

Parklands Residential Home Limited

# Parklands Care Home

## Inspection report

516 New Hall Lane  
Preston  
Lancashire  
PR1 4TD

Date of inspection visit:  
20 April 2016

Date of publication:  
01 June 2016

### 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

This inspection took place on 20 April 2016 and was unannounced.

The service was last inspected 10 October 2013. At that inspection we found the service was meeting the legal requirements in force at the time. We made some recommendations for the provider to consider, which included ensuring hand written medicine administration records were double signed to avoid transcription errors. We also recommended the provider ensure they obtained two references before staff were appointed to work at the home. We checked to see if these recommendations had been taken on board and found the home had followed them up.

Parklands Care Home provides accommodation for up to fourteen people, who require help with personal care needs. The home is situated close to Preston City Centre and is within easy reach of public transport, and local amenities. Accommodation within the home is situated on two floors. There are ten single rooms and two shared bedrooms. Three rooms have en-suite facilities.

There is a passenger lift and stair case providing access to the upper floors. Comfortable communal areas, such as lounges and a dining room are available. A limited number of car parking spaces are available to the back of the building on a private forecourt, but on road parking is also permitted however this is limited.

The registered manager was present throughout our inspection. The provider also joined the inspection at various points in the day. 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 and associated regulations about how the service is run.

At the time of this inspection there were fourteen people who lived at Parklands Care Home. People told us that they felt safe.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had received training in safeguarding adults and demonstrated a good understanding about what abuse meant.

The provider had recorded accidents and incidents and documented the support people were getting after experiencing falls. We found evidence staff had sought advice from health professionals.

We found people's medication was not being managed safely. People did not have care plans for 'as and when medication (PRN)'. People's homely remedies had not been safely managed and the self-medication policy was not effectively applied to ensure those who cannot manage their own medication are supported. Staff had received appropriate medication training.

There was a building fire risk assessment on the premises. However it had not been updated in line with the fire policy and fire regulations.

People did not have personal emergency evacuation plans (PEEPS) which were meant to enable safe evacuation in case of emergency.

We found infection control measures were not effectively implemented.

Staff were suitably recruited and there were enough staff to ensure that people's needs were safely met. There was scope within the staffing levels to keep checks on people's welfare and, where necessary, to provide extra care and support.

Some staff showed awareness of the Mental Capacity Act, 2005 and how to support people who lacked capacity to make particular decisions. However we found the knowledge was not sufficiently turned into practice and was not sufficiently embedded when planning for care and supporting people on a daily basis.

We found that people's health care needs were effectively assessed on admission to the service to ensure the home was able to meet their assessed needs.

Consent was not consistently sought from people. However we found evidence people were involved in their care. The home did not consistently involve people in decisions made around the care they received. Care plans did not evidence people's involvement. However people and their relatives told us they were consulted about their care.

The service could not evidence how they sought people's opinions on the quality of care and service being provided. People however informed us they were asked about their opinions. We made a recommendation about this.

We found evidence of management systems in the home. However quality assurance was not effective in order to identify areas that needed improvement. We found audits were not formalised and as a result we found areas that could have been picked up by a formal audit system had there been one in place before the inspection.

People felt they received a good service and spoke highly of their care workers and the owners. They told us the staff were kind, caring and respectful. Many people appreciated having their privacy and independence whilst being secure in the knowledge that staff were available when they needed them.

Staff were provided with effective support, induction, supervision, appraisal and training.

We found the service had a policy on how people could raise complaints about care and treatment.

Staff were positive and we observed a positive culture within the staff team.

The quality of people's care and the service were monitored to ensure the provider's standards were maintained. However management were not formally recording their actions to demonstrate this and audits were not always used to improve the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included, Regulation 11 – Need for consent, Regulation 12 – Safe care and treatment,

Regulation 13 -Safeguarding service users against abuse and improper treatment, Regulation 17-Good governance. You can see what action we have taken at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People did not have personal emergency evacuation plans to facilitate safe evacuation in cases of emergency. Fire risk assessment did not provide sufficient up to date guidance.

Staff were aware of safeguarding policies and procedures. There were sufficient staffing levels met the needs of people who lived at the service and robust systems were in place for recruitment of staff.

We found some shortfalls in medicines management. People did not have care plans for 'as and when medication' (PRN). Infection control measures were not effectively implemented.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff knowledge of the Mental Capacity Act 2005 was insufficient and mental capacity principles were not sufficiently demonstrated in every day practice. Consent was not consistently sought before care provision.

There were effective systems in place to ensure that people received nutrition and hydration appropriate to their needs.

Staff had received training in various areas of care and had received supervision regularly.

### Is the service caring?

**Good** ●

This service was caring

There was positive engagement between staff and people who lived at the service. The standard of personal care people received was found to be satisfactory.

The systems and procedures operated at the home were designed to enable people to live their lives in the way they

chose, so they could be as independent as possible. People's dignity and respect was promoted.

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

The service was not consistently responsive.

Care planning was not consistently person centred.

There were a variety of meaningful day time activities and people's independence was promoted. Social Inclusion was widely promoted.

Complaints procedures were in place.

Transition between services was adequately facilitated and Care plans were amended accurately to show people's changing needs.

**Requires Improvement** ●

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

The service was not consistently well led.

There was a positive staff culture. We found the management structure had in depth awareness of people's needs and evidence of management oversight.

There were no formal audit and monitoring systems in place. Areas for improvement that could have been identified by formal audits were missed. Some policies had not been updated to reflect current practice and policy guidance and Business continuity plans had not been updated regularly.

The service was sending statutory notifications to CQC.

**Requires Improvement** ●

# Parklands 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 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.

This inspection took place on 20 April 2016, and was unannounced.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service. Before the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who visited the home. As part of this we looked at safeguarding alerts we received from Lancashire County Council Safeguarding Enquiries Team and the regular updates from other associated professionals at the local authority we had received. Comments about this service are included throughout the report.

Before the inspection we had received concerns from other professionals, which we shared with the local authority safeguarding team for investigation. We used the information from these concerns to focus on some specific areas during this inspection.

We spent time talking with people who lived at the home and where possible their relatives. We reviewed records and management systems and also undertook observations of care delivery. We spoke with four relatives, five people who used service, the registered manager, the owner, four professionals who had visited the service and four care staff. We looked at five people's care records, staff duty rosters, five recruitment files, the accident and incident reports book, handover sheets, records of staff meetings, medication audits, service policies, medication records and service maintenance records.

# Is the service safe?

## Our findings

We asked people who lived at the home whether they felt safe. People told us they felt safe living at the home. One person we spoke with told us, "Yes I am very safe". Another person told us, "Staff are like angels here, they make me feel safe all the time".

One relative told us, "It's a lovely little home". Another relative said, "He is safe here, safer than the last place he was".

We spoke to professionals who told us they were quite pleased with people's safety and how their needs were met by the home. One professional told us, "Our staff had been going in regularly; they have not reported any concerns around safeguarding, if they had seen anything they report".

Risks to people from receiving care were managed, however we found some shortcomings. We found people's needs were being assessed and staff recorded care being provided. Where risk assessments had been carried out, actions to mitigate the risks were carried out. However we found this was not consistent throughout the care of the people we looked at.

We found people's risks were not sufficiently managed to avoid harm. Risk assessments had been undertaken in some areas, however they were not followed to ensure that risks were minimised. For example, we found one person's records showed they had been assessed as being at risk of medicine mismanagement and could not safely store or administer their own medication. The home had documented that this risk would be minimised by staff managing and keeping the medication in a safe place for this person. However when we looked in this person's bedroom we found they had been given medication that they were self-administering and some of this medication had gone out of its recommended shelf life.

We found further evidence of a substantial amount of homely remedies medication that this person had kept and was self-managing. When we looked at the home's medication policy we found the medication that had been kept as homely remedies should not have been allowed as homely remedies in line with the home's own medication policy.

We spoke to the registered manager who informed that this person was reluctant to let the home manage their homely remedies. They could not demonstrate how they had then assessed this person's mental capacity to manage the medication safely. Records of care and records of medication administration did not mention this medication or the precautions in place to ensure the risk of overdose was reduced. This meant that the risks associated with medication management had not been adequately assessed and measures to minimise these risks had not been sufficiently implemented.

We looked at how people's medicines were managed and found medication administration was safe. However medicine management systems as a whole were not robust. We found staff were trained to administer medication safely and we observed them doing so. We also found clear documentation about people's allergies. However we found there were no care plans for 'as and when required medication' (PRN).



These plans are required to provide staff with adequate guidance on when to offer people medication. For example, two people had PRN medication however there was no plan to say what this medication was for, what signs staff need to look for, or whether people were able to ask for the medication themselves when they needed it.

In another example we found PRN medication was not signed at all. We could not tell whether people had been offered this medication and refused or not offered the medication at all. This meant that people's PRN medication was not adequately managed and people could not be assured they would receive their medication safely when they needed it.

This was a breach of regulation 12 (1) (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks around the premises were managed and we found fire risk assessments had not been updated and did not have sufficient information to guide staff on how to reduce risks of fire and how to react to an event of fire. Risk assessments did not reflect what the registered manager and owner told us were the procedures within the home. For example we found wedged fire doors across the home and the fire policy we saw stated the staff were not to use wedges under any circumstances. However, we were informed staff could use these during the day and not at night. Guidance around this was not clear. We however found Fire Safety inspections had been undertaken and the home was found to be broadly compliant. The provider updated the Fire policy which showed what procedures were in place. This was sent to us soon after the inspection.

We looked at how people would be supported in the event of emergencies. We found people did not have personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Regulations require that every person should have a personal emergency evacuation plan which states their physical capabilities, assistance they require, any difficulties that others may face when assisting them and where they will be evacuated to. We found no evidence of this information in the records we viewed. This meant that the home had not put sufficient measures in place to establish what assistance each individual required and people could not be assured they could be evacuated in a safe and timely manner during an emergency.

This was a breach of regulation 12 (1) (a) (b), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before our inspection we had received concerns regarding infection control. We found management of risks associated with infections was not sufficiently managed. Where there was a known risk of infection, we found no risk assessments had been put in place. Information and guidance around routes of infection and transmission was not readily available for staff. We spoke to staff and they showed limited knowledge of risks of infections and how specific infections could be transmitted. We spoke to the registered manager who also demonstrated insufficient knowledge about specific risks of infections. This meant that risk around infection control had not been adequately managed which had a potential of exposing people to risks of infections.

This was a breach of Regulation 12(1)(2)(h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process or procedure to raise any safeguarding concerns for people. This meant

people could be assured that staff would raise safeguarding concerns if they noticed someone being ill-treated. We found staff had received training in safeguarding adults from abuse. Four staff spoken with during the inspection demonstrated an understanding of safeguarding procedures and their roles within both provider and national safeguarding procedures. This meant the provider had ensured staff received the necessary training.

We looked at how people were supported when moving between services. We found people's care plans contained important information they needed if they were being transferred to hospital or other services. These are also known as hospital passports. Regulations state that people's details such as their health and social care needs, allergies and medication are recorded and ready for when they need to be shared with other professionals. This meant people were assured they could be effectively supported if they were to be transferred to another service or hospital.

We looked at how people were protected when accidents and falls happened. We found the provider had effective processes for reporting or recording accidents or incidents and had monitored and responded to issues to reduce the risk of reoccurrence. Accidents and incidents were recorded and staff sought advice from health professionals to ensure people had appropriate after care. For example one person who lived at the home suffered a fall; staff had contacted 111 services and sought some advice to determine whether hospital admission or a visit by paramedics was required. Records we saw showed observations had been carried out after the fall.

We found no evidence of accident and incident analysis. We spoke to the provider who informed us that they did not have frequent accidents that required analysis however if this was required they had a scope within their systems to implement this. This meant that the home had systems in place to identify accidents and learn from incidents.

We looked at whether the service had sufficient staff to meet people's needs. On the day of the inspection we found there were sufficient numbers of staff. We asked people about staffing levels and people told us there were sufficient numbers of staff and that the registered manager was actively involved in care provision. One relative said, "They are great and always visible". We asked staff if they felt the home was staffed sufficiently enough to meet the needs of people they cared for. Staff told us the service was well staffed and there were no staffing issues. We found staff at the home had been employed for a long time and turnover was low. Community professionals we spoke with informed us they found the home to be well staffed.

We found the service followed safe recruitment practices. We checked staff files and we found they were well organised, which made information easy to find. All the files we looked at contained evidence that application forms had been completed by people and interviews had taken place prior to them being offered employment. At least two forms of identification, one of which was photographic, had also been retained on people's files. Staff members we spoke with confirmed they had been checked as being fit to work with vulnerable people through the Disclosure and Barring Service (DBS). This meant the provider followed safe recruitment procedures that helped to protect vulnerable adults.

# Is the service effective?

## Our findings

We asked people who lived at the service if they felt staff were competent and suitably trained to meet their needs. One relative told us, "It's small and staff are lovely" and "They know people very well." Another relative told us, "They are person centred and know his likes and dislikes".

We asked a visiting professional for feedback. They told us, "We have no issues with the home, it's small and lovely." Another professional told us, "They listen to what we tell them". However another professional suggested prescription management could be better.

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 make 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 found the provider was not consistently working in line with the key principles of the MCA. This included failure to complete mental capacity assessments for some people.

For example, we found that staff were restricting one person who used the service from going out without lawful authorisation to do so. Staff felt this person was unsafe to go out on their own and could not be allowed to do so unless with other people. This person was not free to leave the home and could not come and go as they wished. We found on the day of our inspection this person had constantly asked to leave and staff had to use diversions to stop them. This person had been subjected to continuous supervision and control as there was a door alarm on their bedroom which alerted staff every time this person left their bedroom.

Where people are restricted and under constant supervision in this way, the law requires the provider to apply for authorisation from the local authority to ensure the restrictions are lawful. We spoke to the registered manager and advised them to apply for urgent authorisation on the day followed by standard authorisation.

We also found no evidence of mental capacity assessments and consent in relation to the use of pressure mats to monitor people's movements. We spoke to relatives who told us they had been informed about the use of a monitoring device. However, there was no formal capacity assessment or consent in place and no evidence that best interest decisions had been made through specific meetings and discussions between all those involved in this person's care.

This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We found the provider had installed CCTV within the home. This was capable of recording pictures and voices. We found no evidence that people had been involved in the decision or that people who lived at the home had consented to this. The Care Quality Commission (CQC) has issued guidance on the use of surveillance that providers should take note of. We therefore requested for the CCTV to be switched off until all guidance had been followed and evidence to show people's permission to be recorded had been sought by the provider.

This was a breach of regulation 11(1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 - Need for consent.

We looked at training records and found staff and the Registered Manager had completed training to help them understand the principles of the Mental Capacity Act, 2005. Some staff however showed a limited awareness of mental capacity and Deprivation of Liberties legislation and requirements. We spoke to the registered manager who informed us they would consider arranging further training for all staff and would ensure all staff understood the importance of formally recording people's consent.

Staff had received supervision and appraisal regularly and in line with the organisation's policy. We found staff meetings were undertaken regularly and staff told us they found these helpful in understanding where the service was going.

We found training had been undertaken for key areas of the service, for example moving and handling, safeguarding, mental capacity, managing nutrition, fire safety and first aid training. Staff we spoke with showed awareness of people's needs and how to respond.

We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. We found snacks and drinks were readily available throughout the home and people were helping themselves. Nutritional care records we looked at showed some people who had been assessed as being at risk of malnutrition had been referred to specialist services such as dietetics. We spoke to a professional who informed us they had recently recommended training to the registered manager and they had responded positively. They further advised they felt people's nutrition was well managed.

A relative we spoke with told us, "They have done very well with him; he was losing weight before coming here, now he is gaining".

We observed people eating during lunch time. We saw people were offered choice and encouraged to eat. The atmosphere was relaxed and people seemed to enjoy their meals. People's views on meals were positive. One person told us, "All meals are home-made and lovely". A relative told us "The manager cooks all the meals and they are lovely".

We observed people could choose what they wanted to eat. We found no evidence surveys were completed for people to have a say about the food and menu. The registered manager informed us that due to the size of the home they felt they could always seek people's opinions directly.

We looked at how people were supported to maintain good health, access health care services and receive on going health care support. We found the service had measures in place to ensure people were referred to specialist professionals. We saw evidence of referrals to dieticians, District Nurse and people's doctors. We

found this was done in a timely manner to ensure people received suitable care.

We however found evidence that staff had been advised by a relative to alter care prescription guidance provided by a professional and had done so. We spoke to the registered manager and informed them staff were to administer medication as prescribed and that they should refer back to professionals before making any changes.

## Is the service caring?

### Our findings

We asked people if the staff team were caring. People told us, "They are grand". Another person said, "They are my angels" and "This is the best choice I have ever made coming here". A relative told us, "It's like family here, staff and owners are caring and considerate".

During the inspection, we observed staff interacting with people in a kind and compassionate way. We heard warm and meaningful conversations taking place between people and staff. People appeared to be very comfortable with staff and staff knew people well. We saw members of staff working, providing consistent care and support to people.

We observed some positive interaction between care staff and people who used the service. We noted that care workers approached people in a kind and respectful manner and responded to their requests for assistance promptly. People were referred to by their preferred names.

We spoke to professionals who visit the home and they informed us they felt staff were caring and they witnessed warm relationships between carers and people when they visited. One person who visited the home regularly told us, "The home is small and lovely and people and staff interact very well".

We looked at how the service supported people to express their views and how people were actively involved in decisions about their care treatment and support. People told us they were asked about their views regarding meals on a regular basis and said they could feedback directly to the manager if they wanted any changes. We however did not find formal evidence to demonstrate people had been actively involved and consulted about their care and treatment. We spoke to a relative who told us they were kept informed of what was happening with their loved one. We asked if they had been involved in their care planning and review and they told us they had been involved.

We looked at how people's privacy and dignity was respected and promoted. People we spoke with told us they could get up and go to bed when they wished and they said their privacy and dignity was respected by the staff team. We observed this and found this to be true. Plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence. A staff member we spoke with told us how they would respect people's dignity. They said, "Our residents are our family" and "We knock on doors and we do not talk about other residents with others". We spoke to relatives and they told us, "They are very respectful and people's dignity is respected". Another person said, "They are like family" and "We can come and go anytime we want really".

We looked at people's bedrooms and found they were clean, warm, well presented and some people had personalised their bedrooms with their own possessions.

## Is the service responsive?

### Our findings

We asked people who lived at the service if they felt their needs and wishes were responded to. One person told us, "They listen to you". One relative told us, "They know people's conditions and they keep an eye on him". Another person told us, "We go out on trips regularly, they are good with that."

We spoke to a professional who visited the home and they had no issues with the home's ability to seek guidance and support. One professional told us, "They do what we ask them to do and are committed to caring for people".

We looked at how the service provided person centred care. We observed evidence of person centred care by the way staff were interacting with people during our inspection. Staff treated people as individuals when they interacted with them. The registered manager had a clear knowledge of each person's needs. We looked at care plan reviews and found these had been completed regularly and showed changes in people's needs.

We looked at the plans of care to see if they were written in a person centred way. However we found the care records were not consistently person centred. For example people's care records did not adequately contain information on how they preferred to be cared for as individuals. We found staff had the knowledge about people's preferences however this was not formally recorded to ensure continuity of care and consistency. For example where someone had chosen to keep some medication in their room and took remedies, care files had not been completed to record this person's preferences and how staff should support them.

In another example, there was no care plan for the use of monitoring devices. Care records did not indicate what care needs had been identified to justify the use of this equipment. We however found people's social backgrounds were well detailed and staff had taken time to speak to people about their past.

We looked at how the service assessed people before they were admitted into the home. We found the home had completed pre-admission assessments before people were admitted. We found the home had carefully considered people's needs before admitting them. The registered manager informed us they carefully considered whether they could meet people's needs and if people required intensive care over and above what the home could safely assist with they would not offer them a place.

We looked at how people were assured they would receive consistent co-ordinated, person centred care when they used, or moved between different services. We found evidence of information that had been completed to facilitate information sharing when people moved between services. These are sometimes referred to as Hospital Passports.

We found no formal evidence of involving people who lived at the service in decisions made about the general running of the home. We spoke to people who lived at the home and they told us they talked to the provider whenever they had suggestions. However regulations require that this is formally done and

demonstrated. We could not find evidence of residents meetings. This meant the provider could not demonstrate that people's voices were always heard and their opinions used to shape how their care was delivered.

We looked at how people were supported to maintain local connections and take part in social activities. On the day of our visit we observed people were provided with stimulating activities to promote their wellbeing and to prevent social isolation. One relative told us, "They are aware he can isolate himself and they try their best to get him involved". There was no designated activities co-ordinator within the home. However staff and the registered manager had the responsibility to keep people engaged and provided with activities. Activities we observed were well suited to people and allowed all people to participate regardless of their abilities. We also observed activities that embraced people's diversity within the home. People were encouraged to sing in their own languages.

We spoke to people who told us they could do with going out in the community a lot more. We spoke to staff who also shared the same views. The registered manager informed us, they arranged trips and did not charge residents for transport.

We looked at whether people were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We found people were supported to continue maintaining contact with their loved ones. Local churches maintained contact with the home and visited at key religious events.

People told us they were visited by their family and friends frequently. We saw a number of visitors came into the home during our inspection. They told us they could come and go anytime they wanted. This meant that people were able to continue maintaining important relationships in their lives without restriction.

We reviewed how the service responded to complaints. We found there was a complaints policy and procedure in place that staff and relatives were aware of. We found the service encouraged people to make suggestions and raise concerns directly to the manager. However, during the inspection we did not see examples of complaints and how they had been dealt with. We spoke to the registered manager and the owner and they informed us they had not received any complaints that they had to deal with formally but had systems in place to do so if the need arose. This meant that systems to listen to people and learn from their experiences had been put in place.



## Is the service well-led?

### Our findings

We asked people who lived at the home and their relatives if they thought the home was well-led. Relatives told us, "Yes it's well managed" and "She [the registered manager] is always here". We asked people who lived at the service if they would be able to speak with the manager about any concerns. People told us, "We can speak to her anytime". A relative told us, "The manager shows her presence in the home and we can always approach her".

We spoke to staff regarding leadership at the home. Staff told us they felt free to approach the manager and they were listened to. One staff member told us, "The registered manager and the owner both listen and deal with concerns".

Professionals who we spoke with supported this view. One professional said, "The manager is well informed and proactive". However, two other professionals informed us "management are visible and always act quickly to suggestions".

We looked at how the service demonstrated good management and leadership. We were told that people had a lot of faith in the manager. One relative told us, "Management here seem to have time for people".

We found staff meetings had been held regularly. Areas of improvement were discussed between staff and management. We did not find evidence of residents' meetings. People we spoke with told us they had not attended any meetings. The provider informed us they had not considered having formal meetings.

We found formal systems that ensure delivery of high quality care were not in place. For example we found no evidence to demonstrate audits had been carried out in areas such as the environment, care plans, health and safety, medication and accident and incidents. These audits are meant to identify areas of improvement and ensure action plans are identified to resolve identified issues. We found evidence of annual medication audits that had been undertaken by the pharmacy. However there was no regular on going medication audits to identify medication errors and issues that impact on people's safety.

Although we did not identify any adverse impact on people's welfare due to lack of formal audits, we found a number of issues that the registered manager and the owner could have picked up if they had implemented formal audits and monitoring systems. For example, areas such as infection control, medication stored in bedrooms, outdated and inaccurate fire policy and care files that had no mental capacity assessments records or consent.

These issues had not been sufficiently identified or managed by the provider prior to our visit which showed that there was a lack of robust quality assurance systems in place.

We found the registered manager had some understanding of their responsibilities and the regulations. However we found there was a need for management to implement systems that formally demonstrate how they were meeting regulations regardless of the size of the home. Regulation requires that providers keep formal evidence on how they are meeting all regulations.

For example we found a number of areas where the registered manager informed us they had taken actions but there was no documentation to support this information. For example, there was no evidence of resident's consultation, through surveys or meetings. Staff supervisions were informal. In another example, we found restrictive practice were being used and the registered manager and relatives both agreed they had discussed the measures, however there was no evidence to demonstrate full consideration of mental capacity and people's rights.

We also found the home had failed to ensure their own policies were up to date with current legislation. For example, the fire policy stated that doors must not be wedged open but we found doors wedged open around the home. The fire safety policy had not been updated to demonstrate changes in fire regulations, such as the need for PEEPS for all people living in the home. Management had not ensured the homely remedies policy was sufficiently implemented to safeguard people. This meant that governance systems within the home were not robust. The registered provider had not demonstrated how they considered people's dignity and privacy before installing CCTV surveillance cameras in the home.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the culture within the home. There was a positive culture throughout the staff team and management. Staff demonstrated dedication to their work which was demonstrated by the way they spoke to people who lived at the home and what people told us. Management took a great interest in people's care.

Staff had opportunities to discuss their personal and professional development with the manager and had regular opportunities for informal support. Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. Staff told us how they shared information between staff teams and that these systems were informal and effective. Staff said meetings took place to enable staff to meet as a whole team and discuss the service provided. Records showed that they had shared issues and discussed solutions.

The registered manager had been in post since 2002. They told us how they were reviewing all aspects of the service in order to make changes and improvements. They had identified that there was lots of good care being delivered at the home but that paperwork was an area where improvement was required.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities and submitted notifications to CQC. Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risk of receiving inappropriate or unsafe care and treatment, because medicines were not being well managed. Regulation 12 (1)(2)(g)</p> <p>The registered person had not assessed risks to health and safety of people and taken appropriate steps to mitigate such risks exposing people to a risk of significant harm. Regulation 12(1)(a)(b)</p> <p>Risks around infection control had not been sufficiently managed to reduce spreading of infections. Regulation 12(1)(2)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and

improper treatment

The provider did not safeguard people from abuse and avoidable harm in relation to use restrictive practice and mental capacity.Regulation 13 (5)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(1)(2)(a)(b)(c)(e)