff confirmed they had undertaken medicine training to help them undertake this safely. We saw they were competent in administering medicines. They verified people's identity and stayed with them until their medicines were taken.

We checked random balances of medicines and controlled medicines at the service, these were correct. We looked at the homely remedies held at the service. We found the Simple linctus date of expiry had passed and the expiry date for Gaviscon was approaching. These items were replaced during our inspection. We also noted that there were three gaps in recording of the medicine storage room and medicine fridge temperatures on 13, 17 and 27 July 2016. The registered manager immediately reminded staff that these records must be completed in a timely way to make sure medicines were stored within the correct temperature range to remain effective. The registered manager had arranged for the supplying pharmacist to visit the service to conduct a full audit and help to make sure the medicine systems in place remained robust.

Requires Improvement

Our findings

During our inspection we saw staff were effective in meeting people's needs. A person we spoke with said, "The food is good and the staff are nice. It is nice here." Another person we spoke with told us," "I am cared for." We observed staff supported people appropriately and helped them to remain as independent as possible.

Relatives we spoke with confirmed their relation's received effective support from the staff at the service. We received the following comments; "As a result of staff turnover being low, there is a stable staff team who are caring and committed. The food is excellent. Quite often I am offered food so I can eat with Mum." "The doctor comes very regular each week. The culture here is that when new younger staff start work here they follow the lead of staff who have more experience. This is very refreshing and it works well. Staff have training to deliver this standard of care." and "I have observed how they (the staff) have managed situations and dealt with people very quickly when they were agitated."

A health care professional who provided feedback to us confirmed staff liaised with them effectively and had kept them informed and updated about people's changing needs.

The registered manager had a plan of essential training in place for staff to undertake. We looked at the training that had been provided and saw this was provided in a variety of subjects, for example; safeguarding, fire safety, health and safety, moving and handling, basic food hygiene, and first aid. Staff we spoke with confirmed there was plenty of training on offer for them which they had to complete to increase their knowledge and skills. One staff member said, "All my training is completed and up to date." We saw that training was provided for nursing staff in skills such as male catheterisation and phlebotomy (the taking of blood) to make sure if people needed this care or treatment it could be provided in a timely way. Staff undertook dementia training so they were able to support people living with this condition effectively.

Staff were supported through regular supervision meetings. The registered manager was assisted in carrying these out by the senior staff at the service. Appraisals for staff were called 'reviews' and they were in place for all staff. Supervision and appraisals allow the performance of staff to be discussed along with any issues or training needs. This helped to maintain and develop the staff's skills.

During our inspection we saw staff supporting people in the communal areas of the service. We observed staff understood people's preferences in relation to their care and observed they encouraged people to remain as independent as possible whilst offering assistance, where this was required.

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

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that 26 applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, four had been granted. The registered manager told us that they had been contacted recently by the local authority because there was confusion about how many applications had been sent in for authorisation. The local authority had requested some of the DoLS applications be re-submitted because they said they had not received them. The registered manager acted upon this straight away and sent in a further five applications for the local authority's consideration.

We saw that where people had been assessed as lacking capacity to consent to their care and make their own decisions, best interest decisions were not always in place to discuss their care options. For example, we found two people had instructions in place from health care professionals to receive their medicine covertly. However, no best interest meeting had been undertaken and consent to this had not been gained. This was required to ensure people's rights were protected. Not undertaking best interest meetings meant people's best interests had not been established by lawful means. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the training records which stated staff had completed MCA and DoLS training. Training in this area was on-going and was to be further enhanced in relation to undertaking best interest meetings to further develop the staff's understanding of this area.

We observed how staff supported people to make their own decisions when talking with people. Staff we spoke with described how they gave people choice; for example, about what they wanted to do, when to get up, go to bed, what to wear or to eat. Where people needed support, some relatives held power of attorney for health and wellbeing (Legal authority granted to protect people's rights). Local advocates could be provided to help people raise their views and, where necessary, people had representation from the Court of Protection, to make legal decisions about their care and welfare.

People's nutritional needs were assessed on admission to the service. Staff told us how people's dietary needs were monitored and reviewed to make sure their dietary needs could be met. We spoke with the cook who understood people's dietary needs, preferences, likes, dislikes and food allergies. Special diets were catered for. People chose where they wished to eat their meals and we saw some people had chosen to eat their meals in their bedrooms. The menu for the day was displayed in pictorial form to help people living with dementia decide what they would like to eat.

We observed lunch; the food served looked appetising and nutritious. Staff encouraged people to eat and drink in an unhurried manner using gentle prompting. Different sized portions of food were offered and food and drink was available any time. Snack trays with chocolate, fruit, and crisps were available for people to help themselves in the communal areas of the service.

Within the environment pictorial signage was in place for the toilets and bathrooms to help people find their way around. There were passenger lifts to help people gain access to the first floor. Communal areas were well decorated. Downstairs near the lift there was a garden seat and butterfly with a garden painted on the wall. Throughout the service boards were displayed on the walls with items that people could engage with or reminisce, for example baking implements or hairdressing items. One room was set up as a pub, the 'Holmwood Tavern' where people could go and play cards and have a drink at the bar. A hairdressing salon was also provided. On the first floor in a communal lounge area a window had been changed to a full length feature door to help people gain a better view of the surrounding area.

People who were living with dementia were helped to find their bedroom by use of different coloured paint throughout different areas of the service to help aid orientation. Bedroom doors were numbered, were different colours and had a door knocker and letter box along with the person's name to help guide people. Bedrooms were personalised and people told us they had been asked how they wished their rooms to be decorated.

Bathrooms were homely and pleasant, equipment such as bath hoists were in use to ensure people could be assisted to bath effectively by staff. We saw pressure relieving equipment and special equipment, such as hoists were in use for people who had been assessed as requiring this to maintain their wellbeing. There were secure gardens with garden furniture for people to use.

Good

Our findings

People we spoke with said they felt cared for by the staff and that staff were kind. A person told us, "The staff care for me." Another person said, "Staff treat me with kindness." We saw people looked relaxed in the company of staff and we observed friendly banter occurring, which people appeared to enjoy. A health care professional reported to us they felt there were an exceptional group of care staff at the service.

Relatives we spoke with told us all the staff had a caring approach. We received the following comments; "The nurses are always friendly and all the staff are very nice. They are all lovely and caring. It is homely here. The doctor who visits is also very caring," "The staff are caring and committed; they always work with a smile. I come here often and I am always made welcome." And "I am very happy with everything. The whole team from the top down to the cleaners, all the way down, everyone cares. Residents are cared for and are 'loved' by the staff. They go above the call of duty for people."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and maintaining people's confidentiality. During our inspection we observed staff treating people with kindness to maintain their dignity. For example staff made sure that a person who had a skirt on had this pulled down to cover their legs appropriately when seated. There was a dignity champion in place to train the staff in how to promote people's dignity.

We observed staff spoke with people in the communal areas of the service and took their time to support people living with dementia. Friendly banter was undertaken between people and staff. We observed staff kneeling down to people's eye level to gain better eye contact to aid good communication. They asked people how they were and if they needed anything. We saw staff listened to people's responses, where necessary, they re-phrased their questions to help people living with dementia understand what was being said and respond. We observed the staff were kind in their approach and encouraged people to remain as independent as possible.

People we spoke with told us they were addressed by their preferred names. We observed staff knocked on bedroom doors before entering. Bedroom and bathroom doors were closed when staff were providing personal care, which protected people's privacy and dignity.

Staff were attentive when they offered help and assistance to people, where this was required. For example, a person requested a cup of tea, this was provided straight away. Another person who was unsteady on their feet was asked if they were alright to walk or if the member of staff could walk with them. We saw staff

provided comfort to people who were not able to communicate using gentle and appropriate touch, eye contact and smiles. Staff used this way to effectively communicate with people living with dementia.

A sensory room was provided, this had coloured lights, comfortable furnishings and music which helped to stimulate and sooth people who were living with dementia. We saw this facility was well used. Staff were present to interact with people in any way that they could. Staff we spoke with told us they wanted people living with dementia to get as much out of their life as possible and the sensory room was one way of trying to achieve this.

Staff encouraged people to promote their independence and choice. Staff told us it was important to deliver individualised care to people in the way they wished to receive it so that people felt cared for and respected. Information was available to staff about people's life histories and social needs which helped them engage with people.

There was a system in place called 'resident of the day'. This scheme ensured people were allocated a day where they could speak with the heads of department to raise any views. One to one time was provided to the person by the care staff to ensure quality time was spent with them.

We found there was a welcoming and homely environment at the service. Staff we spoke with told us they treated people as they would like to be treated and said they enjoyed working at the service. One member of staff said, "I enjoy working here."

The registered manager told us the staff were committed to flexible caring for people living at the service and for their colleagues. Visitors we spoke with confirmed they were made to feel welcome by the registered manager and staff.

End of life care was provided at the service. We saw positive comments had been received from relatives who had been supported by the staff at the service when they had lost loved ones.

Requires Improvement

Our findings

During our visit people told us they felt the staff responded to their needs and said they were supported by the staff. One person we spoke with said, "I am looked after." Another person said, "They take care of me, the staff."

Relatives told us they were satisfied that the staff and management team responded to their relations needs in a timely way and supported them well. A relative said, "Staff assessed Mum before coming in, she was picked up in the mini bus. Within twenty four hours she was completely different she used to be agitated, here she was stimulated, staff helped her to become brighter. I am involved in care plan reviews and I am kept fully informed by the staff. They ring and say if she is not so well and they would get the GP. I come to see her; she is that busy she does not even talk to me. If I had a complaint I would definitely raise it." Another relative said, "Staff sit and talk with Mum, there is no response but staff do try and engage with her anyway. I am invited to care plan reviews, one is due now. Any issues in between the GP would review her. I am very happy with everything."

A health care professional told us they had an excellent working relationship with the staff at the service. They went on to say they had no concerns about the quality of care provided to people, which they said, they felt was excellent.

Before people were offered a place at the service an assessment of their needs was undertaken. People and their relatives were invited to visit the service so that all parties could talk about their needs. This allowed the staff to assess if the person's needs could be met at the service. We saw in people's care records that information was gained from the local authority and from discharging hospitals to help inform the staff. This information was used as a base line by the staff to start to develop people's care plans and risk assessments. Staff we spoke with confirmed that as a person's needs changed their care records were updated. Staff told us how they reviewed people's care with the person and their relatives, where necessary, to make sure their care records reflected the care people wished to receive.

We looked at people's care records. They contained phone numbers for doctors, district nurses and other relevant health care professionals who were supporting people at the service. People's nutritional needs were assessed on admission and we saw evidence that people's nutritional intake was monitored by staff and health care professionals to help make sure people's dietary needs were met.

We saw that some people's care records contained all the information about the care they needed to receive

and the risks present to their health and wellbeing. However, four people's care records did not contain all relevant information. For example; one person who had issues with eating and drinking, had been seen by the Speech and Language Therapy team (SALTS) and advice was given about their diet. This advice was not reflected in their care plan. Another person had been discharged from hospital back to the service following a fracture. Their plan of care relating to mobility had been reviewed and they had been assessed as being at high risk of developing pressure damage to their skin due to immobility. Specialist equipment was in place to help prevent this from occurring but there was no care plan in place about pressure area care and no repositioning chart in place to make sure staff monitored the person's skin integrity. Another person who was at risk of developing pressure damage to their skin did not have a care plan present for this issue. One person had a care plan in place regarding their memory and mood. However, we found it was not detailed enough to provide clear guidance to staff about methods of distraction to be used to help calm them. Although these people had not suffered harm the lack of recording this information in their care records or implementing monitoring of their conditions showed us that the service required improvement in this area. We discussed these shortfalls with the registered manager and staff who told us they would be addressed. These shortfalls had not been found by the auditing processes in place.

Staff we spoke with told us how they monitored people's condition on a daily basis and reported changes in people's needs at the staff handovers between shifts. Information about people's health; dietary needs, emotional state and activities undertaken was discussed at handover to help inform staff about people's current care needs. Staff contacted health care professionals if people were not well to gain help and advice.

We saw during our visit that equipment was provided to help maintain people's wellbeing. For example, we saw pressure relieving mattresses and cushions were allocated to people who were at risk of developing skin damage due to being frail or immobile. Hoists were available for staff to use if people had to be transferred and they had been assessed as not being able to stand.

During our visit we saw that the staff prioritised care, for example, we saw a person needed some assistance to go to the bathroom, staff attended to this person quickly. Another person said they were not able to walk very well and so a member of staff walked with them to make sure they felt alright. If people became upset staff attended quickly to try and calm or distract them.

Two activity co-ordinators were in place at the service. They spent time with people to engage in activities. Photographs of events that had occurred were present along with a programme of activities. We saw staff undertook spontaneous activities with people to encourage interaction and engage in occupation. For example, one person was colouring pictures in a book; they told us they enjoyed doing this. We saw staff sitting and reminiscing with people about their lives. People had information present about their life history which staff used to help them remember events that had occurred in their lives. Activities provided included 'Pet's as Therapy' visiting so people could stroke dogs. There had been a 'cake competition' held for the Queen's birthday where visitors were invited to bake cakes and decorate them to celebrate this event. The service had taken part in the 'care home open day' to welcome people into the service to help promote the care sector. A mini Olympic event had been held to help people engage with the Olympics. The service had their own minibus so outings could take place. Outside entertainers visited the service along with a hairdresser and local clergy. People attended regular local events at St Paul's Church. Relatives were invited to events such as birthday parties and Christmas celebrations. The 'Holmwood Tavern' public house was used for drinks and for people to be able to pub games such as dominos, quizzes and darts.

A complaints procedure was in place this was available to people and their relatives and was displayed within the service. People we spoke with told us they had no complaints to make. One person we spoke with

said, "I have no complaints." Staff we spoke with told us they would report any complaints to the registered manager team for them to deal with. We looked at the complaints that had been received, information was stored in different places, the registered manager told us about action taken to resolve issues raised. We discussed with the registered manager how storing all the complaints information in one place may give a better audit trail to the complaints information. We saw there was a comments and suggestions box available within the service to help gain feedback from people or from visitors to the service.

Requires Improvement

Our findings

During our inspection people we spoke with confirmed they were happy with the quality of the service they received. One person said, "I love it here." Another person said, "This is home, I am happy."

Relatives we spoke with said the registered manager and staff consulted with them about all aspects of the service and acted upon what they said. They told us they were asked for their opinions informally and through surveys. A relative said, "I completed a relative's survey two months ago. The manager is very approachable, twenty four hours a day; we can speak with her at any time. I would rate this service 12 out of ten. I could not wish for anything more. I have told my kids I want to come in here!" Another relative told us, "I have had a questionnaire in the past and they are comprehensive, the results of the questionnaires are displayed. There is an open invitation to the resident and relatives meetings, which are held. There is also a support group for resident's partners. I have no issues." Relatives told us that the ethos of the service was to encourage people to live the life they chose.

There was a registered manager in place at this service. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This gave stability to the service.

The registered manager had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. Staff we spoke with said they were asked for their views about ways in which the service could be improved. They said they could raise issues with the management team at any time.

The registered manager helped to cover shifts and visited the service at any time which helped them to observe how staff delivering care to people. Staff we spoke with said they enjoyed working at the service and understood the management structure in place. Staff meetings were held, minutes of these meetings were produced so that staff who could not attend were kept informed.

The registered provider had a quality assurance framework in place and a home visit report was produced to look at all aspects of the service. The operations director visited and undertook quality monitoring of the service. We saw that quality assurance questionnaires were sent out to people, relatives and staff. We saw some of the surveys that had been returned, they were positive.

Resident and relatives meetings took place. Issues such as entertainment and the choice of food were discussed. We saw suggestions were acted upon, for example, people living on the first floor had asked for a larger window in the lounge so they could have a better view outside. The registered provider acted upon this straight away.

A relatives and friends network meeting was held six times a year. Relatives of people living at the service organised this which provided a support group for people to get together and talk about the challenges of living dementia. There had been discussions held about a new sensory garden which was to be created for people living with dementia.

The registered manager told us the registered provider was always looking at how improvements could be made to the service. For example; a new and unique specialist system was being introduced called 'Harmony.' This was designed for people living with dementia. It aimed to deliver 'seven promise's to help to improve people's care. Staff we spoke with were looking forward to receiving training in relation to this and then implementing this new system.

We saw there was a 'Kindness in care' award in place. This was an award for staff to recognise the quality of service, care or support provided to people. Staff were nominated and there was recognition displayed within the service of their achievements. The service subscribed to and was featured on a care home website; positive feedback had been recorded there about the service provided and this was shared with us.

The registered manager told us they undertook a regular visual audit of the environment as they walked round with the maintenance man. This helped to make sure the home remained a pleasant place for people to live. They also manager undertook monthly audits of accidents and incidents that occurred. They said they looked for any patterns and took corrective action to prevent further incidents where possible. We saw help and advice was sought from relevant health care professionals to help maintain people's wellbeing.

The registered manager, registered provider and senior staff assessed and monitored the quality of service provided by undertaking a range of audits. This included sending a report to head office regarding pressure sores, weight loss, infections, falls, hospital admissions, use of bed rails and deaths that had occurred. A medicine audit had been undertaken and the supplying pharmacist was about to conduct an audit of the medicine systems in place. However, the internal medicine audit had not found the minor shortfalls present in regard to recording the medicine treatment room and fridge storage temperatures and the expiry of a homely remedy.

Audits of people's care records had been undertaken by the service's heads of departments. However, these had not been checked by the registered manager who agreed that if she had undertaken this the lack of care plans for some people regarding the administration of covert medicine, lack of best interest meetings, the need for pressure area care and re-positioning to prevent pressure damage and for the provision of diversionary therapy for a person may have been found prior to our inspection. The registered manager agreed the audits in place had been ineffective in finding the shortfalls present. This confirmed that the auditing system and quality monitoring was not always effective and required improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 Consent had not been gained from people in regard to covert medicines. The registered provider had not followed a best interest process in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) The registered provider had ineffective quality monitoring systems in place.