

Countrywide Care Homes Limited

Heeley Bank Care Home

Inspection report

Heeley Bank Road
Sheffield
S2 3GL
Tel: 0114255 7567

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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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 30 July 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 10 June 2014 and was meeting the requirements of the regulations we checked at this time.

Heeley Bank Care home is a nursing service that provides care for up to 67 people. It is a purpose built care service. At the time of our inspection 63 people were living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There was a calm and friendly atmosphere in the service. The service was clean and had a pleasant aroma. During the inspection we heard people and staff singing along to music.

Most people spoken with told us they were satisfied with the quality of care they had received and made positive

Summary of findings

comments about the staff. Most relatives spoken with also made positive comments about the care their family members had received and about the staff working at the service.

Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded to their call for assistance when they used their call bells. Some relatives felt the staffing level on the first floor was too low.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Our discussions with staff told us they were fully aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen.

The service did not have appropriate arrangements in place to manage medicines so people were not protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had a person centred care plan in place. Individual risk assessments were completed for people so that identifiable risks were managed effectively. There was evidence of involvement from other professionals such as doctors, dentists, opticians, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required. Most people made positive comments about the food. Preferences and dietary needs were being met.

Staff told us they enjoyed caring for people living at the service. Staff were able to describe people's individual

needs, hobbies and interests, life history, likes and dislikes. Although staff told us they felt supported, we found that staff had not received regular supervision or an annual appraisal.

People had personalised their rooms and they reflected their personalities and interests. We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: musical bingo, arts and crafts and games. A group of people had gone to a local park on the day of the inspection in the service's mini bus.

The provider had a complaint's process in place. We found the service had responded to people and/or their representative's concerns, investigated them and had taken action to address their concerns. However, one relative spoken with told us they felt their concerns had not been listened to effectively by one of the provider's senior managers at a recent meeting to discuss a complaint.

Regular residents and relatives meetings were held at the service. However, we noted that people living at the service had not attended the last two meetings so they had not been actively involved. A copy of the latest relatives meeting minutes was available for people and visitors to the service to read. This meant people and their relatives or representatives were kept informed about information relevant to them.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. There were systems in place to monitor and improve the quality of the service provided. However, we found some checks were ineffective in practice and required improvement.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The service did not have appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

People told us they felt “safe”. Staff were fully aware of how to raise any safeguarding issues. People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff.

Requires Improvement



Is the service effective?

The service was not always effective. Staff received induction and refresher training to maintain and update their skills. The system in place to provide staff with appropriate support to enable them to carry out their duties required improvement.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

Requires Improvement



Is the service caring?

The service was caring. People and relatives made positive comments about the staff. People told us they were treated with dignity and respect. The staff were described as being friendly and approachable.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Good



Is the service responsive?

The service was responsive. People's care planning was person centred. Care plans were reviewed regularly and in response to any change in people's needs.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. There were regular checks completed by the provider to assess and improve the quality of the service provided. However, our findings showed that some of the checks were ineffective in practice.

People spoken with knew who the registered manager was and knew they could speak with her if they had any concerns.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

Requires Improvement



Heeley Bank 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 30 July 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor and two experts by experience. The specialist advisor was a registered nurse who had experience in caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 14 June 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from health care professionals who had visited the service, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch had visited the service on 16 April 2015.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with 14 people living at the service, ten relatives, the quality assurance manager, the registered manager, the deputy manager, two unit managers, five care workers, an activities worker, an administrator and the assistant cook. We looked around different areas of the service; the communal areas, the kitchen, bathroom, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: six people's care records, people's medication administration records, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

People spoken with told us they felt “safe” and had no worries or concerns. One person commented: “I like it here, there’s nothing to worry about and I’m close to home” and “I can say anything to the staff, there are two or three people who we can ask”. Relatives spoken with felt their family member was in a safe place. One relative commented: “we can come in any time, we have the security code numbers and just come in, they [staff] have nothing to hide”. Another relative told us that staff supported their family member well when they had behaviour that could challenge others. They commented: “[family member] can get very aggressive with staff and residents but the staff know what to do with him”.

People gave us mixed views regarding the staffing levels at the service. Most people told us staff responded to the calls for assistance but the time it took staff to respond depended on how busy they were. People’s comments included: “sometimes they’re [staff] a bit busy and say “give me ten minutes” but they always come back to you”, “come quickly, depending on where they [staff] are”, “I don’t have to wait long when I call for assistance”. One person demonstrated to us how quickly staff responded to their call for assistance by using their call bell. They commented: “12 seconds, they’re [staff] usually quicker than that”. One person told us staff did not always respond to the call bell at night. We spoke with the registered manager, they told us the person’s call bell had been damaged and had stopped working. This had not been identified by staff at the time it was damaged. One person thought the service could do with more staff and that staff were really tired and needed more breaks. Another person spoken with told us they thought the service was sometimes understaffed in the daytime but they were not sure about night time.

Relatives gave mixed views regarding the staffing levels at the service. Some relatives did not express any concerns about the staffing levels. Their comments included: “there are never enough staff in a hospital are there but [family member] doesn’t have to wait for help here”, “staffing seems okay, there’s always someone [staff] around if needed”. Two relatives expressed concerns about staffing levels on the first floor and that these units were understaffed. One relative also felt that staff were under appreciated and rarely got breaks.

Our observations during the inspection told us people’s needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to. If staff could not attend immediately they would reassure people they would return. Staff spoken with did not raise any concerns regarding the staffing levels at the home.

The provider used a spread sheet to calculate the staffing levels at the service. This spread sheet is used to calculate the number of staff they need with the right mix of skills to ensure people receive appropriate care. For example, number of nurses and number of care assistants for each unit. However, we noted that a dependency assessment had not been completed by the provider since May 2015. It is important regular assessments are undertaken as people’s dependency needs fluctuate.

The registered manager had a process in place to respond to and record safeguarding vulnerable adults concerns. Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen. However, we noted that some of the senior staff would benefit from having a greater understanding of external procedures with respect to safeguarding vulnerable adults. We shared this information with the registered manager and quality assurance manager.

We looked at the care records of people who used the service. People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. For example, a person may need to be regularly repositioned in bed to reduce the risk of them developing a pressure sore.

We looked at the systems in place for managing medicines in the service. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MAR). We identified concerns in the MARs checked. For example, we reviewed a sample of MAR across three units in the service. Across the units we identified omissions in people’s records, where staff had not signed to confirm the medicines had been administered. It is important that an accurate, complete record in respect of each person’s medication administration is maintained. Our findings showed that the

Is the service safe?

reporting of omissions in people's record to senior staff at the staff also required improvement. We shared these findings with the registered manager and quality assurance manager.

We found that medicines were not always stored safely. For example, on our arrival on one of the units we saw an open medicine trolley in a communal area; the nurse was not in view. We saw on three occasions that blister packs containing medicines were left on top of a locked trolley whilst a nurse left the room. We also saw in some areas of the service that the safe storage of thickening powder was not maintained. Tins of thickener should be stored away safely as they present a risk to people if the contents is swallowed. We also noted that some people's individual supply of thickener was not been used by staff. For example, we observed a staff member using another person's prescribed thickener to thicken another person's drink. During the inspection the quality assurance manager made arrangements to store people's thickener safely.

We reviewed the records of a person receiving antibiotic therapy in June 2015. We saw no evidence of review during the course or how effective the course of treatment had been. This type of review is valuable to general practitioners to see if the treatment has been effective.

We found that the systems in place had not ensured there was a "protocol" was in place, for all medicines prescribed as "when required". The protocol is to guide staff how to administer those medicines safely and consistently. For example, we saw one person did not have a "protocol" in place for Haloperidol and one person did have a "protocol" for Lorazepam.

These findings evidenced a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014

One relative spoken with raised concerns about the temperature on the first floor. They told us that air conditioning units had been discussed with the provider at a recent meeting but they had not been installed. Whilst looking round the first floor we noticed that staff had not switched on some of the fans in the communal areas. We spoke with the quality assurance manager; they assured us they would discuss this matter with staff.

People and relatives spoken with did not have any concerns regarding the cleanliness of the service. Hand gel was available in communal areas. One person described the service's toilets as spotless. One relative commented: "it's always kept nicely, feels nice, not like a hospital. It's kept to a nice standard. Recently had new flooring and settees".

During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. We also observed good practice with regards to infection protection during meal times; we saw staff washed their hands prior to handling food and between assisting people to eat. There was a cleaning schedule in place for staff to follow. We noted that the office used by staff on the residential floor would benefit from being made clean and tidy.

We saw evidence that regular checks were undertaken of the premises and equipment. For example, lift checks, bath hoist checks, mattress audit and nurse call system. There were also a range of checks completed on the fire system on an annual basis. For example, fire alarm system and emergency lighting checks. We reviewed a fire risk assessment completed in March 2015 which included and action plan. We saw that the action identified had been signed off as completed in the assessment by the provider.

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following; application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible.

Is the service effective?

Our findings

Most people spoken with told us they were very satisfied with the quality of care they had received. Their comments included: “this is possibly the best in terms of care. I don’t join in, they try to encourage me”, “they’re [staff] ever so patient with me – I have to be hoisted on to toilet and back to bed”, “I’ve been here five years – I’ve been very happy here, I’ve been in two other homes, people here are very nice, they [staff] work hard to give you a nice life”, “good here, better here than my previous home. Bigger place, can get chatting to others”. One person spoken with told us they thought all the staff were good apart from the odd one.

Most relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. Their comments included: “they’ve [staff] been really good sorting out [family member] problems”, “staff are very good – answer any questions”, [family member] is quite happy here, in this place, she seems calmer – I looked at nine other homes before I chose this one”. Three relatives spoken with told us they were satisfied with the quality of the food for people to eat. Their comments included “the food looks okay; [family member] gets a choice each day. I can sit with her for meals” and “we are welcome to have dinner with [family member] if we say in advance”. One relative told us that they felt the food at the service could be improved and that staff were overloading food on their family member’s plate. They suggested that a variety of bread and more salads should be available.

In people’s records we found evidence of involvement from other professionals such as doctors, optician, dentist, tissue viability nurses and speech and language practitioners. We spoke with a healthcare professional during the inspection. They made positive comments about the service. Their comments included: “the staff are very caring and supportive” and “just amazed at the standard of nursing provided for people living with severe dementia”.

We spoke with the assistant cook. They described how they planned people’s meals and people’s individual likes and dislikes. There was a process in place to obtain people’s preferences at mealtimes where able. The assistant cook showed us a copy of the people’s meal choices for each

unit for the day of the inspection. They were aware of the people who needed a specialised diet and/or soft diet. This told us that people’s preferences and dietary needs were being met.

People could choose to eat their meals in the dining room or in their room. We saw there was a variety of food available for breakfast. For example, toast, cereals or a cooked meal. We received mixed comments about the quality of the food at the service. People’s comments included: “food, I don’t find it very interesting in parts, tea is just sandwiches and I find it uninteresting”, “don’t get offered fresh fruit”, “food, she [cook] does her best – she does me potato croquettes, she knows I like them, my friend’s a vegetarian, she does well for her. I like curry, I’m the only one who does and she [cook] does it for me”, “food’s okay, they [staff] look after you well”, “foods okay” and “foods fine, like it”.

During the inspection we observed the arrangements in place at mealtimes in different dining rooms in the service. We saw that mealtimes were unhurried, there was a calm and relaxed environment and support was provided to people who needed assistance. For example, in one of the dining rooms we observed a staff member providing assistance to one person to eat, giving them time to chew their food and swallow. Some people were chatting together and there was cheerful banter between staff and people. In one of the units where people living with dementia were supported we saw meals were served to people without offering a choice. We spoke with a care assistant; they told us staff knew what people’s likes and dislikes were. If the person did not like what they were given they would provide them with something else. This told us that people were not been actively involved in choosing what they were like to eat or supported to recognise food and drink. We shared our observations with the registered manager and quality assurance manager. This demonstrated that staff knew people well. However, it is important that people living with dementia are supported to make decisions for themselves to the most extent possible.

Drinks and biscuits were offered during the morning and afternoon and we saw people had access to fluids in their rooms.

During our observations we noted one person who was being provided with an individualised diet was

Is the service effective?

experiencing difficulty with swallowing. We shared our observations with the registered manager, they told us they would request for a further assessment to be completed by the Speech and Language Therapy Team.

All the staff spoken with told us that they felt supported by senior managers working at the service. One staff member told us they felt the care being provided at the service was at a high level which made them proud to work there. Another staff member described how they had supported people to go to the seaside on two occasions during the year on their days off.

The registered manager had a supervision and annual appraisal schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. However, the schedule showed that some staff had not received regular supervisions or an appraisal since 2014. This showed that the system in place to provide staff with appropriate support to enable them to carry out their duties required improvement.

The registered manager used a staff training spreadsheet to monitor the training completed by staff. We looked at staff records and saw staff received training relevant to their role. The training provided covered a range of areas including the following: moving and handling, food safety, safeguarding of adults, fire practical training, infection control and health and safety.

Our findings during the inspection showed that the procedures in place to check the competency of staff who administered medication required improvement. Staff records showed that staff competency to administer medication was not being checked regularly as stated in the provider's medication policy. The policy dated July 2015 stated that staff will undergo practical competency supervision before being allowed to administer medicines and these will be repeated on a minimum of quarterly basis.

These findings evidenced a breach of Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation

of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Staff received training in MCA and DoLS. The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005.

The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person.

During the inspection we did not observe any evidence of unlawful restriction. For example, people being restricted from leaving the premises. During the inspection we observed staff explaining their actions to people and gaining consent.

Our discussions with staff told us that some staff had gained a good understanding of MCA and DoLS. However, we saw that some staff would benefit from further training. We spoke with the registered manager and quality assurance manager. They told us that the provider was reviewing the training provision in these areas to enable staff to achieve a better understanding. In people's records we saw examples where the code had been fully adhered to. For example, flu jabs. In one person's records we saw two examples where the code had not been fully adhered to for a specific decision. We saw that a mental capacity assessment had not been completed prior to submitting an application to the DoLS supervisory body. We also saw that the DoLS application needed to be more decision specific so the decision to be taken was clearer to the reader. We spoke with the registered manager who assured us that action would be taken to address this concern.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently. However, we saw the service may benefit from having a parker or parker style bath at the home. This style of bath provides a safe and comfortable bathing solution for people who are unable to use a bath with a powered seat. We also noticed that the communal bathrooms at the service were looking "tired" and would

Is the service effective?

benefit from some refurbishment. We spoke with the registered manager and the quality assurance manager who told us the provider was reviewing the communal bathroom facilities within the service.

Is the service caring?

Our findings

In the reception areas of the service there was a range of information available for people and/or their representatives. This included: service user rights, minutes of the last residents and relatives meeting, Alzheimer's Society, complaints procedure, food hygiene standard and health and safety statement. One relative spoken with told us they had received information prior to making a decision to admit their family member. They commented: "we got lots of information before [family member] came in here, we came round to visit twice before [family member] admission",

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "staff are very kind", "they're [staff] wonderful here, they treat everybody equally", "the manager's very nice, she's a lovely lady", "they [staff] go out of their way to do things", "look after me okay, kind up to now", "they're [staff] brilliant, they've got the patience of Job [biblical] – they do everything for you. Fantastic people [staff] round here" and "when they [staff] come to see to me they always lock the door so no one can just burst in, they leave me in private for the toilet".

We saw people could choose where to spend their time. People told us they could choose to get up and go to bed when they wanted. One person commented: "they [staff] let me stay up late, don't shuffle you off to bed". People could choose where they would like to eat their meals. For example, one person told us they liked eating their meals sat in a chair in their room.

Relatives spoken with also made positive comments about the staff. Relative comments included: "staff are wonderful

with her [family member]; they talk to her and to us all the time. They have a chat with her and a laugh. They're friendly and approachable" and "they [staff] treat me fine, they're all lovely, nice, friendly, polite. Staff are always approachable. Nobody comes to find me to sit down to discuss [family member] but I will go and say what's happening, how's family member?"

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. We saw that people responded well to staff and they looked at ease and were confident with staff.

It was clear from our discussions with staff that they enjoyed caring for people living at the service. Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes. One staff member was able to describe how individual people communicated they were in pain. During the inspection we observed one staff member asking a person where their pearls were as they always liked to wear them.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The registered manager told us that some staff had attended end of life care training to introduce the "five priorities for care". This is a new approach to caring for people in the last few days and hours of life, that focuses on the needs and wishes of the dying person and those closest to them, in both the planning and delivery of care wherever that may be.

Details of advocacy services available for people to use had been included in the service's guide which was available for people or their representatives to take away.

Is the service responsive?

Our findings

Peoples told us they received care and treatment from external healthcare professionals when required. People's comments included: "would get the doctor if I asked them [staff] - they're very good at dealing with things like an accident. I've seen the dentist, he comes regularly", "the GP, the dentist and the optician they all come, oh and the chiropodist" and "if anyone's poorly they're [staff] on to it straight away".

Two relatives spoken with told us that staff responded to people's changes in wellbeing. Their comments included: "the district nurse comes in to see to her leg, the dentist was brought in to see her. They [staff] are observant of any problems", "they [staff] notice if she's [family member] not well, they would pick up on this and phone us". During the inspection we saw staff noticed that one person's behaviour had changed so they arranged for the local GP to visit them".

People's care records showed that people had a written plan in place with details of their planned care. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. We saw people's records were updated on a daily basis. There was a written and verbal system in place for staff handover between shifts so information was shared about people's wellbeing and care needs. One person spoken with told us all about their care plan. They commented: "I know who does the care plan - he's [staff] my key worker. They [staff] keep regular records".

People's individual needs had been assessed and any risks identified. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

We reviewed the resident risk report for June 2015. The report included details of people at risk from pressure damage, non-pressure related wounds, weight loss and nutrition, infection control concerns and serious changes in health status. The risk report included the measures being taken to address the risk to individual people. For example

one person's had loss suffered a weight loss, the action being taken was the weigh the person weekly and that a food and fluid intake was being completed. They had also been referred to the GP.

Throughout the inspection there was a calm and friendly atmosphere within the service. During the inspection we heard people and staff singing along to music whilst playing musical bingo on the residential unit. A group of people had gone to spend the day at a local park on the day of the inspection. We saw that the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a list of activities displayed in different areas within the service. People were also provided with a copy of the service's newsletter with details of the activities available. We reviewed a copy of service's August newsletter. We saw a range of activities were planned for August which included the following: a summer fayre, trip to Graves Park and lunch, games day, Dusty Springfield tribute, baking activities, seaside reminiscence, musical bingo and a pulse exercise class. The newsletter also included details of the services annual coach trip to Cleethorpes. Forty people had gone on the trip.

On the day of the inspection a hairdresser visited the service so people were coming to have their hair done. Some people chose to have their nails painted. One person told us they had gone on a trip with family to celebrate their birthday using the service's mini bus. One person described how they were involved in activities within the service. They commented: "we go out on trips. We've got the summer fair on Saturday; I've been helping get raffle prizes with [activities coordinator]". They also made very positive comments about activity workers at the service and their imaginative approach.

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member. Peoples comments included: "I've been here three years, I like it very much. Trust them all - if I was worried I'd go straight to [registered manager and it would get sorted]" and "I did complain about the food being uninteresting, she [manager] saw to it that I got some fruit".

The complaints process was on display at the service. Details on how to make a complaint had also been included in the 'service user guide'. We found the service had responded to peoples and/or their representative's concerns, investigated them and taken action to address

Is the service responsive?

their concerns. However, one relative spoken with told us they had recently attended a meeting with one of the provider's senior managers to discuss a complaint they had made about the temperature and staffing levels within the nursing and the dementia unit located on the first floor. They felt they had not been effectively listened to. We share this information with the registered manager and the quality assurance manager.

The registered manager provided a home manager's surgery which was held every Thursday from 2pm and 4pm for people or their representative to call in. If they required an evening or weekend appointment this could be facilitated.

Is the service well-led?

Our findings

People knew who the registered manager was and that they could ask to speak with them if they had any concerns. One person commented: “I know who the manager is, don’t know her name, but could talk to her if I wanted to”. Another person commented: “manager comes round regularly – once a month she has meetings and asks if we are happy with things or what else we want. She’s approachable”. Staff spoken with told as the registered manager was “hands on” and she operated an “open door” policy so staff could speak with her if they had any concerns.

All staff spoken with made positive comments about the staff team working at the service. We reviewed the minutes for the staff meetings completed in May 2015 and July 2015. A range of topics were discussed at the May meeting including: staff training, staff uniform compliance, entering and exiting the building, fire training, safe storage of chemicals and changes to staffing levels. However, we noted that out of 82 staff only 19 staff attended the May meeting. Twenty staff attended the meeting in July 2015. We reviewed the minutes of the senior staff meeting completed in July 2015. The purpose of the meeting was to raise standards, improve communication and how senior staff can support each other. A range of topics were discussed including: drugs policy, nutrition and care plan reviews.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. There were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. The checks completed at the service included: medication audits, monthly accident and incidents analysis and the resident at risk report. We also saw examples of care plan audits which included an action plan in people’s records. These checks were used to identify action to continuously improve the service. However, our findings during the inspection showed the checks to ensure medicines were managed safely required improvement.

The provider regularly assessed and monitored the quality of service provision. We reviewed the audits completed in May 2015 and June 2015 by the quality assurance manager. The audit completed in May 2015 covered a range of areas including: records and documentation, complaints, premises, environment and annual improvement, notifiable incidents and staff levels. The audit had also included a discussion with people living at the service and relatives. The audit completed in June 2015 covered a range of areas including the following: staff training, staff supervision, number of accidents and incidents, safeguarding concerns, premises and equipment, infection control and the management of medicines. A sample of peoples and staff records were checked as part of the audit. An action plan was produced for staff to complete with a timescale. However, our findings showed that some of these checks were ineffective in practice. For example, ensuring staff received appropriate support regularly.

These findings evidenced a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The service held regular resident and relatives meeting. A schedule of the meetings was displayed at the service. The service had completed a quality assurance survey with people and their representatives in June 2015. We reviewed the minutes of residents and relatives meeting completed on 30 April 2015. We noted that no people living at the service attended the meeting. A range of topics were discussed including: outcome of Healthwatch visit, protected mealtimes, problems entering and exiting the building and activities. We reviewed the minutes of the relatives and residents meeting completed on the 30 June 2015. We noted that no people living at the service attended the meeting. We saw that a range of topics were discussed including: staffing level concerns, activities, quality of food and variety, and the outcome of the residents and relatives survey. It also included details of the action taken as a result of survey and the meeting completed in April 2015. For example, a key coded side door had been provided to enable easy access to the service by relatives. So they no longer had to wait for staff to respond to the doorbell. The main door to be used by all other visitors.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

People were not protected against the risks of inappropriate or unsafe care or treatment because the provider did not have effective systems to monitor the quality of the service provision.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Staff had not received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.