

# Molescroft Nursing Home (Holdings) Limited

## Holy Name Care Home

### Inspection report

Hall Road  
Hull  
North Humberside  
HU6 8AT

Tel: 01482803388  
Website: [www.holynamecarehome.co.uk](http://www.holynamecarehome.co.uk)

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 12 June 2018, it was unannounced.

Holy Name Care Home is a purpose built home encompassing a church site and is situated in a residential area of North Hull; it is close to main bus routes into Hull city centre. The service is registered to provide personal and nursing care for a maximum of 64 people, some of whom may be living with dementia. The bedrooms are all for single occupancy and all have en suites which consist of a shower, sink and toilet. There is a large dining room, a number of open plan seating areas, two small conservatories, a hairdressing salon and courtyard gardens for people to use. The service has a separate area for people living with dementia called Penny Lane.

Holy Name 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.

The service had a registered manager 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.

At the last inspection in May 2017 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regulation 9, person-centred care, regulation 12, safe care and treatment, regulation 14, meeting nutritional and hydration needs and regulation 17, good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good.

At this inspection we found continued breaches in person-centred care, safe care and treatment and good governance, and that care had not been provided in a safe way for some people living at the service. Governance and quality monitoring was not robust. The provider had improved the monitoring of people's nutritional and hydration needs to ensure this breach of regulation was resolved. The service has been rated requires improvement for the second time.

There remained some areas of concern regarding management and administration. One person may have been given medicine to help calm them when their behaviour was settled. Action was not taken to liaise with people's GP's to change the times of their eye drops to ensure they were not asleep. People's medicine was not always in stock and there were gaps on medicine administration records. Further guidance for staff about 'when required' medicine and 'variable dose medicine' needed to be put in place for staff. Recording of a controlled medicine was found to be inaccurate. Supplementary charts to help staff assess people's medicine needs were not always completed.

Some people's care records were person-centred with their likes, dislikes and preferences for their care and support recorded and their risk assessments were detailed. However, other people's care records still did not contain all the correct information to make sure their full and current needs could be met. Further work still needed to be undertaken in this area. Staff contacted health care professionals for help and advice to maintain people's wellbeing. End of life care was provided at the service.

Quality assurance checks and audits had been improved in relation to maintaining people's nutritional and hydration needs. However, other quality assurance checks and audits were not robust; they had failed to find the issues we found during our inspection. Further work was required in this area.

Staff protected people from harm and abuse and understood how to report concerns to the management team, local authority and to the Care Quality Commission. This helped to protect people. Infection control measures were in place.

Staff recruitment procedures were robust; gaps in potential staff's employment history were investigated. Checks were undertaken to make sure people were suitable to work in the care industry, where issues were found these were discussed and a decision was taken if employment could be offered.

General maintenance was undertaken to make sure the service remained a pleasant place to live. Accidents and incidents were monitored and emergency plans were in place to help to protect people's health and safety.

People's mental capacity was assessed. We found care and support was provided in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Improved monitoring of people's dietary and fluid needs had been implemented to ensure people's needs were met.

Staffing levels were monitored to make sure there was enough skilled and experienced staff to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills. Supervisions and appraisals were provided. Further training for staff was planned in relation to supporting people living with dementia.

The environment was maintained. Pictorial signage helped people to find their way around. Gardens provided an inviting outside space to people.

People were treated with dignity, respect and kindness by staff and the management team. There was a confidentiality policy in place for staff to follow. Care records were stored securely in line with current data protection legislation.

A complaints policy was in place to inform people how to raise issues. People were provided with information about advocacy services available to help them raise their views.

People told us they were satisfied with the service they received. People living at the service, relatives and staff's views were sought and were acted upon. Links with the community were in place and fund raising occurred for different charities.

## 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.

Medicine management and administration was not always robust. Risks to people's wellbeing were not always managed appropriately.

Staff understood the action they must take to protect people from abuse. Staffing levels provided met people's needs. Recruitment was robust.

Systems were in place to prevent the spread of infection.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were provided with training, supervision and a yearly appraisal to maintain and develop their skills.

People's rights were respected and care was provided with consent or in people's best interests. Minor issues found were corrected swiftly. Staff understood the principles of the Mental Capacity Act 2005.

People's dietary needs were assessed and monitored. People were assisted to eat and drink, and concerns were raised with health care professionals to ensure their dietary needs were met.

**Good** ●

### Is the service caring?

The service remained caring.

People confirmed staff were caring and kind.

Staff provided caring support to people and their privacy and dignity was respected.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Some people's care records still lacked important information about how staff were to support them, which may lead to some people not receiving the right care and support.

Activities were provided and people were encouraged to receive visitor's and go out in the community.

A complaints policy and procedure was in place. Issues raised were acted upon to improve the service.

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

The service was not always well-led.

Governance and quality monitoring was not robust. Audits and checks in place to monitor the quality of the service had not found the issues that were present during our inspection.

People using the service, relatives and staff had their views asked for, feedback received was acted upon.

Statutory notifications were sent to the Care Quality Commission as required.

**Requires Improvement** 

# Holy Name 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 12 June 2018 and was unannounced. It was carried out by five inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They were experienced in dementia care of the elderly.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications (information required to be sent to us). We reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked Kingston upon Hull commissioning and safeguarding teams for their views about this service prior to our visit. We reviewed all of this information to help us to make a judgement about the service.

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.

During the inspection we spoke with 12 people who used the service, six relatives and eight staff, which included the activities co-ordinator and cook. We contacted three health care professionals by email and received feedback from them and spoke with two health care professional who were at the service at the time of our inspection. We also spent time observing the interactions between people, relatives and staff whilst in the communal areas of the service.

We looked at a selection of documentation relating to the management and running of the service. This included five staff recruitment files, three staff supervision records, staff training records and rotas. It also included 15 people's care records and 21 medicine administration charts, minutes of meetings held with

people who lived at the service and relatives, quality assurance checks and audits, policies and procedures, maintenance records and complaints and compliments. We also undertook a tour of the building.

We spoke with the provider, general manager, registered manager, care manager and deputy manager, cook and an activities co-ordinator. We also spoke with five care staff and a kitchen assistant to gain their views.

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

# Is the service safe?

## Our findings

At the last inspection of this service in May 2017 we rated this domain as 'requires improvement'. We found the provider had not ensured there were appropriate systems in place for the safe management of medicines and to ensure people received their medicine as prescribed. At this inspection we found a continued breach of regulation 12, regarding medicine management and also that care had not been provided in a safe way for some people living at the service.

There were concerns with medicine management. For example, two people were prescribed a medicine to be taken when required for their anxious and distressed behaviour, for one person, out of six occasions when they were administered this medicine, there were only two incidents recorded on their behaviour monitoring chart where this was needed to be given.

One person had not received two sets of eye drops in the evening for three days in a row; staff had recorded the person was asleep but had not taken action to report this to their GP or administer the drops at a slightly earlier time. Another person was recorded as having no stock for four days for a specific night-time medicine.

There were some medicine recording issues, which meant staff did not have full guidance or they had confusing guidance about how to administer medicines which were prescribed 'when required' to people. For example, one person had a protocol in place which stated they could have Lorazepam 1mg 'as and when required' every four to six hours. A letter from the person's GP stated Lorazepam 1mg, a half to one tablet twice a day. The person's latest medication administration record stated Lorazepam 1mg, half a tablet twice a day, every day and not 'when required'.

Other people were prescribed medicines with a variable dose, which relied on care staff to make judgements about the amount required. There were no instructions present to assist staff in the decision-making process. Consequently, staff made different decisions and did not record the rationale behind them. Staff used codes to define when medicines were omitted but there were several occasions when these were recorded as 'O' for other and not defined. Two people were prescribed pain relief 'one or two tablets to be taken up to four times a day'. However, their medicine administration record (MAR) stated set times for example twice a day, this was confusing.

We found there had been an error recorded in the controlled drugs (CD) register. This was not noticed by staff and no action was taken to address this. This had not been noticed in a medicine audit undertaken the next day.

We found people's supplementary charts for monitoring their bowel movements were not always completed. It was unclear if people had received prescribed bowel medicine when this was required to prevent the risk of constipation. We discussed this with the management team who told us they would address this.

Staff had not monitored two people's pressure relieving mattresses to ensure they were not at risk from developing damage to their skin. One mattress was faulty and stated it was 'initializing' throughout the inspection. Another was inflated for a person who weighed 150kg, when the person weighed 46.9kg. This placed people at potential risk of developing skin damage. We asked the management team to address this during the inspection.

We found one person who required their position to be changed two to three hourly had no changes to their position recorded on six occasions in April 2018. It was unclear if the person had their needs met. They had a moving and handling care plan which stated, they required a hoist for transferring them with a small sling, however their risk assessment said use a hoist and a medium sling. They had a care plan about the need to have bed rails to prevent them falling out of bed. This stated they should have a bed rail on the left side and a padded mat on the right side with their bed as low as possible. Their risk assessment said they should have both bed rails up with protective bumpers in place. This did not provide clear guidance to staff.

Not managing medicines in a safe way was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Also care had not been provided in a safe way for some people.

People's care files had information present about potential and known risks to people's health and wellbeing. For example, the risk of falls, choking, pressure damage to skin due to immobility, dehydration and malnutrition. Some people's risk assessments were personalised and contained enough detail to inform the staff, however we found some shortfalls in people's care records. We have reported on this further in the responsive section of the report.

People we spoke with told us they felt safe living at the service and said the home was clean. Comments included, "Yes I am safe, there are fire doors and alarms on ground floor" and, "Yes, I am safe, there is good external security and wonderful carers." A relative said, "My relation is very safe. Staff were around when they fell over."

At the last inspection we received mixed comments about staffing numbers especially in the residential unit on the ground floor. During this inspection we saw there were adequate staff to meet people's needs. Staffing rotas confirmed staff numbers only dropped when sickness occurred. Bank staff helped to cover absence and holidays to provide continuity of care to people.

We asked people about the staffing levels and received mixed comments. "Yes there's enough. I don't have any waits really", "I press the call bell and staff come in minutes to assess what I need, and say they will come back and do it" and, "I am always saying there is not enough staff, I have odd 20 minute waits." Health care professionals told us in written feedback, "I do find it problematic at times getting into the building and find staff can be an issue, whether this is due to the logistics of the building I am unsure." People's dependency was monitored and staffing levels were reviewed to ensure staff were deployed to meet people's needs.

We found the provider had effective procedures in place for protecting people from harm and abuse. Safeguarding and whistleblowing policies were in place. Issues were reported to the relevant agencies.

Staff were aware of equipment needed to be used to maintain people's safety, for example, walking sticks, frames or hoists to aid mobility or transfers. Staff were trained in the use of this equipment. People were encouraged to remain as independent as possible.

We looked at how staff were recruited, staff completed application forms, provided references, and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. If disclosures were made these were discussed and the provider documented their recruitment decision. Gaps in employment history were looked into. New staff were provided with induction and mandatory training and supervision to enable them to deliver safe care to people.

Monthly audits of accidents and incidents were undertaken to look for any patterns and trends to help prevent any further re-occurrence. Staff gained help and advice from health care professionals to maintain people's wellbeing. People had personal emergency evacuation plans in place (PEEPs), which contained information for staff and the emergency services about the support they required in an emergency.

The premises were maintained and monitored for safety. Checks were undertaken on the moving and handling equipment; hoists, slings and wheelchairs. Fire safety checks and environmental checks were undertaken.

Infection control policies and procedures were in place and staff were knowledgeable about this. Infection control audits were undertaken. Hand washing facilities and sanitising hand gel were available for staff and visitors to use. Personal protective equipment including gloves and aprons were provided for staff to maintain infection control.

The provider had a business continuity plan in place, which informed staff about action they must take if an incident such as a power cut or flood occurred. Utility companies and tradesmen's contact details were available to staff for them to use in the event of this type of emergency.

## Is the service effective?

### Our findings

At the last inspection of this service in May 2017 we rated this domain as 'requires improvement' because the provider had not ensured people had adequate food and hydration. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this breach had been met.

People's nutritional needs and fluid intake was monitored and best practice guidance was used and embedded in the provider's policies and procedures. The provider had booklets for staff to use to record this information, which included more information about people's current weight, height, body mass index, weight loss and nutritional risk assessment. The amount of fluid people required to maintain their wellbeing was recorded in line with the National Institute for Health and Care and Excellence guidance about calculating the optimum levels of hydration for people. Referrals made to GP's and dieticians and dates of their visits were recorded. A member of staff said, "There have been lots of changes and improvements with food and fluid records." We found minor recording errors on two people's fluid charts which were corrected immediately and one person's fluid intake began to be monitored during the inspection.

Staff used a universal nutritional screening tool along with the providers documentation to assess the risk to people's wellbeing from malnutrition. Staff contacted health care professionals for help and advice, if they had concerns. People at risk of weight loss had their weight monitored to help maintain their dietary needs.

A health care professional commented, "In relation to nutritional issues, staff support residents with food and fluid and they follow our recommendations and refer residents to our service appropriately. Staff contact our service to alert us to changes in people's swallowing in a timely manner."

People we spoke with told us they enjoyed the food provided. We received the following comments, "The meals are nice. I like the sausages", "They always cook us lots of vegetables", "I get a choice, enough and I eat in my room (by choice)" and, "The food is good and wholesome."

Lunch was a sociable occasion in each area of the service. There was a choice of meals and special diets. Food served looked appetising and nutritious. People who required help and encouragement to eat and drink were supported by patient attentive staff. Adapted crockery, cutlery, plate guards and beakers were used to help people maintain their independence with eating and drinking.

People we spoke with told us the staff were trained and they confirmed staff supported them effectively. People had access to a range of health care professionals, which included GP's, district nurses and dieticians. People said their health care needs were met. If medical equipment was required, such as wheelchairs to aid people's independence this was provided. Staff contacted health care professionals to gain advice to maintain people's wellbeing.

We inspected the staff training information. Mandatory training was provided in subjects such as, infection control, moving and handling. Equality and diversity training was provided which helped staff encourage

people to live their lives with no restrictions. The management encouraged equality and diversity for people, their relatives and staff.

Training was provided about how to deliver person-centred care. We spoke with the management team who told us they wished to improve the staffs knowledge and approach for people living at the service, especially in regard to those living with dementia. Further training in this area was planned to take place imminently, because the management team had identified this was required.

New staff completed a period of induction where they undertook training and worked alongside more experienced staff. The care certificate was provided (this is a nationally recognised care qualification used to promote and develop care skills). One member of staff said, "The training is good, a mixture of theory and practical and 1-1 sessions with trainers."

Nursing staff had to keep their skills and knowledge up to date to keep their registration current with the Nursing and Midwifery Council (NMC). Checks were undertaken to ensure the nurses remained fit to practice.

Staff attended supervision, which enabled them to discuss their practice and any further training needs. The management team spoke with staff about performance issues to ensure people received effective care and support. Appraisals were undertaken.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the registered provider was working within the principles of the MCA for people who used the service; applications for DoLS had been submitted to the local authority. Eight had been authorised and 13 were awaiting assessment and authorisation. Staff had undertaken training in MCA and DoLS and were able to demonstrate how they supported people to make their own decisions. A member of staff said, "People need assessments doing if they haven't got capacity, we then arrange a best interest meeting to discuss the least restrictive options, so everything is understood and agreed." Another told us, "We ask people about their care and how they want to be supported. We respect their choices."

Where people lacked capacity care was provided in their best interests and people were asked for their input, which helped to protect their rights. We found some minor issues that were swiftly addressed. One person had a safety gate at their door and a best interest meeting had not been held about this. This meeting was undertaken with the person's family during the inspection. Another person's best interest meeting for the use of bed rails had not been signed by the person's relative after they had been consulted. One relative who had lasting power of attorney (LPA) for finances had signed their relatives care plans, but they did not have LPA for health and welfare.

A health care professional commented, "Staff have always been approachable and have had time for service users, family and for us. Taking time to speak directly to service users and asking the opinions of service users and families."

We undertook a tour of all areas of the service. The home was airy and clean. Pictorial signage was in place to help people living with dementia find their way around. Several people had memory boxes outside their bedroom door; with items to help them locate their room and aid reminiscence. People's rooms were personalised to their wishes. There was a church which was used to meet people's religious needs and for activities along with other lounges. There were quiet areas where people could sit. Patio areas and gardens were available for people to use.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. We received the following comments. "Yes, staff are caring, we do have a joke", "Staff are totally caring and good with my personal care" and, "Some carers pop and see me before they go off shift to say goodbye." However one person commented, "Yes, the staff are caring, some are too busy to talk, there should be more carers".

Relatives told us the staff were caring and respected their relations privacy. We received the following comments. "Staff knock on (Names) door, I have seen them (staff) with them. Staff shut the door when undertaking personal care. I have seen them stroke their arm as they talk to him, and they do his hair as he would like it to be done."

Relatives we spoke with said they were made welcome at the service when visiting. One said, "They even let dogs in which, (Name) likes."

A health care professional told us staff treated people in a person-centred way, they commented "Staff have always been approachable and have had time for service users, family and social services. Taking time to speak directly to service users asking for their opinions and for the views of their families. My clients have always seemed happy with the interactions between staff and themselves. One resident had strong religious beliefs and values which were promoted and supported."

We observed staff supporting people throughout the communal areas of the service with dignity and respect. Staff were attentive and kind and they asked people if required anything and acted upon what people said. They took time to talk with people and were able to speak about people's lives and reminisce with them. A member of staff said, "We respect people's privacy and dignity. We do not discuss information about people outside of work."

Staff observed people's body language and monitored if they looked uncomfortable. If staff were unsure they went to check to make sure people were alright. Gentle appropriate touch was used to re-assure people if they became anxious or upset, which we observed helped people feel cared for. Staff observed and monitored people to ensure they were not in pain or discomfort. Advice was sought from health care professionals if staff were concerned people may be uncomfortable.

People's privacy was respected. Staff addressed people by their preferred names and knocked on people's bedroom doors before entering. Personal care was provided to people behind closed doors. Staff explained the care and support they were going to help people with so they were informed.

Staff we spoke with told us they cared for people and loved working at the service. One said, "Staff are very good and caring. The nurses on nights help on the floor." Another told us, "I like it here. I love caring. The residents are lovely and you can approach the provider for anything." Staff told us they treated people like their own relatives.

People's bedrooms were generally personalised with photographs, pictures, ornaments. Each bedroom was for single occupancy and had full en-suites which consisted of a shower, a sink and a toilet; this provided people privacy.

We saw information about people's communication needs were recorded. This information was understood by the staff who helped and supported them. For example, one person had a 'good communication care plan' in place. Staff were advised to ask one question at a time and allow time to let the person answer to reduce frustration. This directed staff how to use eye contact and give the person time to process information. It advised staff how to back up their speech with gestures, for example, pointing to objects or to use flash cards with different activities and objects to aid effective communication. Information was provided about how noise and busy situations may be difficult for the person to tolerate so staff could be mindful of this. Staff informed visiting health care professionals about people's communication needs, which meant people were able to engage with them more effectively.

Information was provided to people and their relatives about the service, activities and events. People were provided with a 'service user guide' which described what was included and information about additional extras such as hairdressing and chiropody, which helped to keep all parties informed. Local advocates were available to people if they required support to raise their views about the service. People we spoke with and their relatives confirmed they made decisions about their care and support.

People were involved in making decisions about their care and support. Relatives of people living at the service were invited to care reviews and best interest meetings, where appropriate so that all parties were involved.

There was an equality and diversity policy in place. Staff recognised the importance of respecting people's diversity and treating everyone as equals. People's faith and religious needs were recorded and staff supported people to practice their religion within the service or in the community.

People's personal information was stored securely and computers were password protected. Staff understood how to maintain people's confidentiality. The service was registered with the Information Commissioners Office, which is required when confidential records are held on computers. Information was handled in line with the Data Protection Act.

## Is the service responsive?

### Our findings

At the last inspection of this service in May 2017 we rated this domain as 'requires improvement.' We found the provider had not ensured people care plans included full information about how their needs were to be met in a person-centred way. At this inspection we found a continued breach of regulation 9 regarding people's care records.

We found people had assessments of their needs completed, including risk assessments, prior to admission and staff used these to write care plans about how best to support people. Some improvements had been made to make some people's care records more person-centred and informative with their likes, dislikes and preferences for their care recorded. However, some people's care records continued to lack guidance for staff to ensure their needs could be met. Care files contained information about people's next of kin, relevant health professionals, past medical history, life history and goals people wished to achieve and their preference for the gender of care staff to look after them.

We found staff needed to record one person's behaviour that may challenge in more detail on their behaviour monitoring chart for it to give clear and precise information to health care professionals involved in their care. One person's behavioural management charts had gaps present on 28 April 2018 from 3pm until 7pm, 2 May from 5pm until 7pm, and no entries were made on 25 May from 2pm until 7pm. This did not help to clarify if staff were providing appropriate care and support.

During our observation of the care and support provided on Penny Lane we saw some positive interventions were undertaken to support people. However, staff did not always understand how best to respond to people's questions or understand how to support people if they became angry and upset. For example staff used reality orientation to continually tell one person their husband had died, then stated in the present tense 'He loves you though', which confused and upset the person.

Another person's care plan for agitation referred to noise distressing them. We saw this person was cared for in a noisy environment where floors were being swept and a tea trolley was being pushed around. The person became upset and was shouting for help which caused another person to tell them to be quiet. The person's care records were unclear about their potential behaviours and the action staff should take to support them during these times of distress.

Another person living on Penny Lane had issues with reality orientation. Staff told them their son had rang in the morning and had told the staff he had done all the shopping. The person accused staff of lying and said he never rang, staff had lied to reassure them, but this was inappropriate. We discussed our concerns about this with the management team; they had already identified staff needed to have more training in this area. This training was taking place imminently to help staff develop consistent approaches to support people living with dementia. Dementia mapping (observational assessment) had commenced to help staff understand how they may support people better.

One person had a care plan which stated they needed to wear their glasses. The importance of this was also

highlighted by a visiting health professional. They were not wearing their glasses and staff had to go get them. Staff told us this person would not keep them on. However, the person wore them for the rest of our inspection. Not ensuring the person had their glasses impacted negatively on their wellbeing. We found a box of glasses at the service; staff were unaware whom these belonged to. People not wearing prescribed glasses places people at risk of reduced sensory awareness.

We found one person's care records for a best interest decision was named as being for one person, but the text in this document referred to a different person's name. This was confusing. We asked the management team to address this.

One person's care records being nursed upstairs was not detailed enough about the risk of them falling from their wheelchair. Staff were asked to review their needs to ensure their needs were clearly recorded and information was present about how their safety was to be maintained.

During the inspection we looked at how reviews of people's care were recorded. We saw staff just recorded the date and no other information. We discussed this with the management team who told us staff only wrote more detail if people's needs had changed and they would then describe the care and support people needed to receive to meet their needs. The management team were to review this practice.

We found some people's care records had not been signed or dated by staff. This meant it was not always clear if the care people were receiving met their needs.

One person who could exhibit disinhibited behaviour had a risk assessment in place. We saw this information had not always been reviewed monthly; no review had taken place in March or April 2018. The management team confirmed this would be addressed and monitored.

Another person had a care plan about their 'Breathing', this was generic. It said the person was able to inform staff of any problems, however, this person was living with dementia and they may not have been able to communicate this information to staff. Their care plan for the risk of falls was not dated, another care plan for the person stated they refuses oral care, however, there was no evidence in the person's daily notes of this being offered or refused. The management team was asked to address this.

All of these issues meant there was a continued 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 the report.

People who used the service told us staff were responsive to their needs, they could review their care records and they had their social needs met. We received the following comments. "I get the support I need.", "I get my nails done, I play bingo, do arts & crafts, bowling" and, "I go to see the singer."

There was an activity co-ordinator employed who supported people to participate in meaningful activities and included people who wished to remain in their bedrooms by undertaking one to one activities. Activities included bingo, arts and crafts, exercise classes, bowling, manicures and reminiscence, entertainers visiting the service and taking people out to local events and shops. We saw photographs of events that had taken place, for example celebrations of the Royal Wedding were displayed at the service. There was a Mass undertaken in the Church each day by clergy who lived at the service and visiting clergy attended the service to meet people's religious needs. Visitors were made welcome at any time.

People were supported by health care professionals such as, GP's, hospital consultants, chiropodists,

dentist and opticians to help maintain their wellbeing.

There was a complaints policy in place. People living at the service told us they had no complaints, but would raise a complaint if they wished. Comments received included, "I would tell Manager, and owner" and, "I can talk to any of the staff. I have no complaints." We looked at the complaints received and found action was taken to address the issues. This information was used to improve the service provided.

End of life care was provided at the service and compliments had been received from people's relatives about the care and support they and their loved one had received. People's end of life wishes were recorded for staff to follow. Staff provided support to people to help them have a comfortable and dignified death.

# Is the service well-led?

## Our findings

At the last inspection of this service in May 2017 we rated this domain as 'requires improvement' We found the provider had not ensured adequate systems were in place to monitor and improve the quality of the service delivered to people. This meant there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to get inform us how they would get the service to at least good. However, we found continued failures in governance and quality monitoring.

There were continued issues with medicine management. Not everyone at the service had a photograph on their MAR to help identify them to staff. There was a pain relief patch application record for each person who had these administered to ensure the site was rotated. Although these had been applied as prescribed according to the CD register, there were large gaps in recording the application site on the record. Some people were at risk of constipation due to the pain relief they were taking. Instructions referred to staff monitoring bowel care; however the recording of bowel movements was only completed intermittently.

We found two airflow mattresses were not set correctly. These issues had not been identified or addressed.

Checks and audits were undertaken by the management team, which covered monitoring people's nutritional needs and weight, planning records, complaints, accidents and incidents, medicines management and returns, infection control, skin care and activities. Audits about people who developed chest, urinary tract and wound infections were in place.

Some audits undertaken were not in date order and the information was not held together, this was discussed with the care manager and action was taken immediately to make sure the information gathered could be more easily reviewed.

The management team had worked together to review their auditing system. Senior staff from another of the provider's services helped introduce independent checks of the care and services provided. The care manager undertook unannounced visits to the service outside of office hours, this included night visits. Monitoring people's care continued to be a priority for the provider and management team. Where issues were found they were acted upon to help to improve the quality of service. Despite this, the systems in place had failed to identify the issues we found during our inspection. Further work was still required to monitor people's care and support to ensure people's care records reflected accurately their people's full and current needs.

There was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

People we spoke with told us the service was well-led and confirmed their views were sought and acted upon. Comments included, "The new care manager is okay. It is always miraculous here", "We have monthly

meetings, they take a note of what we discuss" and, "I have attended one meeting, asked for the Menu to be put up and it is now on the board daily." A health care professional commented, "management show care and compassion outside of normal working hours to facilitate family needs."

New dietary and fluid intake booklet's had been introduced to help staff monitor and record the nutritional support provided to people. This booklet ensured all the pages were kept together so that no information was lost. We found audits of this information were much more detailed, which ensured people's dietary needs were audited robustly. This was an improvement made since the last inspection.

The registered manager was managing Holy Name Care Home as well as another service in the company. They worked part time at each service. They were supported by the provider, human resources manager, deputy manager, care manager and senior staff. The provider visited regularly to review the service provided to people. Managers meeting took place within the group to enable discussion about issues or to share good practice ideas.

Health care professional we spoke with told us the care manager, registered manager and provider were available to make sure effective communication occurred. One commented, 'Management showing care and compassion outside of her working hours to facilitate family needs.'

Staff we spoke with understood the management structure in place and we received positive feedback about how the service was managed. One member of staff said, "The provider and manager are lovely. We have undertaken a lot of work on our paperwork. We are changing things for the better. We are all working to make the home better for everyone here, the staff and for health care professionals and for the CQC.

Staff meetings were held regularly for nurses, carers and ancillary staff to gain their views. Policies and procedures, good practice ideas, staffing levels and audit results were shared and discussed. A member of staff said, "Staff meetings are held and I can raise my views or go straight to the management team if I have any concerns." Another told us, "We are improving a lot regarding everything. Staff meetings are held and we are asked if we have any concerns. We voice these and they are acted upon." Staff confirmed the management team were approachable and gave help and advice. Staff said they looked at how the service could be improved, for example, staff working with people living with dementia could benefit from undertaking more detailed specialised training. This had been arranged to take place imminently.

The provider held clinical governance meetings with senior staff from both locations at the last meeting General Data Protection Regulation was discussed and updated information about syringe driver use for pain relief for people was discussed.

The service had staff 'champions' in place to lead practice and help to support staff in certain areas of practice such as infection control, dignity, health and safety and end of life care. Each heads of department met daily to discuss any challenges to the service, so that corrective action could be taken.

The registered manager understood their responsibilities. There was an 'open door' policy in place so that people living at the service, relatives, visitors or staff could speak with them at any time. We found the management team were open, transparent and worked with us during our inspection.

People were given information about what the service could offer them in a format that met their needs so they were kept informed. Resident and relatives meetings took place. We looked at the minutes from the last meeting and saw meals provided, activities, suggestions and complaints were discussed. The provider was sourcing a bus for trips to the seaside following discussions held with feedback from people living at the

service.

Surveys were sent to people living at the service in 2017. We looked at the results received, which were positive in all areas, with not one negative area of feedback received. This confirmed people were satisfied with the service.

There were links with the community and charitable events took place at the service. For example a fund raising event had been held for Dove House Hospice where over four hundred pounds had been raised.

Services that provide health and social care to people are, as part of their registration, are required to inform CQC of accidents, incidents and other notifiable events that occur. The registered manager was aware of this and provided us with this information. We found good practice guidance was used at the service to help to maintain people's health and wellbeing. The provider used a company that regularly updated their policies and procedures to make sure they reflected current law and legislation.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured people's care records included full information about how their needs were to be met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had still not ensured there were appropriate systems in place for the safe management of medicines and to ensure people received them as prescribed. Care had not been provided in a safe way for some people living at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured adequate systems were in place to monitor and improve the quality of the service delivered to people.