

HC-One Limited

Dale Park

Inspection report

221 Meolscop Road
Southport
Merseyside
PR8 6JU

Tel: 01704501780
Website: www.hc-one.co.uk/homes/dale-park

Date of inspection visit:
23 August 2017
24 August 2017

Date of publication:
29 September 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Dale Park is a purpose built 46 bedded care home offering nursing care for people living with dementia. It is managed by HC-One Limited. There were 41 people in residence at the time of the inspection.

The home was last inspected over a month in December 2016 and January 2017 when we found five breaches of regulations. The home was rated as 'Requires Improvement'. The 'Well led' domain) was rated as 'inadequate'.

This inspection took place over two days commencing on 23 August 2017. We found the home had improved in its provision of service to people. All of the outstanding breaches of regulation had been met. In particular the home was found to have adequate staffing levels which were being maintained at the time of our inspection. There was fresh leadership in the home which had provided a positive focus for staff, people using the service and visitors.

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

At the last inspection we found there had been inconsistent and inadequate leadership in the home. Some key areas of management such as maintaining adequate staffing levels had not been monitored effectively. This had caused instability resulting in fluctuating levels of care which exposed people to risk. On this inspection we found management and overall governance had improved. The registered manager had been in post since the last inspection and was a consistent and positive lead in the home. This had been effective in building a positive staff team and ensuring a more consistent approach to care.

Previously we found there had not been enough staff on duty at all times to help ensure people's care needs were consistently met. We found this had improved and the breach in regulation had been met. Feedback from staff, people using the service and visitors was now positive in that staffing levels had been consistently maintained. Some staff and visitors voiced anxiety regarding new proposals for staffing and the registered manager was aware of this.

Previously there had been concern with respect to the monitoring of people's nutritional intake as they were not always supported appropriately at meal times. This had improved. Adequate staffing ensured people were supported at meal times. People's nutritional state was very well monitored. The breach was now met.

Staff said they were better supported by the new registered manager. Previously there had been a lack of consistency regarding support systems for staff such as training and supervision. We found this was much more consistent. Staff told us they felt supported in their work. The breach was now met.

At our last inspection we found the service in breach of regulations regarding the need to maintain people's dignity. On this inspection we found improvements. Observations and feedback from people evidenced people's dignity was protected and maintained. The breach was now met.

Previously, limited activities had been organised in the home and we were told it had been difficult to organise activities due to lack of staff. We found improvements. Staff were motivated to provide meaningful activities and a more consistent programme of social activities had been developed. The breach was now met.

We saw that people's risks regarding their health care were being adequately assessed and monitored. There was good referral and liaison with community health care professionals who worked with the home to help ensure people's health care needs were met. We have made a recommendation regarding the specific need to ensure best practice around the assessment and monitoring of people who have challenging behaviour.

We found medicines were administered safely. At the last inspection we made a recommendation regarding the recording of some medicines such as creams and 'thickeners' which are added to drinks for people who have swallowing difficulties. We found medication administration records (MARs) were now clearer and met best practice.

We looked at how staff were recruited and the processes to ensure staff were suitable to work in the home. We saw checks had been made so that staff employed were suitable to work with vulnerable people.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. Planned development / maintenance was assessed and we were made aware of the refurbishment plans for the home.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest.

There were people who were being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found these were being monitored by the registered manager of the home.

We saw written care plans were formulated and reviewed regularly. We saw that people and their relatives were involved in the care planning and reviews were held.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

A complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. There were records of complaints made and the provider or registered manager had provided a response to these.

The management structure within the home was clear and supported the home with clear lines of accountability and responsibility.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

The registered manager was aware of their responsibility to notify us [CQC] of any notifiable incidents in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff on duty to help ensure people's care needs were consistently met.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely and in line with the provider's policies and procedures.

Risks regarding people's health care were adequately assessed and monitored.

Staff knew how to recognise abuse and the action they should take to ensure actual or potential harm was reported.

There was good monitoring of the environment to ensure it was safely maintained.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The assessment and monitoring of people who had challenging behaviour required improvement.

People were supported appropriately so their nutrition and hydration needs were met.

Staff said they were better supported by the new registered manager. There was greater consistency regarding support systems for staff such as training and supervision.

When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed and people were assessed and reviewed appropriately.

Is the service caring?

Good ●

The service was caring.

People's dignity was protected and maintained.

Staff showed a caring nature with appropriate interventions to support people.

There were opportunities for people to provide feedback and get involved in their care and the running of the home.

Is the service responsive?

Good ●

The service was responsive.

There were planned social activities for people to engage in and these reflected good practice guidance for people living with dementia.

Care planning showed evidence that people and families had been involved in their care. Care plans were in place and regularly reviewed.

A process for managing complaints was in place and people we spoke with knew how to complain. Complaints made had been addressed.

Is the service well-led?

Requires Improvement ●

The service was not wholly well led.

There was a registered manager in place.

There had been changes in leadership and management since the last inspection. The registered manager provided a positive focus and leadership.

Management and governance systems were consistently applied and helped to monitor standards in the home. The improvements in governance have been consistent for the eight months since the last inspection.

The management structure within the home was clear and supported the home with clear lines of accountability and responsibility.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We have reviewed the rating on this inspection and have raised it

from 'Inadequate' to 'Requires improvement'. This is because achieving the rating of 'Good' would require good practice being sustainable over a longer period of time. There were some areas highlighted to drive further improvement.

Dale Park

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 was an unannounced inspection which took place over two days. The inspection team consisted of an adult social care inspector 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.

We looked at information we held about the service including the action plan sent to us by the provider following the previous inspection in December 2016.

We looked at the Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with commissioners such as social services and health care commissioners. They told us there had been no issues with Dale Park since our last inspection and standards had improved.

During the visit we were able to meet and speak with six of the people who lived at the home and five visiting family members. We also spoke with, and received feedback from a health care professional who was visiting the home and had knowledge of people's health care needs.

We spoke with the registered manager and 14 staff including nursing staff, care/support staff, kitchen staff, domestic staff and maintenance staff.

We looked at the care records for five people as well as medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining and lounge areas.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

Is the service safe?

Our findings

We asked people whether they felt safe in the home. All of the people living at Dale Park who were able to comment said they felt safe. Our observations were that people were relaxed in the home and in the company of staff. Relatives made positive comments and said that staff were now settled and this helped to provide safe care. One relative said, "Things are sound now. I can go on holiday knowing (relative) is OK."

Our last inspection of Dale Park was carried out in December 2016. At that time we found serious concerns regarding the provision of adequate staffing numbers to meet people's care needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection we have received a positive action plan from the provider to address the concerns as well as positive feedback from visitors to the service, including relatives of people being supported by the home and health and social care professionals. All feedback indicated staffing was more consistent and 'settled'.

On this inspection our observations confirmed the improvements made. The breach of regulation was now met and staffing was sufficient to meet peoples care needs.

We found that over both days of the inspection there were sufficient numbers of staff and the provider's staffing ratios were being met. Staff we spoke with told us 'things had improved'; One staff commented, "There's enough staff now; things have really improved under the new manager." A relative said, "The home has improved in many ways but staffing has been the best improvement. The staff are excellent and they now have time to carry out care."

We spoke with many of the staff over the two days of the inspection and all were consistent in their feedback. We were told team work was much better as staffing was more consistent. This had improved communication as 'everybody knows the residents'.

The Provider Information Return (PIR) told us, 'Staffing levels are consistently maintained with the appropriate skill mix to ensure our residents remain safe'. When we spoke with the registered manager we were told staffing had been the key issue to resolve in the home. We were shown duty rotas confirming a consistent level of staffing. Regular staffing consisted of two nurses and 10 care staff on a daily basis; this for 41 people living at Dale park. There was also additional ancillary staff support such as administration staff, kitchen staff, laundry and domestic staff and a maintenance person. Additional staff hours were allocated for activities and there were designated staff to lead this.

Two of the relatives we spoke with and some staff expressed some anxiety over recent information they had received that staffing was to be reduced on the afternoon shift. One relative commented, "I would hate it to go back like it was last year." The registered manager confirmed they knew about this and stated they were in constant discussion with the provider and would monitor any changes.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager and administrator for copies of applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

We reviewed the way medicines were managed and administered. We found medicines were being administered safely.

We viewed a copy of an external review by the local Clinical Commissioning Group [CCG], carried out in March 2017 which reviewed medicine management and controlled drugs. The report showed compliance in terms of medicine management. We spoke with the health professional who carried out their audit who told us the home had improved in all areas and was safe in their medication administration. Any recommendations made had been taken on board by the management team.

There was evidence of good practice in relation to the use of covert medicines [medicines given to people without their knowledge in their 'best interest']. For one person we saw that relevant professionals had been consulted and a 'best-interests' decision had been recorded with input from people's relatives; this included an assessment of the person's mental capacity. Advice had been sought from the pharmacist to establish the safest and least intrusive way in which to covertly administer each of the person's medicines.

People had a plan of care which set out their support needs for their medicines, including 'as required' (PRN) medicines. We checked medicine administration records (MARs) and found staff had signed to say they had administered the medicines.

There were records to track whether people had been administered topical preparations (creams), thickening agents added to drinks for people who had difficulty swallowing and were at risk of choking and meal replacement drinks. Meal replacement drinks are prescribed for people when they have lost weight and are not eating. With regards to the application of creams, we saw a body map which recorded the areas of the body the cream was to be applied to. Following a recommendation made at the last inspection we saw that records of creams applied were clearer and where up to date showing clearly which staff had administered the cream. Similarly records for people prescribed 'thickeners' for drinks (to help reduce any risk of choking for people with swallowing difficulties) were clear, showing staff were monitoring this aspect of care and recording administration.

Care records contained a range of risk assessments including; dependency, falls, nutrition, continence, moving and handling, pressure relief, use of bed rails and generic risk. Assessed risk showed evidence of monthly review in each record. There was evidence in a record of a falls' risk assessment being upgraded following a fall. Another person had been assessed regarding their risk of choking and an appropriate plan was in place and being monitored to reduce the risk of this occurring. Risk assessments were sufficiently detailed and were reflected in the associated care plan.

There was evidence that people's weights were regular recorded and monitored. There were good nutritional assessments in place and action was taken quickly if people were losing weight; including referral to a dietician if indicated. We saw that some people who had experienced weight loss had increased their weight following planned support.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through

any concerns they had. Contact numbers for the local authority safeguarding team were available.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We walked around the home and did not see any obvious hazards. We spot checked some safety certificates such as gas and electrical safety and fire safety and these were all up to date and well maintained.

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal emergency evacuation plans (PEEP's) were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. Plans were also recorded in a file in the main entrance.

Is the service effective?

Our findings

At our last inspection of Dale Park we found concerns that people were not being supported appropriately at meal times and there was a risk their nutrition was compromised. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we found improvements had been made and the provider's action plan had ensured people's nutritional state was not compromised. The breach of regulation was now met.

There was series of initiatives in place to ensure close monitoring of people's nutritional status including thorough assessments. The PIR stated, 'We have recently changed our care plan package which triggers dietician referral in a much timelier manner and feedback from this has been very positive'.

We spoke with the chef who was present at meal times to assist with serving. They told us they attended resident / relative meetings to check if the food offered was suitable. We were told of the 'smoothies' made up in the kitchen for people at risk of weight loss to increase calorie intake; these were very popular and we saw some being served to people as supplements.

Lunch was observed in the dining room. We saw the meals offered were of good quality and were well presented. Some people had specially prepared meals such as pureed diets and these were also well presented. People in need of assistance were supported by staff; there were sufficient staff to provided support when needed. The meal was well paced and relaxed.

There was good choice available; for example a choice of two main meals and during the breakfast meal there was a cooked breakfast available. We saw there was a menu displayed but this was placed on a window sill and was not suitable or particularly accessible for people. At the past inspection we had commented don this and spoke about the need for aboard to display the daily menu which could be more easily seen.

At our last inspection we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not being regularly supported through regular one to one supervision meetings or an effective appraisal process. We found this had improved and this breach had now been met.

People we spoke with and relatives told us that staff had the skills and approach needed to ensure people were receiving the right care with respect to maintaining their health. The PIR told us: 'We provide mandatory and other training to all colleagues to ensure that residents, visitors and colleagues remain safe and free from harm and discrimination. Our mandatory training is done through a blend of e-learning and classroom / off line assignments and is aligned with the Care Certificate'.

We were told at the last inspection in December 2016 that training of staff had been an issue because of high turnover of staff and this had made it difficult to plan effective training updates. In December 2016 the

overall statistics for completion of mandatory training for staff had been at 58-60%; this had improved and was now 73%. We spoke with staff who told us the training provided was useful and they were encouraged to attend. Staff told us they had also completed further training; for example nursing staff had been trained in the use of syringe drivers (to administer medicines at the end of life) and male catheterisation.

New staff had an induction programme. We were shown the 'Touch training' programme which includes a workbook, on line courses and face to face training by the learning and development team. The course was based on the induction standards in the Care Certificate which is the government's recommended blue print for staff induction. We spoke with on staff who had undergone this and had nearly completed. They told us the training provided a good background to care and had helped them with their job role.

The registered manager informed us that some care staff had a qualification in care such as QCF (Qualifications Credits Framework). In December 2016 we had seen evidence that 54% of staff had completed these courses and attained a qualification. On this inspection the current figure for staff having these qualifications had improved to 58%. The registered manager told us a further three staff were taking such qualifications. CQF qualifications evidence a good base knowledge for care staff to carry out and maintain their care role.

Staff told us they now had regular one to one supervision sessions with their line manager. The PIR stated supervision would be carried out a minimum of twice yearly and there would also be an annual appraisal. We saw records to indicated this was now being met.

We asked about staff meetings and we were told that issues got discussed at daily handovers and 'flash meetings' with the manager as well as formal staff meetings arranged on a regular basis. Staff we spoke with reported they were asked their opinions and felt the manager listened and acted on feedback they gave. Senior staff felt that overall communication had improved over the past eight months as well as staff morale.

We reviewed the care of five people. Each person's care file included evidence of input by a full range of health care professionals. If people had specific medical needs we saw these were well documented and followed through. Care records had been regularly reviewed and updated with reference to any external health support needed. The audit carried out by the CCG in March 2017 scored 100% for access to primary health care. Other areas of health care such as continence care, tissue viability, end of life and mental health also scored highly.

We spoke with a visiting care professional who was reviewing a person living at the home. We were given positive feedback and told nursing and senior care staff were generally knowledgeable regarding people's health status.

We tracked one person who was exhibiting challenging behaviour and could become agitated. There had been good liaison with the health care professionals involved and the person had been assessed for further funding to provide one to one support at specific times. During our visit we observed that this person's support needs were not always met in a satisfactory manner. We found the person was isolated for periods over the two days of our inspection. The supporting assessments, including the 'ABC' chart, used to record incidents of challenging behaviour and help assess any 'triggers' for the behaviour, was not being effectively completed. The support plan included planned interventions such as playing music and touch to help alleviate distress for the person; these were not being consistently implemented. This meant that overall it was unclear how care interventions could be effectively evaluated.

We recommend that staff receive further training to ensure they are able to provide appropriate support for people who may exhibit challenging behaviour.

We looked if the home was working within the legal framework of the Mental Capacity Act (2005) (MCA). The 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.

We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. For example we looked at one person who was being administered their medications 'covertly'. This meant without their knowledge. We saw that the person had been carefully assessed using the appropriate assessment tool regarding their capacity to consent to their medication administration and assessments had also included input from the family and GP and Community Mental Health Team. It was felt the people needed the medicine in their 'best interest' to ensure their health was maintained. In another example, a person had a best-interests decision regarding the use of bed-rails. There was a good level of detail included and a clear rationale. The record included a 'Best Interests Consultation' document. A similar process had been followed for a person who wore restrictive clothing at night to help maintain their dignity.

This process showed a good understanding of the principals of the MCA and how they should be applied to ensure people's rights are protected.

We saw three examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made and in one we could see the person involved had been assessed regarding their capacity to make this decision and, when necessary, the person's relatives had been involved. The other two DNACPR forms were less clear and we discussed the need for evidence of consent to be made clear before accepting the document from the GP.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 and found that they were.

Is the service caring?

Our findings

At the inspection in December 2016 we found that most staff approached people in a caring manner, but some improvement was needed. This was breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we found a more consistent approach to care and improvements had been made. The breach was now met.

We received very positive feedback from relatives and visitors to the home. One relative commented, "Still very happy with what is happening (since last inspection). We now have regular relatives meetings and we are informed of all the things that have been done or are in the process of dealt with, and given a lovely afternoon tea at the meeting." Staff were seen as, "All of them are fantastic. They work so hard, they care so much and are so friendly with residents and relatives. I just cannot thank everyone enough for what they do." Other comments included; "The staff work so hard", "They are so caring", "They cater for everyone's needs", "We have such a good time" and "My relative's needs are fully met."

Some of our general observations included positive care interventions. We also carried out a specific period of observation in one of the lounges. The five people involved in our observation all received support and positive interaction from staff. Staff were seen to be caring and courteous in their interactions with people.

The manager told us about resident / relative meetings that had been arranged. Relatives we spoke with said the meetings were informative and positive. The PIR stated: 'We have processes in place to listen to Residents, Relatives and Staff, and respond appropriately. We do an annual Resident / Relative survey via 'Your Care Rating' run by Ipsos Mori. The last survey gave us an overall satisfaction rating of 64%. We hold regular resident / relative meetings every month and we alternate the day and time of the meeting to accommodate all those wishing to attend. At the meetings, family feedback is always very positive and supportive to the home'.

Another feedback format came from regular surveys for people to complete. We also saw the results of the last survey given to relatives in June 2017 when 12 respondents rated the home either good or outstanding. The rating for 'kindness' was 91% positive.

Is the service responsive?

Our findings

During the last inspection in December 2016 we found the provision of meaningful activities was an area that needed developing. This was breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found there had been progress made in this area. The breach was now met.

People we spoke with and their relatives told us this had been another big area of improvement since our last inspection. A relative said, "Activities are now really good. Lots going on; A Karaoke afternoon and trips out to local parks, cinema afternoon, entertainers coming in and lots more, sing songs with the residents and much more. So much better. The open day not long ago was brilliant, entertainment, barbecue, dancing tombola, lovely food and drinks." Another commented, "Since the new manager has arrived the activities are brilliant."

We spoke with one of the activity organisers for the home. They told us there were activities every day run by someone who knew people living at the home well. A recent innovation was the showing of popular old films or musicals on Wednesdays including dimmed lights and popcorn. Also, mini bus trips; more recently to the Southport lake café. The mini bus accommodated five people with three staff always in attendance, including a nurse.

We asked people and their relatives how their care was managed to meet their personal preferences and needs. Relatives told us that since the staffing issue had been resolved staff now had more time to socialise and people received a higher level of individual attention. All felt this had improved. Relatives said they felt involved in their care in that staff asked them regularly how they felt and whether their care needed changing in anyway.

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, their preferred routine, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

Care records we reviewed showed that people had limited capacity to be meaningfully involved in the assessment process or planning of care. However, there was evidence that family members and an advocate had been involved in the assessment process. There was also evidence that family members had been invited to reviews of care. Future dates for formal reviews were seen in the staff offices.

We saw care plans for areas of care which included mobility, nutrition, personal hygiene, falls, people's routine, medicines and continence management. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw, in the main, provided this assurance. They recorded good detail so that staff support was provided in a way the person wanted and needed to maintain their health and wellbeing. Each of the care records we reviewed contained a good standard of person-centred information which detailed their personal, medical and care histories.

Care plans were reviewed each month and these reviews provided an overview of the person's care and reflected any change in care or treatment. Where equipment had been assessed as needed to ensure people's safety, for example, risk of falls this was in place and recorded. Body maps were used to record skin tears or bruising as part of monitoring people's skin integrity with a plan of care should a person require pressure area care or wound care.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. There was a computerised feedback system in the foyer of the home for visitors to feedback any issues if they wished. There were good records of complaints made and these were audited and discussed at senior management level if needed.

Is the service well-led?

Our findings

At the last inspection in December 2016 we identified serious concerns regarding governance and leadership. There was a failure to meet regulatory requirements and provide safe care and treatment. We found that the home had undergone major changes since a previous registered manager left in April 2016. This had caused unrest, particularly amongst staff, who had had to make adjustments to the changing culture of the home. The home had been managed by three managers for the provider over this period. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a statutory Warning Notice telling the provider to improve.

On this inspection we found major improvements to the management and governance of the home. The breach was now met.

The registered manager had been in post since the last inspection and was seen by staff, relatives and health and social care professionals as being the main reason for the improvements made. The feedback from everybody we spoke with was positive regarding the impact the registered manager had made. Relatives commented; "(Manager) so approachable if there is anything we want to discuss. He's funny, we always have a laugh and very informative of what is going on. He is also very good with the staff and very supportive of them"; "(Manager) is really good – brought the place up and improved it. Its fine now", "He's extremely approachable and very friendly and so kind to the staff and relatives" and "(Manager) is excellent – couldn't be better."

Staff were equally as positive. One commented, "I was thinking of leaving before (manager) arrived." Other staff said, "Since we've had the new manager things have improved all round for the residents and the staff", "We are told we're doing a good job", "When needed the manager does the same things we do" (assisting with personal care) and "You can ask him anything." The unit managers both felt the registered manager had settled the home well and had been the main reason for the improvements made.

The feeling on this inspection was a very positive and caring culture at all levels. The PIR, sent by the registered manager, prior to the inspection, stated: 'There is a registered manager in post who holds a registered nurse and also holds a Level 5 in Leadership for Health and Social Care. In addition to the Registered Manager, the Management team in the home consists of unit managers who are both registered nurses and have gained a wealth of experience in the field of Dementia. All heads of departments provide support and leadership to all colleagues, creating a culture of focusing on the individual resident and offering a high standard of care'.

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence a series of quality assurance processes and audits carried out internally and externally from senior managers in the organisation. These processes were seen to be fully formed and focussed on key performance indicators such as clinical issues including hospital discharges / admissions, staffing, wound care, falls, and nutritional risk. The registered manager explained the quality assurance framework, 'Cornerstone', consisted of daily, weekly and monthly

tasks and audits to help assure good quality care. We were also told about the daily management of the home and the routine 'walk around' and 'flash meeting' with key staff, to both monitor and communicate key issues. Staff spoken with evidenced the value of these processes.

Some of the key auditing process, such as the meal time audits, included input from relatives and visitors to the home. The registered manager was keen to include input from people living at Dale Park and their relatives and had set up a 'Governance Committee'. This included key staff in the home but and also included relatives who wanted to be involved. We saw a recent meeting from July 2017 where issues, such as the planned upgrading of the home, had been discussed.

Other internal audits seen included medication audits, care planning and documentation audits and health and safety audits. These were regularly carried out and findings were actioned. A recent audit of the environment in the home using the Kings Fund audit tool for dementia care scored 79% for the environment at Dale Park; it also highlighted improvements needed around signage which was now being actioned.

External audits including a clinical audit by the local Clinical Commissioning Group (CCG) and the Local Authority contracts team where both positive and recognised the improvements made to the home.

The home had met all five of the previous breaches from the last inspection. This shows a positive response to meeting regulatory requirements by the registered manager.

Although we noted major improvements to the service, the last inspection was only seven months ago when we had found major concerns with the running of the service and this domain had been rated 'Inadequate'. We have reviewed the rating on this inspection and have raised it to 'Requires improvement'. This is because achieving the rating of 'Good' would require good practice being sustainable over a longer period of time.

There were areas of good practice that still need to be developed such as expertise in managing challenging behaviour and attention to consent issues with resuscitation (DNACPR) documentation.

The registered manager was aware of incidents in the home that required The Care Quality Commission to be notified of. Notifications had been received to meet this requirement.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Dale Park was displayed for people to see and was also on the provider's website.