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# Salroyd Villa

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection of Salroyd Villa Residential Home took place on 30 May 2018 and was unannounced. At the last inspection in April 2017, the provider was in breach of legal requirements concerning safe care and treatment, meeting nutritional and hydration needs, need for consent and good governance. The service was rated as requires improvement. At this inspection, we found some improvements had been made however, more work was still required to achieve compliance with the regulations.

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

Salroyd Villa is a large detached building. Salroyd Villa is registered to provide care and support for up to 16 people who have dementia. At the time of our inspection there were 16 people living at the home.

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

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare.

Overall, there were enough staff deployed. However, not all the required checks were done before new staff started work to help to protect people. Staff were trained to meet people's needs.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs.

We recommended the provider implemented a system to ensure food thickener was managed safely.

People were provided with care and support by staff that had received appropriate training. Staff told us they had received induction and training relevant to their roles.

People were supported with their health care needs. We saw a range of health care professionals visited the service when required and people were supported by staff to attend health care appointments.

People's care plans were not always detailed enough and this created a risk they would not consistently receive appropriate care which met their needs.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, when people lacked capacity the correct processes were not always followed to ensure those making decisions on their behalf had the legal powers to do so.

People's nutrition and hydration needs were well catered for. People received a range of food which met their individual needs. However, nutritional risk assessments and care plans required some improvements.

Staff knew people well. People felt they participated in planning their care. Care records included information about preferences, likes and dislikes.

People were treated with respect and kindness and were supported to maintain their independence. People were given the opportunity to take part in a variety of activities.

Information about complaints was displayed in the home. People told us the manager was approachable and listened to them. People were supported to share their views about the service.

Staff told us they felt supported in their roles and their views were listened to through supervision and team meetings.

We found the providers quality-monitoring systems were not always working as well as they should be. We were assured of the provider's commitment to make the required improvements.

We found three breaches of regulations in relation to the fit and proper person employed, need for consent, and good governance. We are considering the appropriate regulatory response to our 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.

Medicines were managed safely.

There were enough staff available to meet people's needs.

The provider did not always follow robust recruitment procedures; some checks such as satisfactory references had not been carried out before new staff started work.

Staff knew how to recognise and report concerns about people's safety and welfare.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were required to documentation of people's food and fluid requirements to provide assurance that people's nutritional needs were met.

Staff received a range of training and support relevant to their role. Staff felt well supported by the service.

The service worked effectively with a range of health care professionals to ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was not sought correctly for some people.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff knew people and their care and support needs.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

People were comfortable in the presence of staff and good

**Good** ●

relationships had developed.

### **Is the service responsive?**

The service was not always responsive.

Care records and people's assessed needs were regularly reviewed, but lacked evaluation and insight into the success of the plan.

People had access to a range of activities.

People received person centred care, which focused on their individual needs.

People knew how to make a complaint if they needed to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

Most people, relatives and staff told us they felt the registered manager was approachable and acted quickly in response to any concerns or issues.

Improvements were needed to the processes for checking the quality and safety of the services provided.

**Requires Improvement** ●

# Salroyd Villa

## **Detailed findings**

### Background to this inspection

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

The inspection took place on the 30 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed the information we held about the home. This included information from the local authority commissioning and safeguarding teams and statutory information we had received from the home. The provider had submitted a provider information return (PIR). A PIR gives the provider the opportunity to tell us about the service, what they do well and any planned improvements they intend to make.

We used a variety of methods to gather information about people's experiences at the service. During the inspection, we spoke with six people who use the service, four relatives and one health professional.

We reviewed four people's care records and other records relating to the management of the service such as maintenance records and quality checks. We looked at the way medicines were managed for people. We looked at three staff files, supervision records and staff training records.

We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with four care staff, the cook and the registered manager.

# Is the service safe?

## Our findings

Following the previous inspection, the service was rated requires improvement in safe as there was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. This was because, medicines were not managed in a safe way. At this inspection, we found improvements to the way medicines were managed and the service was no longer in breach of this Regulation.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. We found medicines were stored securely. We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of four medicines against the MARs and found they were correct. Some protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. However, some of these were missing for some people. On the 2nd day of our inspection, on our return we found these had all been put in place. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen. Regular audits of medication took place. Staff received medication training and regular competency checks.

One person was prescribed thickening powder. Thickening powder is added to foods and liquids to bring them to the right consistency/texture so they can be safely swallowed to provide required nutrition and hydration. This was kept in the persons room for staff to use when they provided care. This posed a risk of accidental ingestion which could lead to choking.

We recommend that the registered manager review their medicines policies and procedures to reflect published guidance.

From our review of staff files, we found recruitment was not always robust. The registered manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. We looked at three staff employment files and found staff had commenced employment prior to the DBS being returned. However, the registered manager informed us that 'adult first protection of vulnerable adults (POVA) checks' were completed. This is a check, which allows the applicant to start work while a full DBS is being obtained. However, this should only be used in exceptional circumstances and must be accompanied by a risk assessment. There was no evidence of the check or risk assessment present in people's files. This should be recorded in staff files to better evidence the actions taken. From discussions with the registered manager we were confident this would happen in the future.

Staff had attended interviews however; the interview record was not present within the staff file. We also identified concerns about some references. For example, one person did not have a reference from their previous employer, and no written exploration of the reason they left their last job. The manager explained they had spoken to the person who provided a reason, but this was not followed up by contacting the

previous employer. This meant people were not always protected from the risk of being cared for by staff who were unsuitable to work in the care setting.

The provider was unable to demonstrate they consistently followed safe recruitment procedures. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe and secure in the home. One person told us, "I feel safe living here, it's the way that I'm treated". People said they had not witnessed anything of concern and were always treated well by staff. The team leader said there had not been any recent safeguarding incidents in the home. However, they knew how to identify abuse and make a safeguarding alert which gave us assurance the correct procedure would be followed should an incident occur.

People told us there were enough staff deployed to ensure their requests for assistance were dealt with in an appropriate manner. We observed care and support. Although we saw staff address any care needs people had within a reasonable timeframe we did note that most interactions with people were very task based with staff having little time to chat and provide people with social interaction during the morning period. This meant people were sat unoccupied and not engaged.

Staff were also required to complete the laundry and on the day of the inspection cleaning tasks as the cleaner was off. We looked in a selection of bedrooms and found them clean and tidy. However, some attention was required to high level surfaces such as in the dining room and hallways where there were cobwebs on the ceiling. We discussed this with the registered manager who showed us the monthly audit that was due to be implemented for cleaning this will be completed monthly by the management team.

We saw evidence that risks to people's health and safety were assessed. For example, recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as sensor mats, pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

Incidents and accidents were recorded on dedicated forms. However, there was a lack of space to list preventative measures and it was unclear what the specific actions or lessons learnt were following each incident. For example, one person had experienced recent falls but reference to these had not been made in care plan updates.

We looked around the premises. Fire safety improvements had been made following a visit by the fire department. A risk assessment was in place completed by an external company and the registered manager had worked through the actions. A new fire alarm had been installed. Regular fire checks took place and people had personal evacuation plans (PEEPS) in place. However, we found three upstairs windows did not have window restrictors in place which increased the risk of falls. This was rectified during our inspection however systems should have been operated to ensure this shortfall did not occur in the first place.

We inspected records of electrical installations, gas, water quality, fire detection systems, and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

Staff told us they completed training in infection control. Training records reflected what staff told us. The implementation of infection control procedures was visible. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves.

# Is the service effective?

## Our findings

Following the previous inspection, the service was rated requires improvement in effective as there was a breach of Regulation 14, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to meeting nutritional and hydration needs. The service was not consistently meeting people's nutritional needs.

At this inspection, we found although people's nutritional needs were met there were issues with the documentation of people's nutritional care and support needs.

People provided positive feedback about the food in the home. One person said, "I like it here, the food is good". We looked at the menu and saw there was variety and choice. People had a range of options available at breakfast and a choice of two main meals at lunchtime. Lighter options were provided in the evening. Snacks were available throughout the day. Adjustments had been made based on people's specific needs. For example, vegetarian options and a gluten free options were prepared for some people.

The service was using a risk screening tool for nutrition (MUST), however we saw this was not being completed correctly. They had recently lost weight and although we saw appropriate action had been taken involving consulting with the GP and fortifying food, care plan and risk assessment updates each month should have been more detailed in analysing changes in the person's weight.

Where weight loss had been identified we saw the service had liaised with the GP, and food had been fortified or supplements given. Staff were knowledgeable about people's nutritional needs. We saw some people required a soft or blended diet and fortified. Staff were aware of this and the reasons why and we saw people were served food of the correct consistency. People had nutritional care plans in place. However, these lacked details about people's specific needs and required updating.

Staff told us another person had a blended diet and fortified food due to being of low weight and at risk of choking, however their eating and drinking plan was very basic, it stated they could manage sandwiches and there was a lack of information about needing a blended diet.

Another person was cared for in bed, there was no detail in their plan informing staff of the position the person should be when eating and drinking to prevent choking.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 authorisation procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Following the previous inspection there was a breach of Regulation 11, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent. The service was not acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) as a DoLS authorisation was not being met. At this inspection, we saw the service was not consistently meeting requirements.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the legal framework of the Deprivation of Liberty Safeguards (DoLS). Mental Capacity Act. The registered manager had a list of the DoLS applications, which had been made, and this showed when the registered manager had followed up applications with the local authority.

We saw people's consent was sought on a daily basis by staff for care and support tasks. Some improvements were required to processes and documentation to demonstrate compliance with the Mental Capacity Act (MCA) 2005. For example, one person had a consent form for their photographs to appear on social media. However, it had been signed by the registered manager with no evidence of their or their families input.

Another person's care file said their relative had power of attorney and also said "daughter makes decisions for me". However, there was no evidence in the care file to show the relative had the legal authority to make these decisions. For relatives or representatives to make decisions on someone else's behalf they need to have Lasting Power of Attorney (LPA) orders in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you are no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. However, the power of attorney was only for property and finance and not health and welfare. Following a conversation with the registered manager we were assured this would be addressed.

Staff also told us this person had their medicines covertly. Although there was evidence the home had liaised with the relevant stakeholders including the GP, psychiatrist, pharmacist and family, there was no evidence the person's capacity to make the decision had been assessed and there was a lack of information within the plan regarding how to specifically administer the medicine.

This was a breach of the Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs. However, the plans lacked detail. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. One of the people we spoke with said they knew their GP and would ask staff to call the GP if they felt unwell. Where required, we saw appropriate equipment such as hoists and bed sensors was in use. We saw people had been assessed for equipment appropriately

Where staff were concerned or had noted a change in people's health we saw they had made referrals to health care professionals. This meant people were effectively supported in access to healthcare services and received on-going healthcare support. The district nurses regularly visited the home and the service liaised with GPs when people felt unwell. Staff also supported people to attend hospital appointments without them being charged. The district nurse told us, "The staff are very caring and always complete

documentation".

Staff we spoke with said they felt they had enough support through supervision and training, to do their work effectively. They said there was always someone to approach if they needed to discuss any issues. Staff received regular support, supervision and appraisal where their developmental needs and performance was discussed.

There was a training matrix in place, which showed when training had been completed and when it was due. The matrix showed the majority of staff were up to date with training on safe working practices. Staff competency was regularly checked. This included competency to administer medicines, hoists and understanding of safeguarding. We saw evidence staff kept up with best practice in areas such as information governance and safeguarding having attended courses and training in the subjects, provided by external professionals. outside of the home. This helped ensure staff had the right skills to care for people.

We saw evidence staff were supported to do further qualifications in health and social care. For example, the team leader was completing a level 5 qualification in health and social care and other staff had been supported to obtain level 2 and 3 qualifications. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role.

We saw some adaptations had been made to the premises such as signage on doors to help people navigate about the home. Some of the décor was tired and needed updating to ensure a consistently nice pleasant living environment. There was a maintenance plan in place to ensure works were completed. Some of the taps in the building were difficult to operate for people living with dementia. This could impact on people's independence as people would be reliant on others to use the taps. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. The service had an enclosed patio area that people could access safely through the dining room. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them.

## Is the service caring?

### Our findings

People said staff were kind and compassionate and treated them well. One person said, "Staff are good to you". Another person said, "very nice staff, help you, no complaints, all very nice here." A third person said "Yes very nice, well looked after, quite happy. A fourth person said, "[Team leader] is lovely, she looks after me."

One relative told us, "staff are very caring, I come at any time. Once when my [person] became unsettled, they took [person] into the kitchen to keep them occupied. I have seen staff do this with other as well". Another relative told us, "My parents came here for respite once when we went away. When [person] passed away, my [person] asked to come here. It's a lovely home. I've recommended it. It must be good because my [person] wanted to come back and live here".

We observed staff were consistently positive in their interactions with people, smiling and making people feel at ease. Staff complimented people on their looks and we saw staff having a laugh and a joke with people for example when the cook was taking the lunchtime food order.

People said they were cared for by a familiar staff team. People knew staff names and were clearly familiar with them. Two of the people were able to tell us in detail about the staff members and the owners and what they had been doing recently. This demonstrated that staff talked to people about their lives and provided them with companionship. People had key workers in place who were responsible for specific aspects of their care to help ensure people's health and welfare were maintained. This provided a named contact people could go to discuss any concerns.

Information on people's past life's and life history was recorded to aid staff better understand the people they were caring for. Staff we spoke with demonstrated an in-depth knowledge of the people they were caring for.

Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. Staff explained that people could choose to refuse care and support and staff respected this. One staff member told us, "I treat everyone equally".

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Salroyd Villa, which gave them lots of satisfaction. Comments included, "I love working here, we have some fantastic carers. We have a personal approach and build relationships. People that live here are like extended family. I want to make a difference". Another staff member told us, "no two days are the same. It's nice, I feel part of it. Part of a team. I would recommend this as a place to live. It's lovely. Everyone has their own character".

We saw examples where staff had gone the extra mile for people. For example, attending hospital with people on their days off to help ensure they were comfortable and not alone. A person we spoke with said

they really appreciated that staff had done this for them. The person said a staff member had also taken them to a local garden centre on their day off providing them with companionship. One relative told us, "my [person] recently got married. Staff were great, they helped [person] get ready, making sure clothes were cleaned and pressed. On the night when [person] returned I knew he would be safe and well looked after".

We saw evidence people's independence was encouraged and promoted. For example, some people made their own breakfast and drinks with the kitchen being accessible to them. This helped them maintain their life skills. We spoke with a person who was grateful they were able to do this. Care plan focused on what people's existing abilities were and how to support people to be independent.

People who liked their privacy and wished to spend time in their rooms were supported to do so. People were given choices and listened to. For example, the cook went around and spent time with people asking them all what they wanted to eat. People were offered a choice of where to sit and whether they wanted to move to a comfortable chair in the dining room. People said their choices were respected and they felt listened to.

## Is the service responsive?

### Our findings

We saw people's needs were assessed prior to them moving into the service to determine their care and support needs. Plans of care were formulated to reflect these needs and reviewed on a regular basis. Care records contained a good level of information about people's likes, dislikes and personal history. One relative told us, "I was asked by the home for my [persons] history so that it could be put in their file".

People had care plans in place. However, care documentation was not always fully reflective of people's needs. For example, a person's mobility plan states 'no longer able to transfer or walk'. However, their risk assessment stated, 'ensure when I'm walking someone is with me'. Care plans were reviewed monthly, however reviews often just stated "review" with a lack of evaluation and insight into the success of plans of care.

People said care needs were met by the service. People looked clean and well-dressed indicating their personal care needs were met by the service.

We saw evidence people and relatives had been invited to attend care review meetings. We saw evidence in one file that the relative had been involved. One family member told us, "I have not been involved in the actual care plans or their reviews, but I have been involved with the review involving the nurses". Another family member told us, "We had a meeting regarding care plans, they told us what was going on and what was happening".

An activities co-ordinator was employed four days a week. For the other days, the staff team supported people to engage in activities within the home. One staff member told us, "we do crafts, flower potting, we get people involved and working together". Another staff member told us, "evening time we get to do activities play dominos, singing, dancing or individual activities".

People said there were a range of activities in the home. People told us there was enough to do in the home. Activity provision consisted of internal activities such as games, quizzes and singalongs and was supplemented by external visitors such as 'Music for Health.' Some people went out to day services and were supported to access the community. The service had established links with a local school and children had been into see people over the last few weeks. The team leader also worked as the activities co-ordinator and gave positive examples of how they had supported people socially, including taking out into the community.

We asked how the service worked within the requirements of the Accessible Information Standard 2016. The registered manager told us people had communication care plans in place. We saw these documents in people's care files. The registered manager explained for some people who had difficulty communicating they have used flash cards and showed objects to help people make choices. For one-person English is not their first language the service used 'Google Translate' when communication has been difficult.

We were told that two people were receiving end of life care. We saw that end of life care documentation

was in place. This provided basic information on people's end of life needs. Where people did not wish to discuss this, this was recorded within care files.

A complaints policy was in place which was on display in the entrance area. The team leader said there had been no complaints received about the service. People we spoke with said they were happy and had no concerns. One person told, "I would tell people if I was not happy, I wouldn't put up with anything". One relative told us "I would defiantly raise any concerns I had". Another relative said, "The manager is approachable, I would raise any concerns I had".

# Is the service well-led?

## Our findings

When we inspected the service in April 2017, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not operated systems and processes to ensure compliance with our regulations.

At this inspection we found some improvements had been made to the audit and quality assurance monitoring systems. A range of audits and quality assurance processes were in place with actions and analysis to drive service improvements. These included monthly medication audits, mattress audits, bedroom audits and environmental audits. Where external audits had taken place, such as the food safety and fire officer inspections, we saw the provider had worked to address the issues raised.

However, these systems had not always been operating effectively. For example, the audit system had failed to identify issues such as; information was missing from staff recruitment files, window restrictors had not been replaced, information relating to nutrition not being present and information relating to consent and the gas service hadn't been arranged in a timely manner.

We were concerned about the repeated breach found at this inspection. Robust governance and quality assurance processes should have ensured the service was compliant with Regulations.

This was a continued breach of Regulation 17 of the, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A clear management structure was in place, which included a deputy manager and team leader. There were clear lines of reporting. The staff we spoke with were positive about the attitudes and approach of the registered manager. They said the registered manager was approachable. The management team were provided with training and support and encouraged to undertake further qualifications to assist them in their roles.

Staff meetings were held. Staff met with the manager, deputy manager and team leader more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

Everybody we spoke with said they felt the home was well managed. People felt the staff and management of the home would respond positively to issues raised outside of formal meetings. One relative said, "They do have family meetings which we are invited to, I don't go to them though. If I had any issues I would just raise them".

People we spoke with were positive about contact with the registered manager. Everybody said there was a good atmosphere in the home. One relative said, "It is a welcoming place, it could do with a bit of TLC, but that's not important. Soon as I walked in it felt right. That's the most important thing". Everyone said they would recommend it to others, one person said, "I have recommended it to others, although the currently

have no vacancies". It was evident the culture within the service was open and positive and people came first. People were supported by a staff team who were proud to be part of the service. All staff said, they loved their jobs and loves working there.

People said they were happy with the quality of care provided and said no improvements were needed. One person said, "Its lovely". Another person said, "It's lovely, I like it. They will do anything for you. Staff treat me nice, I can't say a word against them".

We saw the registered manager held meetings for people who used the service and relatives although not many relatives attended. Resident meetings were held every three months. We saw evidence people were asked about activities, food and other health and welfare issues to help ensure the service continued to meet their needs. The service displayed the CQC rating and there was a message to relatives and visitors of the actions the service had taken following the last inspection. This informed people and their relatives of the improvements the home planned to make.

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence. However, there was no record of how this was then used to determine whether further control measures such as involvement of a multi-disciplinary team was required. The registered manager told us this information was fed back to staff through the handover and team meetings. However, we identified information wasn't always used to update care plans.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Bradford contracts team and the NHS. The registered manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  There were not robust processes and make every effort to gather all available information to confirm that the recruited person is of good character. Effective recruitment and selection procedures that comply with the requirements of this regulation were not evident to demonstrate and ensure that they make appropriate checks for employees prior to employment commencing.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent not been sort by the correct people

**The enforcement action we took:**

WN

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit not robust

**The enforcement action we took:**

WN