Taptonholme

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Inspection report

14 Taptonville Crescent
Sheffield
South Yorkshire
S10 5BP

Tel: 01142663440
Website: www.taptonholme.co.uk

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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

Taptonholme is a small charity run care home located in a residential area of West Sheffield. The home is arranged over four floors and can accommodate up to 19 people. At the time of our inspection there were 16 people living at the home. A small number of people were quite independent and only needed minimal assistance. Others needed assistance with most daily living requirements including support with managing their personal care, medication and mobility needs. Some of the people being cared in the home were living with dementia.

There was a registered manager in post. 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. The registered manager was on leave during the inspection and the deputy manager supported the visit.

We found not everyone had a full and up to date care plan and risk assessment to guide staff in how to meet the person's needs in a person-centred way. You can see what action we have asked the registered provider to take at the back of the full version of the report.

The quality and safety of the service had not been monitored effectively and shortfalls had not been dealt with consistently or had not been identified. You can see what action we have asked the registered provider to take at the back of the full version of the report.

We found there was an inconsistency regarding the application of the Mental Capacity Act 2005. The registered provider and registered manager had not always followed best practice regarding assessing people's capacity and discussing and recording decisions made in their best interests. We have made a recommendation about this.

There were policies and procedures to guide staff in how to keep people safe from abuse and harm. Staff had completed safeguarding training. Records showed concerns were generally reported to the local safeguarding team and CQC; however we found one incident had not been reported appropriately which we discussed with the deputy and registered managers and received assurance that any similar concerns would always be reported to the appropriate agency.

We found the service was generally clean and tidy in communal areas and bedrooms. There were some areas of the environment and practice that could be improved in regards to good infection prevention and control. These were mentioned to the deputy manager during the inspection to address.

We found people's health care needs were met. Health professionals were contacted to ensure people received treatment and advice when required. People received their medicines as prescribed. Staff knew what to do in cases of emergencies and each person who used the service had a personal evacuation plan.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. There were positive comments from relatives about the staff team.

People enjoyed the meals provided to them. The menus enabled people to have choice and special diets when required. We saw people's weight, their nutritional intake and their ability to eat and drink safely was monitored and referrals to dieticians and speech and language therapists took place when required for treatment and advice. During the day, we observed people were served drinks and snacks between meals.

We saw people were encouraged to participate in a range of activities within the service and local community. They were supported to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

We found staff were recruited safely with appropriate employment checks carried out to ensure staff were suitable to work in care settings. New staff received an induction and all staff had access to training, supervision and support to ensure they felt confident when supporting people who used the service. We found there were sufficient staff on duty.

The registered provider had a complaints procedure on display. Relatives told us they would feel able to complain and any concerns would be looked into and addressed.

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 received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. Although safeguarding concerns were usually reported appropriately, we found procedures had not been followed properly for one incident.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions which included restrictions for them. We have made a recommendation about this.

There were some environmental adaptations to promote the independence and orientation of people living with dementia.

People were supported to eat and drink enough to stay healthy and were able to access health care professionals when needed.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with dignity. Staff respected people's right to privacy.

Staff promoted people's independence where possible. People

were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was an inconsistency with people's care plans and risk assessments. Not every person had care plans and risk assessments in place which would sufficiently guide staff in how to care for them safely in ways they preferred and meet their needs.

People were provided with activities and occupations to help them socialise within the service and in the community.

There was a complaints policy and procedure to guide people who wished to raise a concern and staff in how to manage them.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff told us morale was good and management were supportive. There had been consistent management of the service but there was evidence some of the management and administrations systems now required updating.

The quality and safety monitoring systems in place were limited and had not been effective in highlighting shortfalls in the service and taking action to address them.

Taptonholme

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.

This inspection took place on 22 August 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. 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 also checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with seven people who used the service and five people who were visiting their relatives or friends. We spoke with the deputy manager, a team leader, two care workers, the cook, a visiting activity coordinator, two housekeepers and a health care professional.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 17 medication administration records and monitoring charts. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the service and looked in communal rooms and people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living there. They mostly felt there was sufficient staff and told us they did not have long to wait when they requested support from staff. People also told us they received their medicines on time and were not left waiting for them. Comments included, "I like it here and yes I feel safe, the staff are most helpful and there's always someone about, "The staff are very good and they do come quickly", "Yes, when I ring the bell they try and come as quick as they can", "They look after my tablets for me and help me with all that" and "Yes, I always get my tablets when I need them." One person told us they sometimes had to wait for staff during the busy periods of the day, but usually they did not have to wait too long.

Relatives spoken with were also positive about how well people were looked after and considered they were safe. Comments included, "I feel she is safe and happy here", "All the family are happy that she is getting the care that she needs", "I feel he is very safe, unlike at home", [Name] has never complained about the staff and said they are all nice", "The home is always kept very clean and fresh, the cleaning staff are excellent", "It's absolutely spotless, credit to the [Names of cleaning staff], "I trust the staff, there are some who really stand out and are excellent."

Staff knew how to safeguard people from the risk of harm and abuse; they confirmed they had completed safeguarding training. In discussions, staff were able to describe the different types of abuse, the signs and symptoms that may alert them and what to do to if they witnessed abuse or it was disclosed to them. Records showed safeguarding concerns were usually reported to the safeguarding team and CQC, however, we found an incident which had not been reported to the local safeguarding team. When we spoke with the registered manager about this, they confirmed the incident should have been reported and they would ensure any similar concerns were reported appropriately. We reported the incident to safeguarding team and following the inspection, we received confirmation they had reviewed the details and closed the case.

An inquest had recently been held into the death of a person who had previously lived at the home. The inquest had identified shortfalls with staff not following the home's recording and reporting procedures in relation to a fall the person had experienced. We found the registered manager had taken action to make the necessary improvements which included the implementation of new night check records for each person. The registered manager had also held supervision meetings with each member of staff which covered expectations of their role; such as the recording and reporting procedures and the physical assessment and checks to be completed after accidents such as falls. We checked a sample of the night check records and found they had been completed appropriately. The records of the supervision meeting held with each member of staff were in their personnel files. This showed practices had been changed following the incident.

We found people received their medicines as prescribed. Records showed staff were trained to manage and administer medicines in a safe way and staff confirmed the registered manager assessed their competency to administer medicines safely. Medicines were obtained, stored and disposed of appropriately. Staff made accurate records of when they administered medicines to people and when they were omitted. The reason

for omissions and any medicines given on an 'as required' basis such as pain relief, were recorded on the rear of each person's medication administration record (MAR). Protocols were in place, for when people were prescribed a medicine 'when required.' Staff also maintained supplementary records to support administration of pain relief patches, creams and warfarin medicine. We observed staff giving people their medicines. We saw they followed safe practices and treated people respectfully. They explained things to people and provided the appropriate support they needed to take their medicines.

We found new staff were recruited safely. Staff recruitment files included copies of their application form so gaps could be explored, two references, a disclosure and barring service (DBS) check and interview notes. The recruitment checks in place helped to ensure people were suitable to work in care settings.

People who used the service had their needs met by appropriate numbers of staff. We saw call bells were answered promptly and people received timely care and support. There was a member of staff available in communal areas to provide support where necessary and for people to speak with. Care workers were supported by a range of domestic and catering staff which enabled them to focus on people's care needs. Levels of three care workers and a senior care worker were provided in the morning shifts; two care workers and a senior on the late duties and one care worker and senior care worker were maintained on night duty.

The registered manager did not use a dependency tool which looked at each person's level of dependency (care needs) and calculated the required staffing numbers needed to meet these needs. However, in discussions after the inspection they told us they were confident they had a good understanding of the number of staff required to deliver a safe service. After a review in 2015 they had recruited a laundry assistant in January 2016. They were also looking to appoint a new assistant manager who would provide more support with day to day management and administration responsibilities.

Members of staff told us they felt there was sufficient staff and comments included, "Yes there's enough staff. We have two people who require full assistance with their care and some people who can still manage to do things for themselves. We have an extra person in the mornings as the manager is away" and "We have a good team here, lots of us have worked together for a long time. Staffing levels are okay."

Accidents and incidents were recorded and collated each month to see if any improvements could be made. We saw action had been taken when people had experienced falls such as a referral to the falls prevention team and the provision of a sensor alarm to alert staff. Contingency plans were in place for emergencies and records showed each person had their needs assessed in relation to evacuating the building.

We found the home was clean and tidy and equipment used was maintained. Staff told us there was a plentiful supply of personal, protective equipment such as gloves and aprons. We found there was no provision of liquid soap or paper towels in people's rooms to support effective hand washing, which the senior housekeeper confirmed they would address the following day. A new laundry and sluice facility had been provided on the lower ground floor. We found there were no locks on the doors to these facilities or to the housekeeper's store which all contained cleaning products which could be harmful if ingested. This was mentioned to the deputy manager to address and following the inspection we received confirmation the locks had been fitted to these rooms.

Requires Improvement

Is the service effective?

Our findings

The majority of people who used the service told us they enjoyed the meals provided. Comments included, "Lovely meals, they come round and ask us what we want, we always have a choice", "I think the food is very good, I don't like certain things so they give me alternatives", "We can help ourselves to tea and coffee at the table during mealtimes and we get plenty of drinks when we are in the lounge." One person told us, "The meals are good but become dull after several months."
People told us staff contacted health professionals for them when required. Comments included, "They arrange for the doctor to visit when necessary" and "We get the chiropodist regularly and the doctor comes."

Relatives felt their family members' health care needs were met and staff were skilled in providing the level of care required. They told us the meals were good. Comments included, "I have had lunch with [Name of person] a few times and they provide a good balanced diet", "Yes, [Name of person enjoys his food", "I am very impressed at how quickly the doctor is called", "Yes, my [relative] has been to hospital twice, all was dealt with well. We were informed and medical issues are being monitored" and "Yes, I think they [care workers] are well-trained, courses are given for lifting and handling and dementia care etc."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 saw applications for DoLS had been made for specific people and there were two DoLS authorisations in place. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

The care files we checked had records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. However, we found MCA assessments and best interest decisions for the use of equipment that restricted people's movement, for example, bedrails were not in place. We also found consent records for photographs had not been completed. In discussions with the registered manager after the inspection they told us they would address this straight away. We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff had completed training in the Mental Capacity Act 2005 (MCA). In discussions they demonstrated some understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. One care worker told us, "We ask people, reassure them and tell them we are there to help. If they refuse any care we would go back later – that usually works."

We saw people had access to health care professionals for treatment and advice when required and these included GPs, district nurses, dieticians, speech and language therapists, physiotherapists, emergency care practitioners, opticians and chiropodists. We spoke with a visiting health care professional who told us the staff had made some improvements in the way they managed people's risks of developing pressure damage; they reported concerns to them earlier so appropriate equipment could be provided.

We found people's nutritional needs were met. People who used the service had their nutritional needs assessed during the admission process; this included their likes and dislikes, and any swallowing difficulties. Risk assessments were completed and people were weighed on a regular basis. Dieticians were involved when required and staff were aware of the referral system. Menus provided choices and alternatives and we observed drinks and snacks were available throughout the day. Special diets were catered for and we saw some people were offered fortified snacks and drinks between meals. People's independence at mealtimes was encouraged, they were provided with tea pots, milk jugs and sugar bowls so they could help themselves where possible.

We observed the breakfast and lunchtime experience for people during the inspection. People were supported to sit with their friends and we saw they were given time to eat their meals and there was a relaxed atmosphere. The lunchtime meal provided looked well-prepared, although the portions for some people were noted to be very large and a lot of food was left on some people's plates. Staff were observed to offer help with cutting food up and also provided gentle encouragement when they noted people were not eating so well. Everyone told us they enjoyed their meal.

Staff had access to training, supervision and appraisal; new staff received an induction. The induction programme consisted of an orientation into the way the service worked, shadowing experienced staff and completion of the Care Certificate unless they already possessed a qualification in care.

Training records showed us staff completed essential training such as medication management, moving and handling, safeguarding, fire safety, dementia care, infection control, food safety, health and safety and mental capacity legislation. We saw 93% of care staff had completed a nationally recognised qualification in care with the remainder working towards this. The deputy manager confirmed most staff had completed service specific training in topics such as end of life care, catheter management, stroke and diabetes.

The majority of care staff had recently attended training sessions on pressure damage prevention provided by the community nursing staff, as earlier in the year there had been issues identified about staff's knowledge and practice in this area. We asked the registered manager if they completed competency assessments of staff's moving and handling practices or observed staff practice when supporting the repositioning or transfer of people with fragile skin. The registered manager confirmed they had carried out such observations but had not recorded these, which they would do so in future.

There was a structured plan of supervision and appraisal which was completed by the deputy manager and registered manager. Staff spoken with told us they felt supported by the registered and deputy managers and confirmed they had received regular formal supervision sessions. Comments included, "Yes, we have regular supervision meetings with the manager and can always see her if we have any issues or concerns" and "The training sessions are good. I'm up to date with all the refresher courses."

We noted that some areas of the home required minor maintenance work such as repair and redecoration to ceilings and bedroom walls, we were informed after the inspection that the improvement work had been completed. One person's relative told us how impressed they had been with the staff when their family member had first moved in, as they had provided posters on walls to guide them back to their room. Some

people's rooms had their photograph and name on the door to support their orientation and there was a large clock and calendar on the dining room wall. There were signs and visual cues to help people locate communal areas and toilets.

Good

Is the service caring?

Our findings

There were positive comments from people who used the service about the staff approach and how privacy, dignity and independence were maintained. Comments included, "They are lovely staff; very kind indeed", "They always knock on the bedroom door, they never barge in", "I like the staff, they sit and chat with me; they have never refused me anything", "They encourage me to walk with my frame, they walk with me so I feel safe."

Relatives were complimentary about the staff team and their approach. Comments included, "The staff are all very caring indeed", "Very nice staff who do care", "Fantastic bunch of staff, very caring and kind approach" and "His dignity is kept at all times, for example, with toileting and bathing, explanations are always given" and "They always provide personal support in private with the curtains closed etc."

We found the home had a friendly and welcoming atmosphere and all of the relatives spoken with told us they could visit the home whenever they wished to. One person told us, "I visit every day and have got to know the staff quite well now, they are all great." Another person said, "Staff are always friendly and welcoming when we come, we always get offered drink."

Staff showed they had a good knowledge and understanding of the people they were supporting and were able to give us examples of their likes and dislikes and daily routines which demonstrated they knew them well. We saw people were able to make choices about their daily routines. Some people chose to spend time alone and others liked to spend time in the communal lounge areas. Relatives we spoke with told us they had been consulted about their relatives care needs.

We observed positive staff approaches and interactions with people who used the service. They provided explanations to people prior to tasks being carried out and ensured they had enough time to respond to questions asked of them. For example, we observed a member of staff talking to one person about their mid-morning snack. They had decided they didn't want the choice of biscuits on offer so the member of staff went through options with them until the person found something they liked. A member of staff sat with another person when they became anxious and held their hand providing gentle reassurance. We also observed another member of staff speak to a person in a caring and compassionate way and gently wipe their face and adjust their clothing for them following removal of a clothes protector used at lunchtime.

We saw staff made sure everyone had their personal needs met in a private and dignified way. They knocked on doors before entering and called people by their preferred term. In discussions with staff, they were clear about how they would promote privacy and dignity and how they supported people to remain as independent as possible. Comments from staff included, "Always knock on their door, wait to be invited in and close doors and curtains when assisting with personal care. We keep people covered with a towel when supporting them and always explain what we are doing" and "We encourage people to continue to do what they can for themselves, most people can do some of their own personal care and walk with assistance, they just need to take their time."

We saw a range of information was provided for people who used the service and visitors. This included information about the service, how to keep safe, activities and how to make a complaint. People's care files were kept in a lockable cupboard in the registered manager's office where they were accessible to staff but held securely. Medication administration records were secured in the medicines storage room. The deputy manager confirmed the computers held personal data and were password protected to aid security.

People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. We observed staff kept people's rooms tidy and respected their possessions. Relatives told us they were encouraged to help personalise their family member's bedrooms.

The deputy manager and staff were aware of local advocacy services. Advocacy services are independent of the home and the local authority, they can support people to make and communicate their wishes. The deputy manager told us that no-one was using these services at the time of our inspection.

Requires Improvement

Is the service responsive?

Our findings

People who used the service said they could decide how to spend their time and there were some things to keep them occupied. Comments included, "I sit in the lounge during the day and in the evenings I prefer to stay in my room, I can choose what I do", "I help the staff and set the tables each day, I enjoy keeping busy. I'm going to help chop the vegetables later", "The exercise lady is very good, she gets some of us going" and " I like the singers."

Relatives confirmed people had the opportunity to be involved in activities but some preferred not to join in or were unable to participate in group sessions. Comments included, "A person comes to do the chair exercises and they have singers in but I'm not sure what happens on a daily basis", [Name] likes to listen to the Lost Chord when they visit, he likes music", "[Name] prefers not to join in, she goes out with family" and "Likes to sing, doesn't always want to go on trips."

The majority of people told us they would feel able to complain and these would be listened to and sorted out. Comments included, "I have never had to complain, I would talk with the staff" and "I would speak to one of the managers; I think they would deal with anything." We spoke with one person who raised some concerns about aspects of their care and communication, which initially they felt reluctant to raise formally with the management. They agreed to meet with the deputy manager to discuss these, which was arranged after the inspection. Relatives told us, "If I have any concerns I speak with the manager who is always available" and "I had a little problem with something, it was dealt with and there are no problems now."

We found there was an inconsistency with assessments of people's needs and care plans to meet them. Some were completed fully and others had important information missing. Risk assessments were completed in areas such as falls, nutrition and skin integrity but on some documentation checked we found anomalies, which could have affected the risk score and more attention was needed for accuracy. For example, one person's fall's risk assessment did not detail the two falls they had experienced when they were admitted. Another person's pressure damage risk assessment identified they were 'at risk' yet they had already sustained some skin damage. On some occasion's risk assessments were not in place, for example, there were no moving and handling risk assessments completed for any person and two people with bedrails did not have a risk assessment completed to support this equipment provision. We also observed one person walking up the stairs unaccompanied and when we checked their care file there was no risk assessment in place to support their safety in this area and records showed the person had experienced previous falls. Following the inspection the registered manager confirmed that they had completed a risk assessment to support this person using the stairs.

Although some people had person-centred care plans, this was not the case in all the people's care files we assessed. We found some people did not have care plans for specific health needs and when care plans were in place they did not consistently contain sufficient information to guide staff in how to meet people's needs in a person-centred way. For example, one person's skin was very fragile and they experienced regular skin tears. There was a lack of detail in their care plans regarding nail and hand care and support for self-injury caused by the person scratching their body. The skin tears were not documented on a body map

record. Nor did the care plans detail support with limb contractures, moving and positioning and any increased risk of injury during repositioning.

We found the care plan records for two people who had previously sustained pressure damage and remained at high risk of developing skin damage did not direct staff on the frequency the person should be supported with repositioning to provide effective pressure relief. This meant there was a risk the person may not receive the care they needed or the care support may be inconsistent. The care plan to support a person with the management of their catheter was incomplete; there was no information to support the person had chosen not to use their night drainage bag at night time or the position of the tubing. The method of securing the bag was not detailed although the community nurse had provided specific guidance for this area of support. There was no information about the tilt on the bed to enable drainage and prevent reflux when wearing a leg bag and lying in bed.

Not ensuring people's needs were accurately and consistently assessed, care planned and met in a person-centred way was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

People were generally satisfied with the activities provided by the service. The activity co-ordinator post was vacant which meant the care workers needed to oversee activities alongside their other duties, however, most afternoons they were able to offer activities such as singing, games and quizzes. A large activity planner on the dining room wall provided information on activities each day. Staff told us that when able they also spent one to one time with people doing hand massages and manicures or just spent time chatting. We observed that people enjoyed these interactions and also readily engaged with one another which meant there was happy and relaxed atmosphere. When the weather was fine, staff told us they tried to encourage people to spend some time in the garden and some people enjoyed going out to the local shops and church with staff or their relatives.

During the inspection we observed an activities person visited to provide an exercise session which included chair based exercises and a game of skittles. Staff told us they visited every two weeks. We observed the group of people participating enjoyed the session. When we spoke with the registered manager after the inspection they confirmed that recruitment of a new in-house activity coordinator was on-going.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. Records showed that no complaints had been received since 2011. Some of the relatives and people who used the service told us they had raised concerns in the past and these had been dealt with appropriately. Following the inspection we discussed with the registered manager the benefits of recording the concerns raised to them as these may identify any patterns or more significant issues which may need addressing.

Requires Improvement

Is the service well-led?

Our findings

People were positive about the management of the service. One person said, "They manage things well and are approachable." Another person said, "On the whole a very good home, I applaud what the staff do." Relatives told us, "The manager is usually in the office and available if you need to speak with her", "The car park has been enlarged and the front garden improved" and "Yes, I have been asked my opinion and I was given a questionnaire to complete. They took up one of my suggestions to put people's name and their photo on the bedroom doors." Staff were also positive about the leadership of the service and told us they felt fully supported by the registered manager who they said maintained a strong presence within the home.

Taptonholme is owned by a charitable trust and there is a board of trustees who oversee the management of the service. The registered manager has been managing the service for 10 years; at the time of the inspection they were on leave and the deputy manager supported the inspection visit.

Whilst people, their relatives and the staff team, were all positive about the leadership of the home, we found that some areas of how the home was managed required improvement. We found the registered provider did not have a robust system in place to identify where aspects of the quality or safety of the home could be being compromised. We saw the current systems to review the quality of care records were not robust enough to identify the concerns we found in regards to identifying and mitigating risks to people's safety and ensuring care plan records were accurate and sufficiently detailed. We found there was no audit of issues such as the number of people with pressure ulcers or skin tears, how they had been acquired and details of their improvement. This information may help to adjust care input and risk assessments.

Although the registered provider undertook risk assessments of the environment to ensure it was safe for the people who used the service, we found not all areas of the service were included. For example, the fireplaces in two people's rooms and the portable radiator provided to one person posed risks to their safety. The deputy manager confirmed there were thermostatic monitoring valves in place to prevent scalding and the temperature of the hot water at outlets accessible to people who used the service were checked on a regular basis. We found many of temperatures recorded regularly exceeded the recommended maximum temperature and these had not been adjusted. We also found there were a number of door wedges in use throughout the service, which contravened fire safety policies. There were no records in place to support any regular checks on the safe position and condition of the bedrails provided to two people who used the service. The lack of provision of liquid soap and paper towels in people's bedrooms had not been identified through the completion of infection prevention and control audits.

Some of the registered provider's policies were not fully fit for purpose and needed to be updated to ensure that they contained all of the necessary information. For example, staff policies did not detail the risk management and rostering of related members of staff. The information provided to people moving into the home or people interested in coming to live at Taptonholme was out of date regarding the registration with CQC. Although the chair of the trustees visited the service each month and provided a governance report, we found the registered provider did not have a service improvement plan. A service improvement plan details

all of the areas where guidance, audits or feedback show that improvements could be made, the steps needed to deliver these and a timescale for completing these. Not ensuring the service had consistent oversight to monitor the quality and safety of the service provided to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. You can see what action we have asked the registered provider to take at the end of this report.

There were meetings and shift handovers to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions. Comments from the staff team included, "This is a really nice home, the team are very friendly and it's well run. I enjoy coming to work and we maintain high standards of care", "I really enjoy my job and this home is a good place to work" and "We have talked more about the quality of the care we provide in meetings and one to one sessions, there were some issues about recording and we have made improvements."

There were also meetings for people who used the service and their relatives. The chair of the board of trustees regularly attended staff meetings and held an annual meeting with relatives of people who used the service. Surveys for people who used the service, their relatives and staff had been issued in 2015 /2016; the deputy manager confirmed overall there had been a low number returned, although the comments had been generally positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who used the service did not consistently have their needs accurately assessed, care planned and met in a person-centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used services were not protected against the risks associated with unsafe care and treatment, by means of an effective operation of systems designed to monitor the quality and safety of the service. Systems for identifying, assessing and managing risks relating to the health and welfare of service users had not always been effective.