

Park Care Limited

Park Grange Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 20 and 21 December 2017 and 4 and 10 January 2018 was unannounced.

When we completed our previous inspection on 12 June 2017 we found the registered provider was not meeting the regulations relating to the updating and accuracy of care plans, the care plans did not contain decision specific mental capacity assessments or best interest decisions and recruitment procedures were not robust. We issued a warning notice for regulation 17 (good governance) as records were not accurate or contemporaneous which meant the registered manager did not appropriately manage risks relating to the health, welfare and safety of people who used the service. We asked the registered provider to complete an action plan to show what they would do and by when to improve the service. The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people. We also wanted to look at recent concerns raised by a whistle-blower. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. At this inspection we found the home was still breaching these regulations. We also found additional areas of concern.

At the time of the last inspection the areas of concern were included under the key questions of Safe, Effective, Responsive and Well-led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework the area of concern from this inspection are included under the same key questions of Safe, Effective, Responsive and Well-led.

Park Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Park Grange Care Home is registered to accommodate up to 30 people on three floors with a lift or stairs access to the upper floors. People had ensuite facilities in their bedrooms with communal bath and shower rooms located on each floor. On 20 and 21 December 2017 there were 20 people living at Park Grange Care Home and on 4 January 2018 there were 22 people living at Park Grange Care Home, providing care and support for people with residential needs including people who were living with dementia.

At the time of our inspection the home had a registered manager in place who had been registered since 18 March 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider and registered manager did not have effective oversight of the service. Quality management was not effective as the audits in place had not identified concerns we found during our inspection and improvements had not been made from our last inspection. Confidential and sensitive information was not kept securely and were accessible to people and visitors. Some staff members told us the management team would not be happy they were speaking with CQC.

Risks were not appropriately managed as some general risk assessments were not in place and individual risk assessments did not provide sufficient guidance for staff. Some areas of the premises were not fully maintained and did not comply with current health and safety guidance and were therefore, a safety risk to people who used the service. For example, the electrical wiring certificate was not up to date.

Some areas of medicines were not well managed, as some 'when required' medicine protocols were not in place and there was evidence of 'pre-potting' of people's medicines. At our last inspection in June 2017, we recommended the management team review the process and procedures for the administration of topical medicines across the home and guidance for 'when required' medicines in line with the National Institute for Health and Clinical Excellence guidelines.

The registered manager did not use people's levels of dependency to make sure staffing levels were appropriate to meet people's needs. We found the number of staff covering shifts did not always match the staffing levels quoted by the registered manager. Recruitment processes were not robust and checks were not completed before staff started working at the home.

People were happy with the support they received from the staff team. However, we saw people were not always treated with dignity and respect. We found people's bedrooms had been personalised and communal areas were comfortably furnished. The registered manager told us they involved people and/or family members when carrying out care plan reviews, although, this was not reflected in care plans. Resident and relative meetings had taken place. Opportunity for people to be involved in activities within the home and the local community were limited.

People told us they were happy with the meals provided. We observed the dining experience was pleasant and people had choice and variety in their diet, although we noted people's food and fluid intake was not accurately recorded. People had access to healthcare services to make sure their health care needs were met.

People were offered choice, however, the care plans we looked at did not contain decision specific mental capacity assessments. Care plans were not fully completed and did not contain sufficient information to help staff to provide person-centred care.

People told us they mostly felt safe living at Park Grange Care Home. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. The home was found to be odour free and mostly clean and tidy.

The training record showed staff had completed training to ensure people received appropriate care, although we noted the training record was not up to date. Staff had the opportunity to attend regular supervision meetings. People's equality, diversity and human rights were respected.

People told us they would speak with a staff member if they had any concerns. At our last inspection in June 2017, the registered manager told us they did not record minor concerns and 'niggles' but would record these in the future. We looked at the complaints records and saw the registered manager had not recorded they had received any complaints since 2013; although, a family member told us they had recently raised a concern with the registered manager.

Notifications were not submitted to the CQC as required under the terms of the registered provider's registration. The registered provider had not ensured their rating from our last inspection was on display on their website or in the home, although this was displayed in the home on 4 January 2018. We dealt with this

outside the inspection process.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

General and individual risk assessments were not in place or did not contain sufficient guidance. Some areas of the premises were not fully maintained. Medicines were not always well managed.

The registered manager did not use people's levels of dependency to make sure staffing levels were appropriate to meet people's needs. Recruitment processes were not robust.

People told us they mostly felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. The home was mostly clean and tidy.

Inadequate ●

Is the service effective?

The service was not effective.

People were mostly offered choice, however, the care plans we looked at did not always contain decision specific mental capacity assessments.

We saw staff had attended training in a range of topics, although we noted the training record was not up to date. Staff had the opportunity to attend supervision meetings.

People we spoke with were generally positive about the meals, although we noted people's food and fluid intake was not accurately recorded. People attended regular healthcare appointments when needed.

Inadequate ●

Is the service caring?

The service was not always caring.

People and relatives were complimentary about the staff team and were confident people received good care.

Privacy and dignity was not always maintained.

The registered manager told us they involved people and/or

Requires Improvement ●

family members when carrying out care plan reviews, although, this was not always reflected in the care plan.

Is the service responsive?

The service was not responsive.

Care plans we looked at did not contain sufficient information to help staff to provide person centred care.

The opportunity for people to be involved in a range of activities within the home and/or the local community was limited.

People told us they would speak with a staff member if they had any concerns. The registered manager had not recorded they had received any complaints since 2013; although, a family member told us they had raised a concern with the registered manager.

Inadequate ●

Is the service well-led?

The service was not well-led.

The registered provider and registered manager did not have an effective oversight of the service. The quality monitoring systems in place did not identify the concerns found during this inspection. Confidentiality of some documentation was not maintained.

Some staff told us the management team would not be happy they were speaking with us. People who used the service and relatives were asked to comment on the quality of care and support through meetings.

The registered provider had not submitted notifications to the CQC as required under the terms of their registration.

Inadequate ●

Park Grange 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 comprehensive inspection took place on 20 and 21 December 2017 and 4 and 10 January 2018 was unannounced. On day one, the inspection was carried out during the evening and the inspection team consisted of two adult social care inspectors. On day two, the inspection team consisted of two adult social care inspectors, an assistant inspector and an expert-by-experience who had experience of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day three, the inspection consisted of two adult social care inspectors. On day four of the inspection the inspection team consisted of one adult social care inspector and an adult social care inspection manager.

On 20 and 21 December 2017 there were 20 people living at Park Grange Care Home and on 4 January 2018 there were 22 people living at Park Grange Care Home. We spoke with four people who used the service, four relatives, two friends, five care staff, the day care manager, five domestic and kitchen staff, the maintenance person, the registered manager and the registered provider. We also spoke with two healthcare professionals. We observed care interactions in the communal lounges and observed the lunchtime meal. We spent some time looking at the documents and records that related to people's care and support and the management of the service. We looked at four people's care plans in detail and a further seven care plans for specific information. We looked also looked at people's medication administration records.

Before our inspections we usually ask the provider to send us provider information return (PIR). This 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. We did not ask the provider to complete a PIR prior to this inspection. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority commissioning and contracts department, safeguarding, infection control and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this

service. We also received whistleblowing information prior to our inspection, which raised concerns regarding staffing levels, the administration of medicines during the evening and some environmental issues. This information formed part of our inspection planning and the areas of concerns were reviewed during our comprehensive inspection.

Is the service safe?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 12 June 2017 and to look at the areas of concerns following recent whistleblowing concerns.

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2017, the provider had not taken appropriate steps to ensure recruitment processes were robust to make sure suitable people were employed to work with vulnerable adults. At this inspection the recruitment processes were still not robust and we found other areas of concern.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. Following our last inspection, the registered manager had submitted an action plan which stated they would be meeting this regulation by 31 October 2017. We found at this inspection, recruitment practices were not always safe. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS) for three staff members' files we looked at. The DBS is a national agency that holds information about criminal records. Although, we reviewed two staff members recruitment information and found a full set of information and documents required as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, was not in place, including a full employment history together with a satisfactory written explanation of any gaps in employment and references had not always been recorded. We saw another staff member's recruitment file did not contain references or evidence they had attended an interview. The registered manager told us they had interviewed the potential staff member but was not sure of the date and they had contacted the referees by telephone but had not produced a written record of these.

The recruitment processes were not robust and this was a continuous breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they mostly felt safe living at Park Grange Care Home. Comments included, "I feel safe here. My family visit and I'm well cared for" and "It's alright, I just get on with it." A relative we spoke with told us they felt their family member was safe and said, "If I didn't, she would not be here, simple as that."

One person told us, "I feel safe when I'm in my own room, otherwise, I don't." When we asked why they told us it was due to another person's behaviour. Another person also referred to this person when we spoke with them. We saw the behaviour plan and evaluation for the person others referred to did not refer to how they interacted with other people living in the home. We spoke with the registered manager regarding this.

One person told us about how they were involved in a recent incident and gave permission for us to this feedback to the registered manager. We spoke with the registered manager who said they would investigate the incident as they were not aware this had happened. Following our inspection the registered manager submitted a brief investigation outcome.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. We received mixed views from staff on whether they were confident concerns would be dealt with when reported to the registered manager. The registered manager told us staff had completed safeguarding training and the records we saw confirmed this. We saw a flowchart displayed in the entrance to the home which showed the process for referring safeguarding incidents to the local authority. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. The registered manager told us they had not needed to report any safeguarding incidents since our last inspection, although we found instances where relevant information had not been reported to the local authority safeguarding team or the CQC. We have reported on this further on in the report.

We looked at the arrangements in place to safely manage levels of risk appropriately and found these were not satisfactory.

On our evening inspection we spoke with the staff member in charge and asked how many people were living in the home. The staff member stated they were not sure and asked another staff member. We also asked if they knew where people's personal emergency evacuation plans (PEEPs) were located and again the staff member asked another member of staff where these were kept. We saw people had a PEEP in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We noted one person's PEEP had not been updated since 11 January 2017 and had the wrong room number recorded and (number?) people who were on respite did not have a PEEP in place. This meant we could not be sure people would be kept safe if an evacuation of the building was required.

We looked at how fire safety was managed and found this was not satisfactory. We saw the fire risk assessment had been completed by the registered provider in August 2017, we noted this was identical to the fire risk assessment dated May 2015 and included the same action plan from this date. Records showed regular fire alarm tests were carried out and fire drills had been completed. One staff member told us, "We haven't had a drill since I've started." Another staff member said the home conducted fire drills every year which included a full evacuation of the home. Inspections of emergency exits and fire extinguishers had been completed. We saw emergency lighting checks had been carried out, on 10 November 2017 and noted the records stated 'a number of bulbs out and faulty fittings. Contacted [name of company], still awaiting instructions from management as to what action is being taken'. On 12 December 2017, we noted the same comment; therefore, these concerns had not been addressed. This meant we could not be sure people would be kept safe from harm in the event of a fire. We asked the registered provider to take immediate action to remedy these concerns.

We noted a sign on the cellar steps which stated, 'warning, aertex ceiling may contain asbestos'. We asked the registered manager if they had a specific risk assessment for asbestos and they told us they did not. We asked them if they had risk assessments in place for a small standalone radiator and recently used fan heaters and they said they had not. Following our first two days inspection the registered provider stated, 'all portable fires and radiators have been removed and locked away subject to a full risk assessment'. On 4 January 2018, we noted a small standalone radiator and a fan heater were still in use in two of the communal areas. The registered manager had completed a risk assessment, although this did not identify the risks to people who used the service. We did see risk assessments for the lift, food and personal care and infection control and these had been reviewed in November 2017.

We looked at safety certificates for the home and found the gas safety certificate was in date; however, the electrical safety certificate had expired in July 2017. The registered manager told us an external company

was coming as soon as they were able. Following our inspection we asked the registered manager if a risk assessment had been put in place prior to the electrical safety test been carried out and if they could confirm the date the electrical safety check was going to be completed. The registered provider stated, 'we have notes the certification was due for renewal in Mid-December 2017. Our Electricians are due in now and have confirmed they will be testing first week in January'. Despite reassurances from the registered provider, at our visit 10 January 2018, the registered provider told us they electrician would be starting to complete the electrical safety certificate on 15 January 2018.

We saw one hoist and two stand aids had been LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checked in October 2017. We asked the registered manager if the slings used to support people to mobilise were LOLER tested and they confirmed they had not been tested. The Lifting Operations and Lifting Equipment Regulations 1998 states checks on equipment used as part of hoisting people should be tested every six months to ensure it is safe to use. This meant people may not be kept safe during moving and handling procedures. We asked the registered provider to address these concerns immediately.

We saw the legionella risk assessment which had been reviewed in March 2017 stated 'water temperatures should be checked'. We checked the water temperatures of some bedrooms, bathrooms and the kitchen area. We found, in one person's bedroom, we were not able to keep our hand under the hot water as this was running very hot. We also noted hot water came out of the cold water tap. In one bathroom we checked, the hot water tap ran cold. When we asked the registered manager if the water temperatures were checked, they said the maintenance person should check the water temperature and record these. The registered manager said the records were up to date and they checked the maintenance person's records randomly, but had not looked at these for a couple of months. The maintenance person told us the water temperatures had not been checked for nine or 10 months due to taps having new valves added. They went on to say this work was still ongoing and they were not sure when the works would be completed. We also found checks for legionella were not carried out. Following our first two days inspection the registered provider stated, 'handy man confirms he told you that he regularly checks water temperatures. He has been told to log these checks'. On 4 January 2018, we asked the maintenance person again if they had checked the water temperature and they said they had not.

We noted not all the sluice rooms were kept locked, for example, on the second day of our inspection we saw the sluice room near bedroom eight had a sign which stated 'ensure door is locked when you leave the sluice area thank you', however, this was not locked. This meant people and/or visitors could be at risk of harm due to the contents stored in this area. Following our first two days inspection the registered provider stated, to us the 'sluice room door has been locked'.

We looked at one person's risk assessment for mobility which stated, 'needs two care staff, a 175 hoist and a medium sling' but there was no further information or guidance for staff on how this person should be moved safely. We saw they had a mobility wheelchair risk assessment dated 27 September 2017 which was a list of control measures rather than guidance for staff.

We saw one person's care plan stated, 'staff to ensure the pressure cushion is in situ at all times'. We observed for approximately two hours this was not used when the person was in a wheelchair. The care plan stated the person was using a pressure mattress and staff were to ensure it was working correctly, but there was no setting recorded of what the mattress should be set to. We checked the person's mattress and found this was set to number four which equated to 90 – 110kg. In December 2017, the person weighted 45.2kg, making the mattress setting twice as high as it should have been. This meant the person's needs for appropriate pressure relief were not being met.

We saw some people were prescribed nutritional supplements; however, this was not always managed effectively. We saw tins of a drinks thickener were stored on the trolley outside the kitchen area for two people who used the service. One staff member told us it was usually kept in the kitchen, but they did not record how many scoops were given when administering. They said, "We just put it in everything they drink." We also noted two tubs of drinks thickener were left on the tea trolley in one of the lounge areas, with no staff present. This is contrary to patient safety guidance from NHS England issued after a person died from asphyxiation after consuming a drinks thickener. This meant people may not have received their nutritional supplements as prescribed and were not protected from the risk of harm. We asked the registered manager to address this concern.

Procedures to protect people in the event of a fire were not robust and risks to people were not always effectively managed. We concluded this was a breach of Regulation 12 (1) and (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We completed a tour of the premises as part of our inspection. We looked at some of the windows on the upper floor of the home and found these did not have restrictors which complied with Health and Safety Executive guidance (HSE). We found the window restrictors were unsuitable in a care home setting, therefore putting people at risk. We highlighted our concerns to the registered manager and the maintenance person and asked if they knew about the HSE recommended distance that windows should open. The maintenance person told us it was 60cm but was not able to recall which website they had looked at. The registered manager told us they were unsure what the recommended window opening should be. The maintenance person told us they would arrange for appropriate window restrictors to be fitted. Following our first two days of inspection the registered provider stated, 'all window stays were limited to 10cm whilst you were on site'. On 4 January 2018, we noted one person's bedroom window restrictor had not been adjusted; the maintenance person addressed this on the third day of our inspection.

We saw tops of several radiators, which were metal grills, were not fitted properly. We noted a shelf above a radiator at the top of the stairwell was hanging off the wall and the ceiling plaster was loose in one corner of the dining room. This meant fixtures were not appropriately maintained and may have placed people at risk of harm. Following our first two days inspection the registered provider stated, 'the flaking paintwork was scheduled for this week and has been done, all radiator grills have been checked and tightened where necessary and the shelf checked & tightened'. On 4 January 2018, we noted two radiators grill tops in communal areas of the home were still not fitted appropriately.

As some areas the premises were not always fully maintained and safe for people who used the service, we concluded this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people's finances were managed and found there was an effective system in place.

People we spoke with thought there were enough staff to meet their needs.

Relatives we spoke with told us they did not think there were always enough staff. Comments included, "I think they are short staffed, there is a lot off sick" and "Sometimes they can seem a little understaffed and some staff are always here, they never seem to be away from the place."

The registered manager told us staffing levels in the home were one senior staff member and three care staff during the day, which reduced to two care staff and one senior in the afternoon. On the night shift there were be one senior staff member and one care staff member.

Staff we spoke with told us there were not enough staff. Comments included, "We're a bit short on staff at the minute, we have enough on shift but we are having to do extra to cover", "We just manage and cover for each other if ones off. When it's happened before we do always manage. It would be better if we had one or two more full or part time staff", "We mainly struggled at Christmas and on weekends but it's okay now as there's some new staff been taken on. But they rely on us to pick up shifts, they don't use agency", "It's mainly issues with night staff but it's not adequately staffed. We could do with some extra staff because we've all struggled" and "We are normally well staffed, but I've never known it to be this bad because we've got staff sickness, people pregnant and we're just trying to cover the best we can really. I'm doing extra hours to try and help."

We asked the registered manager how they calculated the number of staff needed on each shift. They told us they did not use a dependency tool and usually had enough staff on shift. We noted a dependency tool had been completed in each person's care plan. This meant the registered provider did not have a robust system in place to ensure staffing levels were based on dependency levels of people who used the service.

We found staffing levels were not always sufficient to meet the needs of people who used the service. On the second day of our inspection the registered manager told us there was one senior staff member and three care staff on shift. When we checked we found this was not the case. We noted there was one senior staff member and two care staff on shift. Another senior staff member had come into the home to carry out a specific task, but did stay to help support people during the day.

We noted there was not always a senior staff member on the night shift, although they were able to obtain support from another service owned by the provider which was located adjacent to Park Grange Care Home. On day one, we asked the staff member in charge and on day two we asked the registered manager and both were initially unsure if they were 19 or 20 people in the home. They both checked and found 20 people were in the home. On 4 January 2018, there were 22 people in the home and we were told by the registered manager the senior staff member on duty that day had called in sick, leaving the registered manager to administer medications and act as the senior staff member.

We noted during the morning on the second day of our inspection, a senior member of staff left the home to go to the shop and the second senior member of staff was sat in the conservatory carrying out an administrative task. This left two care staff to support people in the home. We spoke with the registered manager about this and asked what would happen if there was a need to evacuate the home during this period, they said they had not thought about that.

The registered manager told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. They said they had a particularly high level of sickness at the time of our inspection and other staff were working extra shifts. They told us they were not sure how to address or manage the sickness levels. The registered manager told us agency staff were not used on any shift and said, "What can we do about staffing with four sick." We spoke with the registered provider for a short period of time on the second day of our inspection and they told us, "Agency staff would bankrupt us tomorrow."

We reviewed the staff rotas for November and December 2017. We noted on several occasions between 12 November and 24 December 2017 the staff rotas did not show the levels of staffing the registered manager had told us should be on shift. For example, on 12 November 2017, only two staff worked from 1pm until the night shift started and on 2 December 2017, there was only a senior staff member and two care staff during the day and from 9pm only one senior staff member was on shift until the day staff started. We noted on occasions staff were working more than a 12 hours shift or working several 12 hour days. For example, on 9 December 2017, two staff worked a 14 hour day. We noted from the January 2018 rotas that one staff

member was due to work five 12 hour nights have one day off and then work again for another three 12 hour nights. This meant people may be at risk if staff worked excessive hours.

Following our first two days inspection the registered provider stated, 'sickness has not been a problem this year until this last month (12 day per month average). Genuine sickness is low and we have been working hard to eliminate 'calling a sickie'. We have been constantly recruiting for the last six months, so we can counter this irresponsible behaviour. [Name of registered manager] has been determined to maintain discipline and standards. Early December was difficult, but the established staff pulled together and maintained staffing levels. Three new members of staff have since been recruited'.

We concluded staffing levels and deployment of staff were not maintained to ensure people were not at risk of their care needs been met. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in June 2017, we recommended the management team review the process and procedures for the administration of topical medications across the home and guidance for 'when required' medicines in line with the National Institute for Health and Clinical Excellence guidelines. We found at this inspection there were still concerns regarding the administration of 'when required' medication and the application of creams. We found other concerns relating to the safe management of medicines.

One person we spoke with told us, they took a large amount of medication for which they relied on the care staff. They said, "I can't tell you what they are, but the staff sort them out for me."

A relative we spoke with told us their family member had a variety of medications they were required to take on a daily basis. They said, "The staff here sort all that out for [them] and make sure [they] get it on time."

We saw medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room and fridge temperatures were suitable for the storage of medicines. Although we noted on 4 January 2018, the keys to the medicines trolley were left with the trolley while the registered manager administered medicines in a different room. This meant people were able to access medicines unsupervised which meant they were at risk.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. We noted the medicines for disposal were not stored in a locked container.

Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MARs showed staff were signing for the medication they were giving. We saw a staff member administering medicines popped tablets into their own hand before putting them into a little pot. This posed an infection control risk to people as the senior care worker did not wash their hands during the medicines round.

Some prescription medicines contained drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

During our evening inspection we found concerns regarding the dispensing of medicines. We noted a staff member had 'pre-potted' three people's medicine and added a slip of paper with the person's name to each

pot. When we asked the staff member if this was safe medication practice they said, "No." The pre-potting of people's medicines is contrary to guidance from the National Institute for Health and Care Excellence guidelines (NICE) on the safe administration of medicines. We noted the provider's policy included guidance on how to pre-pot medicines and was therefore out of date.

Protocols for the use of medicines prescribed for use 'when required' were not always in place. For example, we saw one person had been prescribed Cyclizine 'when required', but there was no protocol for its administration in place. Another person had been prescribed paracetamol 'when required' but there was no protocol in place for staff to follow.

We noted creams were not always applied as prescribed. We saw one person had been prescribed Zerobase which stated, 'use topically' once a day as required. We saw another person had been prescribed Sudocream which stated, 'as directed'. There was no further information or guidance for staff to follow as to how and when to apply the creams. One person had been prescribed Hydromol cream to be applied twice daily. The topical medication administration record dated 24 November to 12 December 2017 showed the cream had been applied twice on two days, not applied on two days and all the other days had only been applied once during this period.

On 4 January 2018, one person did not receive their Lansoprazole and Alendronic Acid prior to eating their breakfast as the prescription stated. This meant the person did not receive their time specific medicines as prescribed.

We saw there were two different versions of the medication policy in use. The registered manager told us they followed the registered provider's medication policy dated January 2017.

We saw some people self-administered some of their medicines. NICE guidance states people should have an assessment of their ability to self-medicate; this should be reassessed and a risk assessment put in place. We were told by a staff member these were not in place. We noted there was no formal way for staff to check or record the use of medicines that had been self-administered.

We saw staff had received medication training and medication competency checks had been completed in 2017.

At this inspection we concluded the management of medicines continued to be unsafe. This was a breach of Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our planning for this inspection we reviewed the information and notifications submitted to the Care Quality Commission (CQC) prior to the inspection. We noted the registered manager had not submitted any statutory notifications since our last inspection. The registered manager told us they had submitted one notification in July 2017.

We asked if there was a system in place for reviewing and investigating safety, safeguarding incidents and events when things went wrong. The registered manager told us they did not have documents of any investigations and they had not had any safeguarding incident since the last inspection. We asked how staff would know how to report if they witnessed, for example, unexplained bruising. The registered manager told us they would report this to safeguarding and this was part of the safeguarding training staff received. We checked with a staff member who had started working at the home since the last inspection and they told us this had not been included as part of safeguarding or other training. We had noted from a body map in one person's care plan unexplained bruising and when we asked the registered manager, they said they were

not aware of this. We noted a further eight incidents had been recorded on body maps in other people's care plans we looked at which required further investigation. The registered manager told us they had not reported any safeguarding incidents to the local authorities safeguarding team or the CQC since our last inspection. This meant safeguarding procedures were not being followed to prevent people being at risk of harm or abuse.

The registered manager told us accidents and incident forms were in each person's care plan. We asked the registered manager if accidents and incidents were analysed for trends and if changes were implemented. They said they did not analyse the accidents or incidents, but a senior staff member carried out this role. When we spoke with the senior staff member they told us they looked at the accident and incidents but did not formally analyse them or record their findings.

We asked the registered manager how lessons were learnt in the home; they told us they didn't know.

We concluded, due to the lack of oversight regarding the reviewing and investigating of safeguarding concerns, the lack of analysis of accidents and incidents and the registered manager did not have understand how to analyse incidents in order to learn lessons and drive improvement. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of Regulation 18 of the CQC (Registration) Regulations 2009 which requires registered persons to notify CQC of any instances of actual or suspected abuse of people using services.

We looked around the home and found the premises, including the communal areas, bathrooms, the kitchen and laundry areas were of a satisfactory level of cleanliness. However, we noted one bathroom on the first floor had paint that was flaking and underneath the hoist chair was rusty. These were potentially an infection control risk. Most staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control. One staff member told us, "I never struggle. Everything is always ordered when I ask for it and arrives on time, I'm happy with that. Residents rooms are cleaned every day and deep cleaned every week." The staff training records we looked at showed staff had completed infection control training in 2016 and 2017. The registered manager told us training was required to be completed every two years. We saw a sign on the staff noticeboard about staff not wearing rings, watches and false nails, although one staff member was wearing a watch and had false nails.

Is the service effective?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 12 June 2017 and to look at the areas of concerns following recent whistleblowing concerns.

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2017, the provider had not taken appropriate steps to ensure people's care plans contained decision specific mental capacity assessments or best interest decisions. At this inspection, mental capacity assessment processes were still a concern.

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 we spoke with were not able to provide evidence of times when their choices had actively been sought in a specific area.

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. Following our last inspection, the registered manager had submitted an action plan which stated they would be meeting this regulation by 8 October 2017. We asked the registered manager if they had now completed decision specific mental capacity assessments for people where needed. They said this had not yet been completed; they said further training had been completed at the end of September 2017, although they had not completed any staff knowledge checks around MCA as they told us, "I don't understand it myself."

The care plans we looked at did not contain decision specific mental capacity assessments. For example, one person's mental capacity assessment dated February 2015 did not provide what information or decision this related to, but concluded they did not have capacity. Another person's behaviour care plan dated April 2016 stated, 'unable to make informed decisions regarding their safety and liberty', although there was no reference to a mental capacity assessment or best interests decision.

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

The registered manager told us one person had a granted DoLS and this was in their care plan. They had submitted another DoLS application to the local authority and were in the process of completing a further application for another person.

Care plans did not contain decision specific mental capacity assessments or best interest decisions. This

was a breach at the inspection carried out in June 2017 and was a continuous breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We asked the registered manager how they ensured people's care and support was delivered in line with current legislation, standards and evidenced based practice. The registered manager told us they looked at websites to keep up to date with current legislation but when asked if they were aware of the additions to the CQC's key lines of enquiry, they said they were not. They said they tried to get to forums, but said with staff phoning in sick all the time it was not easy. The registered manager did make reference to NICE guidelines for the management of medicines, Health and Safety guidelines for the use of window restrictors and Barnsley local authority guidance for care homes.

We noted the home had a 2013 copy of the British National Formulary book, although, a revised edition is published every six months. This meant current guidance on medicines formulary was not being used.

The registered manager told us they did not use technology which supported people's care and support needs.

We asked staff about the training they received and their comments included, "I am happy with the training I have received so far", "I have had training in the past six months I think" and "The training was poor and very condensed, it was too quick. I haven't had any first aid training either."

The registered manager told us staff training was up to date. We looked at staff training records which showed staff had completed a range of training sessions; these were mostly conducted by an external training provider. These included first aid, infection control, insight into Dementia, tissue viability and safeguarding. We saw from the training records staff carried out refresher training on a two yearly basis. The registered manager told us new staff completed a range of training provided by the registered provider. We saw from one staff member's personnel file, who had started working at the home in August 2017, a certificate from a previous employer showed they had completed fire safety in November 2016. The registered manager told us, "So they need to do it again." We saw staff who had started working at the home following our last inspection had not been included on the staff training record. The registered manager told us the training record needed updating.

We noted on the training record the Care Certificate had been completed by staff. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. We asked the registered manager if staff had completed all the modules of the Care Certificate. They showed us a version of the certificate which stated the training was a 'mini' Care Certificate. We saw this included understanding your role, personal development, duty of care, equality and diversity, communication, privacy and dignity and handling information. We asked the registered manager if they were aware of the modules the Care Certificate training covered and they said, "I have not been on the website to know what the Care Certificate involves."

We noted from a staff member's file they had completed several training sessions on the same day. These included insight into Dementia, Mental Capacity and Deprivation of Liberty Safeguards, infection control, safeguarding and food hygiene. We asked the registered manager how staff competency and knowledge was checked in these topics. They told us this was not formally done, but would speak with staff during supervision.

We were told by the registered manager staff completed an induction programme which included

orientation of the home, policies and procedure and training.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files and the supervision matrix we were able to see evidence each member of staff had received individual supervision during 2017. We saw annual appraisals had been completed.

People we spoke with were generally positive about the meals, snacks and availability of drinks at Park Grange Care Home. Comments included, "They always come round with tea and for the meals, they ask you what you want from the menu and they get it for you, you can always change if you want to", "The food is pretty good here, I like the fish particularly" and "I think I've put more weight on since I've been here."

One relative told us, "I am happy with the food."

One staff member said, "A resident's survey was completed earlier in the year about what residents would like to eat. There are two menus yearly, one for summer and one for winter. Menus are alternated also two weekly." Another staff member said, "The food is good and so are the portion sizes. There are always snacks available as well, people are offered a choice." When we asked a third staff member how they got to know people's likes and dislikes, they said, "We seek information from family, by speaking with the residents themselves or staff come to tell us."

We observed people eating breakfast and heard one staff member say to a person who used the service, "That looks lovely" and the person replied, "It tastes lovely." The same person also commented there was no choice for lunch, "It just turns up", but did say there was a choice at teatime. We heard one person was asked if they wanted fried or poached eggs and if they wanted tomatoes. We saw staff going around asking people what they would like for lunch and one staff member offered one person a range of breakfast options. Although we observed there were no alternatives offered at lunchtime.

We asked staff about how they were made aware of people's needs in terms of modified diets and they said there was normally a list stuck on the fridge but they knew people's needs 'off by heart'. Although, two staff members told us they were not aware of one person's diabetes. This meant people may be at risk of not receiving the correct modified diet.

Some people we spoke with told us they had their own food which they purchased and had prepared in the kitchen. We observed one person had a large fridge freezer in their room which they said was kept well stocked.

We observed the lunchtime meal and noted some people were eating their lunch in the dining room and some people were in the conservatory. We saw cold drinks were on offer throughout the meal. Some people were able to eat their meal with little or no support, but where people did need some assistance; most people received this in a timely manner. Although we saw one person who required assistance, their meal was placed in front of them for approximately 10 minutes before staff came assist them.

Where staff needed to record peoples food and fluid intake, we found the quality of the information recorded needed to be improved. For example, we saw one person's food intake chart recorded they had eaten '2x Weetabix 100% and refused sandwich'. On the same day, during breakfast, we saw this person was sat with a bowl of Weetabix, which no support was offered, they did not eat any of this. An alternative of a sandwich was offered and served, staff did prompt the person to eat the sandwich, but this remained un-

eaten. At lunchtime, we observed this person was supported to eat their lunch and was eating well. The person's nutrition care plan stated 'independent with a soft diet. Staff required to apply plate guard', but we found this was not put in place. We saw six people's food and fluid intake charts had not been completed during the second day of our inspection.

We noted drinks and snacks were available throughout the morning and afternoon. Although snacks were not recorded on people's food and fluid intake charts. This meant the registered provider did not accurately monitor people's food and fluid intake appropriately, which may impact on people's health and well-being.

We recommend the registered provider review the process for monitoring people's food and fluid intake.

We observed staff attended handover at the start of each shift so information could be shared about people's care needs. Staff we spoke with told us they worked well together and as a team. One staff member told us, "We are working together better as a team." The registered manager told us, if needed, staff from another service run by the registered provider would support Park Grange Care Home with the specific tasks.

The care plans we looked at showed people had received support and had been seen by a range of health care professionals including doctors, a practice nurse, opticians and dentists. For example, we saw one person had been seen by the optician in July 2017 and the GP and dentist in November 2017. This helped ensure people's health care needs were being met.

We spoke with one healthcare professional who told us, "It's brilliant, this is my favourite home."

We saw the communal areas were decorated and furnished which created a relaxed atmosphere.

We saw each room was personalised with pictures, ornaments and memorabilia. Each bedroom had an ensuite toilet. We saw some signage around the home to help people navigate and the registered manager told us they were going to change tablecloths to make plates stand out when people were eating their meals. They also said they would be collecting personal items so people, if they so wished, could display these items in a small box outside their bedroom door to help identify it was their room.

One staff member told us, "I would change the furniture; a lot of it is outdated and has never changed all the years I've been here."

Is the service caring?

Our findings

At the last inspection we rated this key question as good.

We saw dignity information was displayed in the entrance to the home. As we looked around the home, we saw staff members knocked on doors before entering people's bedrooms.

We observed people being called by their names consistently and attempts made by staff to get on the same eye level as the person to whom they were speaking with, although the dining room was cramped, so achieving this was sometimes a challenge for staff. However, we saw some practices showed a lack of respect for people. For example, we heard one staff member say to one person, "Come on [name of person] you need changing", while other people were within the same area. We also saw two staff members hold a conversation about one person while they were supporting the person to mobilise. One staff member said, "You can't win with [name of person], [name of person] won't do it. I have no idea what to do with [name of person]."

We heard an interaction between two staff members, which resulted in a staff member shouting "That's all you lot have asked me for this morning to make tea because you can't be [swear word] to make them." People who used the service were in the same vicinity as the staff members and would have overheard this. This meant people's home environment was not always respected.

We saw the content of some care plans we looked at did not show they were written to respect the person's dignity. For example, one person's care plan stated, '[name of person] lacks capacity and doesn't have the skills to wash and dress', '[name of person] fails to understand the need to wash and dress' and '[name of person] fails to understand their continence needs'. These comments were task focused and not person-centred.

People we spoke with told us, they were mostly happy with the care they received. One person told us, "Staff are caring", but went on to say, "I can't have a shower downstairs because there is not enough space and they've [staff] told me I can't have a shower upstairs cos there's nowhere for me to change, so they just give me a wash on me bed. I love showers." Another person said, "I was in two other care homes before I came here and they were shocking. I'm well cared for here, [staff member] is great, she's one of the main carers. I'm very well looked after here."

Relatives we spoke with told us they were happy with the care their family member received. Comments included, "The carers are brilliant", "My [relative] is well settled and you can see [they're] cared for well. I visit two or three times weekly, my [other relative] does the same, we can come whenever we like, we're really happy that [our relative's] cared for so well. Overall they are very good and know [my relative] well. They've got used to [their] little ways and know how to support [them] well."

A number of relatives called into the service during our visit and they were welcomed warmly by staff, who clearly knew them. Friends of one person told us, it was their first visit to the home and nobody knew they

were visiting, but they made them feel very welcome. They said, "It seems the perfect place for [name of person], [they] just looks so well."

A healthcare professional we spoke with told us the home had gone above and beyond for one person just before Christmas 2017.

People were comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in both lounge areas watching television and others were spending some time in their bedrooms or in the grounds around the home.

During our inspection we observed positive interaction between staff and people who used the service. Staff treated people in a caring way and gave reassurance when needed. Staff knew people by name and it was evident from discussions, members of staff who we saw knew people well and were aware of individual's likes and dislikes. There was a relaxed atmosphere in the home and staff told us they enjoyed supporting the people.

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

People we spoke with were able to tell us about reviews with regard to care needs. Although one person said, "I've never seen a care plan, didn't know I had one." Relatives we spoke with told us, "[My relative's] care plan is reviewed every three to four weeks. I've no complaints" and "We were involved in [our relative's] care plan, and have been included in the reviews [they've] had as [person's] needed changes. [Our relative] still thinks [they] can walk without help so [they've] needed reviews to update [their] care plan."

The registered manager told us they involved people with the 'about me' document and sat with people and/or family members to carry out care plan reviews.

We saw one person's contract of agreement dated June 2008 had been signed by the manager and not by the person or a third party. We also saw the person's needs assessment and plan of care agreement dated March 2017 stated, 'To the person, you have been given the opportunity to discuss and devise, with the manager a needs assessment and plan of care', although we noted this had not been signed by the person or third party.

The registered manager told us people were able to obtain support for an advocate if they so wished. They said currently there was no-one living in the home that used an advocate.

Is the service responsive?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 12 June 2017 and to look at the areas of concerns following recent whistleblowing concerns.

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2017, the provider had not taken appropriate steps to ensure people's care plans were up to day and accurate. At this inspection, we saw the care plans had been transcribed on new paperwork, but were still a concern.

Following our last inspection, the registered manager had submitted an action plan which stated they would be meeting this regulation by 31 October 2017. The action plan stated 'the service intends to work on care plans to ensure that care plans are accurate, consistent and updated appropriately'. We asked the registered manager if they had completed the review of all the care plans, they told us this had not yet been completed and they were still working on them, they said they were not sure how many care plans had been reviewed to date.

We found the care plans we looked at did not contain sufficient information to help staff to provide person centred care.

We saw one person was staying at the home for a short period of time; however, they did not have a care plan in place. We noted this person had fallen at their own home prior to staying at Park Grange Care Home. We found there was no mobility care plan or falls risk assessment in place. We saw daily notes had been completed for this person and the daily note stated, 'personal cares and hygiene needs met as instructed in the care plan'. We saw an entry in the daily notes stated, 'personal care needs and mobility as per care plan'. We saw a further two people did not have care plans in place. This meant people's care and support needs were not person centred and they were at risk of receiving inappropriate care.

The registered manager told us they did not currently have anyone living at Park Grange Care Home with diverse needs and they did not have any policies in place for people with diverse requirements. They told us some people were hard of hearing and they used hearing aids and attended audiology appointments when required. We saw one person's communication care plan stated 'needs glasses and requires staff to make sure these are at hand'. We saw 'this is me' document also stated 'has poor eyesight and needs glasses'. We observed during the second day of our inspection, this person was not wearing glasses. Care plans contained limited information in relation to people's cultural, religious or sexuality needs.

The care plans we looked at did not always provide sufficient detail to help guide staff to support people with their care needs. For example, one person's care for toileting/incontinence care plan stated, 'two carers to transfer [name of person] from wheelchair to toilet and from toilet to wheelchair', but there was no further information on how this should be carried out.

We saw one person's care plan was task focused. For example, '[name of person] requires bed bathing daily'

and '[name of person] needs dressing'. This was not person centred.

People we spoke with told us there were few, if any, activities at Park Grange Care Home. On the second day of our inspection we saw some people had made Christmas cards. One person said, "Look at me, I'm not a Christmas card making kind of guy." One relative told us, "Basically there's none. They had a Christmas party the other day, but that's about it."

We noted activities tended to be in conjunction with people who attended the day centre, which was also run by the registered provider and based in the home. The home did not have a dedicated activity co-ordinator. We did see one staff member ask a person which DVD they wanted on and they chose Daniel O'Donnell (country musician), although we saw a staff member put Christmas carols on without asking people if this was what they wanted to listen to.

We noted in the resident meeting minutes for July 2017 it was stated 'would like more singalongs'. The registered manager told us this had been organised. In the October 2017 resident meeting minute's people reported they were happy with the activities.

The registered manager told us they had a mini bus to take people out, although they said people did not want to go on outings. Staff we spoke told us, "We don't have a van anymore because of tax issues but there isn't much for people to do. Carers don't have time for activities. People complain who use the day care service because they just come in for their dinner" and "I would like the residents to do more. I have raised it in my supervision, but nothing's been done. We play dominos, have card making and seasonal events and we sometimes play bingo or play your cards right. We don't have any outings anymore, but we used to, we had a van before but now it's out of use it's difficult."

The care plans we looked at did not contain sufficient information to help staff to provide person centred care and there were limited activities for people. This was a breach at the inspection carried out in June 2017 and was a continuous breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us if they had a concern they would raise this with a staff member. One person said if they had a concern they would speak with registered manager as they felt they would listen to them.

The registered manager told us they did not have any on-going complaints. Although we spoke with two family members during our inspection and they told us they had recently raised a concern with the registered manager. We asked the registered manager if this had been recorded and they told us it had not. At our last inspection in June 2017, the registered manager told us they did not record minor concerns and 'niggles' but would record these in the future. We looked at the complaints records and saw no complaints had been recorded as received since 2013. This meant we could not be sure all complaints and concerns were recorded and appropriately managed.

We saw the home had a complaints policy and this was displayed in the entrance to the home and there were clear procedures for staff to follow should a concern be raised.

There was not an effective system in place to ensure concerns and complaints were recorded and responded to appropriately. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager who told us no one living at Park Grange Care Home was

approaching the end of their life. We were aware of one person who used the service had a specific condition and there was no end of life care plan in place for this person. We saw people who used the service did not have end of life care plans in place, although we did see a funeral plan in place in one of the care plans we looked at. This meant people wishes may not be respected when they approached the end of their life.

Is the service well-led?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 12 June 2017 and to look at the areas of concerns following recent whistleblowing concerns.

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2017, the registered provider did not have effective systems in place to assess, monitor and improve the quality of service. We issued a warning notice. At this inspection we saw the registered manger and registered provider did not an effective oversight of the service and we saw the same issues as found at the last inspection.

At the time of our inspection there was a registered manager in post and they had been registered since March 2014.

The registered manager told us they were approachable, but if staff were not getting their own way they were not happy. We found some staff did not feel relaxed when they were speaking with us. We received mostly negative views about the registered manager from staff. Some staff did say they were approachable whilst others told us they were not. Some staff told us the management team would not be happy they were speaking with us. One staff member said, "I was scared [name of registered manager] would tell me off." Another staff member said, "At the moment it's a horrible atmosphere, staff are reluctant to speak to you [CQC] because of [name of registered manager] finding out. I'm really worried about everything and don't feel supported." Part of the concerns raised by the whistle-blower indicated the culture of the management of the service was not open, honest and responsive.

Other comments about the management of the home included, "It's okay. We just try to keep out of the way", "Yes I think she's managing the home well, but I try to stay out of the way really and not get involved", "The home is not well-led at all. If it wasn't for [name of staff member], I dread to think what the home would be like. [Name of registered manager] doesn't even know where the paperwork is kept; she's not even had enough training. It's obvious", "The reason I go to work is the residents, we're like a family, but nothing is kept confidential. If I approach [name of registered manager] with a problem or concern, I guarantee [name of staff member] will be told and everyone will find out", "I'm really worried that something is going to happen, but I'm not worried about the care of residents, just about how the home is run with [name of registered manager]" and "It's a lovely home and the residents are lovely, staff aren't bad, but as a work place its old fashioned. When I first started here, I was shocked, [name of registered manager] is okay, but not up to management standard."

People we spoke with knew the registered manager by name and also spoke positively about another senior care staff member.

Relatives we spoke with told us the registered manager did not communicate effectively with them regarding their family members care. They also told us they never saw the registered provider.

We asked the registered manager what the key achievements had been since our last inspection, they said, "None really." We asked what the key challenges had been and they said, "Staffing."

On the second day of our inspection we saw people's continence information recorded on a chart was left on a handrail in the corridor between the two lounges. This information included people's name, times and outcome. We saw a daily log with people's names on it in the entrance hallway and handover sheets were on a table in the small conservatory area, which included people's names and room numbers. This meant people's confidential information was not always kept secure and at times was accessible to both people who used the service and visitors.

We found the registered manager did not have a clear understanding of incidents which were legally notifiable to the CQC. During our inspection we asked the registered manager about unexplained bruising we saw in one person's care plan. The registered manager was not aware of this incident. We also noted several other incidents in people's care plans that had not been reported to CQC. The registered manager had not notified us concerning the above events as legally required under the conditions of their registration with the CQC.

We saw the registered manager carried out audits which included bedrooms, the kitchen and medication. These were not effective as we found several areas of concern during our inspection that had not been identified through the registered provider's audit systems. For example, we saw the medication audit dated 17 November 2017, did not have any comments or actions recorded and had been signed by the registered manager. This audit had not identified the concerns found during this inspection. The registered provider told us they carried out a monthly audit of the home and left the audit with the registered manager. When we asked the registered manager if we could see the last six months of the registered provider audits, they told us these had not been completed.

We looked at the internal audit dated 12 December 2017, which concluded, all documentation had been completed, food and fluid charts had been appropriately completed and maintenance records had been completed. This audit had not identified the concerns found during this inspection.

We saw the environmental cleanliness audit dated 18 December 2017 which stated, 'dining room, lounge/sitting areas and hall/corridors, fixtures and fittings in good condition'. This audit had not identified the concerns found during this inspection. This meant the quality assurance system in place was not effective.

The registered manager told us they had not carried out night checks for a while, although another staff member had done a couple, however, they did not know where these were kept to show us this evidence.

On the second day of our inspection we asked the registered manager for the last two months rotas. On reviewing the rotas following our inspection we noted weeks commencing 4 and 11 December 2017 had not been provided. We contacted the registered manager who told us the original copies of these rotas had gone missing, but they were able to recreate these and they were submitted to CQC at a later date.

The registered manager did not have an effective system in place to analyse and monitor accidents and incidents. They told us another staff member carried out this role, although the staff member told us they did not do any formal analysis of accidents and incidents.

We asked the registered manager what changes had been put in place since our last inspection and they told us, "Nothing has changed, staff ringing in sick." On 4 January 2018, the registered manager and

registered provider told us they had not implemented any interim improvement plans since the first two days of our inspection and feedback.

We concluded the registered provider and registered manager did not have an effective oversight of the service and the quality assurance system was not robust or effective, this was a continuous breach of regulation 17 (1) and (2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they held resident meetings every one to two months. We looked at the last resident meeting minutes for November 2017 and saw discussions included food, bedrooms, laundry and activities. The registered manager said they had not sent out questionnaires since our last inspection and this was due to be completed in the first half of next year. People we spoke with were not able to tell us about any surveys they had been asked to complete, nor about any residents or relatives meetings held that had been held.

We saw the meeting minutes of a senior staff meeting that had taken place in July 2017, although we noted this was just a list of jobs to allocate and the agenda was named 'delegating jobs'. The registered manager told us they had not documented other staff meetings. Staff we spoke with said, "We don't have them and when we do it's just a chat. There's no formal procedure for them, the last one we had hardly anyone turned up", "I cannot recall having any recently" and "They take place every six weeks and residents meetings are done one on one."

The registered manager told us they worked effectively with the GPs and social services to support the provision of people's care needs.

There is a requirement for the registered provider to display the rating of their most recent inspection. When we arrived at the home on 20 and 21 December 2017, the rating from the previous inspection was not displayed in the home. The registered manager told us, "It has been up, but, I have just noticed it's not there." One relative we spoke with told us they had never seen the rating displayed. On 4 January 2018, the rating was displayed on the notice board in the entrance to the home. There was a link to the CQC website on the provider's website, but the registered provider had not ensured their rating from our last inspection was visible on their website.

We dealt with this in line with our regulatory responsibilities outside the inspection process.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care plans we looked at did not contain sufficient information to help staff to provide person centred care and there were limited activities for people.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The care plans did not contain decision specific mental capacity assessment or best interest decisions.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Procedures to protect people in the event of a fire were not robust and risks to people were not always effectively managed. We concluded the management of medicines was not always carried in a safe way.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment We concluded, due to the lack of oversight regarding the reviewing and investigating of safeguarding concerns, the lack of analysis of accidents and incidents and the registered

manager not having an understanding of lessons learnt.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA RA Regulations 2014 Premises and equipment

We concluded the premises were not always well maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

There was not an effective system in place to ensure concerns and complaints were recorded and responded to appropriately.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

We concluded the registered provider and registered manager did not have an effective oversight of the service and the quality assurance system was not robust or effective.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The recruitment processes were not robust.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

We concluded staffing levels and deployment of staff were not maintained to ensure people were not at risk of their care needs been met.

