

Four Seasons (JB) Limited Park House

Inspection report

93 Park Road South
Prenton
Merseyside
CH43 4UU

Tel: 01516521021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 2 and 3 August 2017 and was unannounced.

Park House is registered to provide nursing and personal care for up to a maximum of 111 people. At the time of the inspection there were 83 people living there, most of whom were older people living with dementia or age related conditions and frailty. Some people were accommodated on short term respite basis. The service is provided in five 'units' over three floors which were accessed by way of a lift or stairs. Each of the units had a secure entry system to which people needed to use a key pad to gain entry.

Our last comprehensive inspection of this service took place on 17, 18 and 19 January 2017. The overall rating for the service at that time was 'Inadequate' During this inspection the service demonstrated to us that improvements have been made and is no longer rated as 'Inadequate' overall or in any of the key questions.

At the last inspection we found four breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to medicines, risks to people's health and safety, staffing levels, staff support, the need for consent to administer medicines covertly and the governance of the service. We asked the provider to take action to make improvements to the quality and safety of the service and the provider developed an action plan stating the steps they would take to meet the requirements of the law. During this inspection we found that improvements had been made but other improvements were required.

The service required a registered manager. 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 time of this inspection the service was being managed by two managers. One of them was a nurse and took the clinical lead the other took the lead for the day to day running of the service. Although the service also had two registered managers, neither of them still worked for the provider. Processes were in place for applications to be submitted to remove them from the register and for the new managers to apply to become registered.

At the last inspection the quality assurance and monitoring systems in place were ineffective. Although the provider's systems had identified some shortfalls, action had not always been taken to rectify them. The provider had lacked oversight of the quality of the service provided and had therefor missed the opportunity to raise standards and drive improvement. At this inspection, we saw that improvements had been made. Regular audits of records had been undertaken and action taken to address shortfalls identified. However improvements were required to ensure action plans to address areas they had identified as needing improvement were always in place.

At the last inspection we found that medicines were not always being managed safely. At this inspection we

found significant improvements had been made. However further improvements are needed in relation to guidance for administering as and when needed (PRN) medication.

At the previous inspection we found there had not always been sufficient numbers of staff on duty. At this inspection improvements had been made. People and their relatives told us and we saw, there were enough staff employed to meet people's needs.

Improvements had been made in relation to care records. Daily records had been maintained and care plans had been reviewed as needed.

At our inspection in January 2017 we found staff had not always received regular supervision or annual appraisals. At this inspection we found this had been addressed.

At this inspection we found improvements had been made in relation to the quantity of food provided. There was plenty food available at mealtimes and people could have additional helpings if they desired.

At the last inspection we found personal emergency evacuation plans (PEEPs) were not in place. At this inspection we found PEEPS had been introduced. Risk assessments were in place and these were appropriately updated. Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences.

Some people were provided the opportunity to engage in meaningful activities such as going out to the theatre. However items used to stimulate and engage people, had been put into storage. Management acknowledged these items needed to be reintroduced. This is an area of practice we identified as needing improvement.

Staff treated people with the dignity and respect they deserved and provided people with kind, caring and compassionate support. Staff were responsive to people's care needs. Staff responded quickly to requests for support and people's care needs were met.

Management and staff worked within the principles of the Mental Capacity Act (MCA). Staff asked permission before delivering care. One person told us "They always ask permission, they say is it ok if we come in to wash you and things like that".

The home used safe systems for recruiting new staff. These included obtaining identify and security checks. There was an induction programme in place to introduce new staff to ensure they were competent before working unsupervised.

Over recent months the manager had informed the CQC of significant events in a timely manner. Prior to this there had been significant delays in the CQC being notified. This was an area of practice we identified as needing to be sustained and embedded into day to day practice.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Guidance for staff follow in relation to the administration of 'as and when needed' medicines were not always robust.

Medicines were stored and administered safely.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff worked within the principles of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

The service was not consistently responsive.

People were not always supported to participate in stimulating and meaningful activities.

People's needs were assessed and care was provided support in line with their wishes.

Complaints were handled and responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider's systems for auditing and assessing the quality of the service and driving improvement had not been implemented effectively.

The processes in place for notifying the CQC of significant events without delay needed to become embedded into day to day practice.

There were open and transparent methods of communication.

Management and staff were aware of their roles and responsibilities and how to raise concerns.

Requires Improvement ●

Park House

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 was 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.

Our last comprehensive inspection of this service took place on 17, 18 and 19 January 2017. The overall rating for the service at that time was 'Inadequate'. Following that inspection the provider developed an action plan outlining the steps they would take to ensure they met the requirements of the law.

This inspection took place on 2 and 3 August 2017 and was unannounced.

The inspection team for the first day of the inspection consisted of two inspectors, a specialist advisor who was a nurse 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. The inspection team for the second day consisted of two inspectors.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a 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 also obtained feedback from the local authority. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with 10 people, 4 people's relatives, a visiting healthcare professional, two managers of the service, the deputy manager, area manager, regional director, chef, a maintenance worker and 14 other care members of staff some of whom were also unit managers and trained nurses. As some people were unable to give us their views we carried out general observations of care and support including interactions between staff and people. In addition to this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We observed lunch being served and the administration of medicines on each of the five units.

We reviewed 12 people's medication administration records and care plans associated with their 'as and when needed' (also known as PRN) medicines. We reviewed a further six people's care plans in detail. We also looked at people's daily records, minutes of meetings, health and safety records, accidents and incident records, complaints and provider's quality assurance and monitoring systems. We also looked at staff training, supervision and appraisal records and the recruitment files for five members of staff.

Is the service safe?

Our findings

At the last inspection we found people were at risk of harm and we rated the service 'Inadequate' under the question 'Is the service safe'. At this inspection we found although improvements had been made further improvements were needed.

People and their relatives felt the service was safe. When we asked people if they felt safe one person commented "Yes I feel safe there are always lots of people round to look after me. I have a buzzer if I need help". Another told us "I do feel safe because the staff are lovely. Nobody shouts and if I have any worries they will sit and talk to me". A relative told us they felt their loved one was "Perfectly safe. I have never had any worries about them. (Person's name) is partially sighted and have dementia but the staff treat them well". Another relative told us they felt their relative was "Quite safe".

At the last inspection we identified shortfalls in relation to the administration, storage and recording of medication. This was because the medication trolley had been left unlocked and unattended and staff were distracted when administering medicines. The temperature of the medication fridges had not always been recorded and some records relating to medicines had not been accurately completed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although significant improvements had been made further improvements were needed in relation to the guidance provided for staff to follow when administering 'as and when needed' (PRN) medication to individuals.

Most people's documentation identified the PRN medicines they were prescribed and the reasons for this. However some records were not dated and only identified the reason for PRN as 'agitation' or 'pain' and lacked guidance for staff to follow as to under what specific circumstances they could administer the medicines. For example, they did not always state how the person would show they were in pain or what strategies to use to help a person displaying agitation to calm before administering medicines. The guidance for some people's PRN medicines was stored with their medication administration records but for others were in the person's care plan, therefore was not as readily available to staff. Staff knew people well were able to describe the specific circumstances they would administer the PRN medicines to individuals. However staff who were not familiar with people would not always have the guidance they needed to follow to ensure these medicines were administered as prescribed and intended. We did not assess that this shortfall had resulted in any harm occurring to people however this is an area of practice that we identified as needing to improve.

During this inspection we noted that staff members administering medicines were not disturbed or distracted whilst administering medicines. We observed that medication trollies were locked when not in use and the medication rooms were clean and tidy. The room temperatures and medication fridge temperatures had been recorded and medicines had been stored at a safe and consistent temperature. Spot checks of the amount of medicines in stock balanced with the amount shown on the records.

Medicines were only administered by staff trained to do so. There was a list of 'home remedies' which could

be administered by staff with the agreement of a GP. For people staying at the service on a respite basis a GP summary was obtained to ensure that the person's medication on admission was correct. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines, temperature checks and cleaning of the medicines fridge. We saw nurses administering medicines sensitively and appropriately. Medicines which were out of date or no longer needed were disposed of appropriately.

No-one we spoke with expressed any concerns around their medicines. One person told us "I get them throughout the day in a pot and they watch me swallow them". A visitor commented "They ask my relative to take their medication. If they won't take it staff often ask me to encourage them. I suggested staff give them more water to help them swallow the tablets and they do that now".

At our last inspection the staffing levels in December 2016 and up to 16 January 2017 had not been sufficient to meet the care and treatment requirements of the people living at the service at that time. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the breach had been met.

People, their relatives and staff all told us that there had been improvements in relation to the number of staff on duty. People told us and we observed, that people's request for assistance were responded to promptly and call bells were answered without delay. For example we heard a call bell ring on one unit and observed the nurse attended to the person within seconds. We saw that staff were present in communal areas of the service at all times. Staff told us and staff duty rota's confirmed that staff absences and vacancies were covered by staff undertaking additional hours or agency staff who worked at the service on a regular basis. The manager told us that they were continuing to recruit new staff and were reducing the number of hours covered by agency staff.

Improvements had been made in relation to people's health and safety. Personal emergency evacuation plans (PEEP's) had been introduced for each person. These detailed where in the building the person's room was located and the evacuation method to be used in case of fire or other emergency, for each person. Risks to people's health and safety had been assessed including those related to medication, nutrition, communication, mobility and equipment. These were found to have been reviewed on a regular basis were up to date and accurately reflected the needs of the person.

People were protected from abuse. Staff had received training in safeguarding and they were able to tell us how they would report any safeguarding concerns. Where concerns had been identified these had been reported to the local safeguarding authority for their consideration in line with local safeguarding protocols. There were clear policies and procedures available for staff to refer to if needed.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed maintenance workers who carried out day-to-day repairs and staff said these were attended to promptly. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This

instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible. Accident and incidents had been recorded along with any actions taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

People and their relatives with were happy with their care and felt staff knew how people should be cared for. Two relatives told us they felt the staff 'are really good' and that made them 'feel at ease'.

At the last inspection staff were not being provided with the support they needed to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the breach had been met.

Staff told us and records confirmed that all staff had received a formal supervision meeting with their line manager since the last inspection. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. The majority of the staff employed for more than a year had also received an annual appraisal of their performance and the remaining had been scheduled. Members of staff commented they found supervision and appraisal useful and felt able to contribute to the discussions and approach their line manager with any concerns or queries. Records were kept of these events with both parties involved, signing them.

Staff had completed training the provider considered to be essential in order to meet people's assessed needs. Training records showed training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

New staff completed an induction programme that included shadowing other staff and completing training specific to their roles. Staff new to care told us that they had also completed, or were in the process of completing, the care certificate. The care certificate is a nationally recognised qualification designed to provide staff new to care with the skills and knowledge they need to provide safe and effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection the provider had not always obtained legal consent for the administration of medicines administered covertly. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made. Where needed a mental capacity assessment for the decision to consent to the administration of medicine covertly had been recorded and the breach had been met.

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. We observed staff talking to people and asking their permission to give treatment. Everyone said the staff always asked permission. One person told us "They always ask permission, they say is it ok if we come in to wash you and things like that".

Members of staff recognised that people had the right to refuse consent and told us they would never force anyone to do anything. The management and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

At the last inspection we found that the units were not always supplied with sufficient quantities of food at mealtimes. At this inspection we found improvements had been made. People told us and we saw, they were supported to have sufficient food and drink and had access to food and drink throughout the day. One person commented "I get a choice; they ask me the day before what I would like. I can always get seconds and if I get hungry in the afternoon I can ask for sandwiches and they will bring them to me". A relative told us "The food seems ok. My relative does wonder off when they are given a meal, but staff keep an eye on them and give them extra food later".

We observed lunch in the dining areas on each unit. We observed that people were supported to move to the dining areas or could choose to eat in their room. The food was attractively presented and the atmosphere was relaxing. People were encouraged to eat independently and had appropriate equipment, where necessary, such as beakers with spouts and plates with guards on. Throughout the mealtime staff were available if people wanted or needed support to eat, extra food or additional choices and condiments. We heard staff asking people if they would like drinks and heard one member of staff saying to a person "I'll bring it over just as you like it, with sugar". A relative told us "They know [Name] well; they know they have an eating disorder so staff are always encouraging them to eat a little more". Another relative told us "There is always a choice. The tables are always set nicely. My relative did lose a lot of weight when they came, but they put them on a blue plate, and they have put weight back on now". Staff explained to us they used a blue plate to identify people who were poor eaters and needed encouragement to eat sufficient amounts.

The kitchen staff had access to information about people's dietary needs and preferences. Specialist diets for example; pre-mashed, mashed, pureed and fortified diets were catered for. People's cultural dietary needs and dietary preferences such as vegetarian food and portion size were recorded and provided. Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People's weights were recorded monthly. Where people had lost weight or been identified at risk of malnutrition or dehydration, food and fluid charts were in place to enable staff to monitor their nutritional intake. Where people had lost weight, we saw that advice had been sought from an appropriate health care professional.

The premises had been purpose built and had lift to all floors and wide corridors painted in dementia friendly colours to enable people to easily move about their home. Each of the bedrooms had an en-suite and had been appropriately and personally furnished.

Is the service caring?

Our findings

People and their relatives felt people were treated with dignity and respect and their privacy was respected. One person told us "They are very good. It is embarrassing when they see me in the shower, but they make me feel at ease. They chat to me and that helps me relax. They always shut the bathroom door and they cover me up as soon as they can with towels". We observed how one staff member noticed that one person needed support with their personal care. We saw the staff member quietly supported the person to leave the room so not to draw attention to them. Then ensured the door was shut when delivering care. We heard two people talking inappropriately to each other at the dining table and observed a member of staff gently diffuse the situation.

The management and staff recognised that dignity in care also involved providing people with choice and control. People were free to do very much what they wanted throughout the day and could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. Staff told us some people liked to get up late and have a late breakfast, one person liked to eat their breakfast before getting dressed and another liked to remove their footwear, preferring to walk barefoot. Our observations confirmed people were given the freedom to do as they chose. Arrangements were in place for independent advocates to be contacted for people who could not express their wishes and did not have any family or friends to support them to make decisions about their care.

Positive relationships had developed with people. Staff took their time to talk with people and showed them that they were important and they demonstrated empathy and compassion for the people they supported. We noted staff spoke clearly and slowly to people living with dementia, using short sentences, making eye contact with them and giving them time to respond. They let people speak for themselves throughout discussions and let them speak about how they were feeling and gave them the time to listen to what they were saying. One person told us 'They sit and chat with me. They talk about everything and anything. If they are going to town they ask me if I would like anything and they bring it back'. Another person told us "They will chat with me about anything. They know me well they know I like music so we talk about that and they let me talk about my dog and my partner".

Staff demonstrated a strong commitment to providing compassionate care and had a firm understanding of how best to provide support to individuals. They were aware of people's cultural needs and personal circumstances and showed empathy and understanding. They told us how one person was grieving for the loss of a friend and explained how they took comfort from 'looking after their babies'. These were dementia dolls which the person had named and referred to as their own children. We observed a staff member supporting another person who was showing signs of being agitated. They supported the person to find a place to sit and spoke with them. They offered the person pain relief and took time for them to respond and settle before going to fetch their medicines.

End of life care was provided and arrangements were in place for other healthcare professionals to be contacted to provide support if needed. Some people had made advance decisions and these were recorded in their care plans. We saw compliments had been received from family members in relation to the

end of life care their relative's had received.

People were observed freely moving around the service and spending time in the communal areas. A relative told us "They know my relative's dementia makes them want to wonder around a lot and they get cross if they can't, so staff let them wheel themselves around all day long". People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

Staff supported people and encouraged them, where they were able, to be as independent as possible. Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People assisted with tasks around the service, and also used adapted cutlery and plate guards at mealtimes, to enable them to eat independently. People were supported to make choices and decisions about their everyday routines. We saw one person wearing an item of clothing back to front. A member of staff told us this was the person had refused their support to dress that morning, preferring instead to get dressed independently. They told us "Sometimes they like to get dressed themselves. We've asked a couple of times if they would like some help but they've said no. They will probably let us help them later". Our observations confirmed this person did accept some assistance later in the day.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room.

Is the service responsive?

Our findings

Staff were responsive to people's care needs. People and their relatives told us and we saw that staff responded quickly to requests for support and that people's care needs were met. One relative told us "[Person's name] is a complex character with complex needs and staff support them very well".

At the last inspection the provider had not ensured staff consistently maintained records detailing the care they had provided each day and people's care plans had not always been reviewed when needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach had been met. People's care plans had been reviewed appropriately and a record of the care delivered to each person had been maintained each shift.

Although people could not recall being involved in the planning of their care it was evident that they and their relatives had been involved in the assessment of their needs and the development of their care plans. We saw that people's needs had been assessed before they started using the service and care plans had been developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people and their relatives were involved in the formation of the initial care plans and consulted when changes were made. Care plans contained personal information, which recorded details about people and their lives. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was clearly documented regarding people's healthcare needs and the support required meeting those needs and the majority had been reviewed on a monthly basis. They also contained information on the person's likes and dislikes with guidance for staff on how best to support them.

At the last inspection the outcome of complaints investigated had not been recorded and comments made in a 'customer comments book' had not been addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach had been met.

People were listened to and their complaints had been investigated. People knew how to make a complaint. A relative told us "I did raise a concern once. [Person's name] doesn't like taking their tablets so I asked staff to give them a bigger glass of juice to help them take the tablets. They do that now and they take them a little better". The complaints procedure was contained within the service user guide which was provided to people and their relatives when they started to use the service. The complaints procedure was also on display in the reception area. Complaints made had been recorded and investigated appropriately. The outcome of complaints had been recorded and where necessary apologies had been given. The 'customer comments book' did not contain any issues that had not been addressed. One of the managers explained this book was for people to record their comments about food but that they reviewed it regularly to ensure that any comments about care could be picked up and any corrective action needed, would be taken.

Some people and their relatives felt staff provided them with the opportunity to engage in meaningful activities. A relative told us "[Name] used to like watching the birds on the bird table at home, so I brought

one in and they have put it in the garden for them. I know they can't see well but the staff tell them about the birds they can see out there".

Despite the positive feedback we received, we found that the provider had not always ensured people, including those living with dementia, were kept engaged and stimulated. Management told us three activities organisers were employed and they worked over seven days providing activities on a one to one basis as well as for groups. They also told us there were usually two activity organisers on duty each day and it was the responsibility of the care staff to provide activities and spend time with people when the activity organisers were not working.

When we arrived at the service we saw that the weekly activities timetables on display in each unit were blank. Although staff later wrote in what the activity was for each day of the week they were not illustrated with pictures or symbols to aid people's understanding of what the activity was, when it would take place or where it would be held. Similarly some of the menus on display were only in written format. The management team explained that they did have a range of pictorial menus and dementia friendly signage and they would take steps to ensure they were used.

Although 20 people attended bingo on one afternoon, we did not see any other group activities taking place. We observed that a lot of people were wandering the corridors or sitting in lounges with nothing to do other than watching the television or listening to the radio. Staff explained that they used to have games, books, jigsaws and memorabilia to support reminiscence sessions with people and items such as an old fashioned till and telephone but these items had been put into storage whilst the service was redecorated. The management team acknowledged they needed to reintroduce these items and provide information to orientate people as to the day of the week and time of day. They also told us they were developing the activities programme to provide more stimulation for people living with dementia. This is an area of practice we identified as needing improvement.

We found some people's experience of the activities provided was positive. Everyone living on one unit had been supported to obtain a bus pass to use when supported by staff on outings. One person who had previously been involved with the Salvation Army was supported by staff to go to the band practice once a month. Other people had been supported to go to see dementia friendly screenings at the local cinema and go on outings to the theatre. Activity organisers had also arranged a fete at the service which was due to take place at the weekend to which people's relatives and friends had been invited. Staff knew people well and were able to describe to us their interests, tell us what people enjoyed doing and how they preferred to spend their time. Staff explained they spent time with people on a one to one basis, for example chatting to people and checking people who were in bed wanted the TV or radio on, and our observations confirmed this. We also saw that there was a range of books available for people to help themselves to on the unit in which people were staying at the service on a respite basis.

People were supported to access routine medical support, for example, from an optician to check their eyesight. Referrals were made to input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists, chiropodists, mental health teams, district nurses and dieticians whenever necessary. One person told us "A couple of days ago I said my legs were sore and half an hour later a doctor arrived. I couldn't believe it". Relatives all told us that staff were very efficient at informing them when medical assistance had been called for.

Is the service well-led?

Our findings

At the last inspection we found significant shortfalls in relation to how the service was managed and we rated the service Inadequate under the question 'Is the service Well led'. At that inspection we found that the quality assurance and monitoring systems in place were ineffective. Although the provider's systems had identified some shortfalls, action had not always been taken to rectify them. The provider lacked oversight of the quality of the service provided and therefore missed the opportunity to raise standards and drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection significant improvements had been made and the breach met. However other shortfalls were identified in relation to the governance of the service. Therefore the provider was not meeting the requirements of the law.

There was a system in place to monitor people's satisfaction by way of satisfaction surveys which allowed people to give their views anonymously. However there was no schedule in place to ensure that each person had the opportunity to give their views in a 12 month period. Therefore the provider could not be assured whether or not the same people were being asked to complete the surveys repeatedly and others were not being asked at all. Customer satisfaction survey results showed a high level of satisfaction level. However management were not able to show us what action they were going to take in response to the people who were dissatisfied. Where people living with dementia were unable to give their views, staff had recorded the person's responses as 'didn't know' without looking at alternative methods of capturing their opinions and experiences. Therefore the provider could not be assured the results of the survey were a true representative of the views of all the people who lived at the service.

The provider also monitored the quality of the service provided by speaking to staff, relatives, visiting professionals, and examining records. They showed us how this was used to highlight areas of good practice and areas that they needed to improve in. We saw evidence that in some areas such as people's level of satisfaction in relation to food had improved over time; however others had not. The managers could tell us what they were doing to address these issues but there were no formal plans in place to demonstrate this. Complaints had been investigated and the managers told us these had been analysed to identify themes and action taken to address matters arising. However they were unable to show us records to confirm this analysis had taken place.

The provider's systems for assessing the quality of the service and driving improvement were not always implemented effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service without delay. Over recent months management had informed the CQC of significant events in a timely manner, however prior to this there had been significant delays in the CQC being notified. This is an area of practice we identified as needing to be sustained and embedded into day to day practice.

People, relative's and staff told us there had been improvements in the way service was managed particularly in relation to the staffing levels and the decoration of the service. One relative told us "They manage the service well; there has been a lot of cleaning and decorating done". Another relative told us "From a material point of view the service is well managed." A third relative told us "In the last six months some things have changed. The decoration has been improved and a few ornaments have been put around in corridors with the odd plant". A member of staff told us "Things have definitely improved; there's more staff and more continuity".

The management showed us a 'You said we did' board and told us they had used this to inform people what action they had taken in response to a survey relating to food. This had highlighted improvements were needed in relation to the presentation of the food provided to people who required a soft diet. In response to this the chef had completed a training course in relation to food presentation and as a result of this food was now presented in a more appetising way.

Since the last inspection both of the registered managers had left the provider's employment and two new managers had been employed. One of these managers was a registered nurse and took a clinic lead and the other manager had overall responsibility for day to day operations. They were supported by a deputy manager and there was also a manager for each of the units and senior care staff to support the staff delivering care. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. There were open and transparent methods of communication. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. Staff commented and we saw that they worked well together. The managers told us they had met most of the staff and had introduced a daily update which was communicated to the managers on each unit to inform them of any updates and action they needed to take to address shortfalls. We saw these updates also included thanks and praise for staff. The managers explained that this had been introduced to help improve communication between the management and staff and to ensure that staff were kept up to date with any changes.

Some people and their relatives told us they were not sure who the managers of the service or the individual units were. Management told us they were in the process of setting up relatives meetings to address this. A relative confirmed this and commented "I have just been to the management today and asked when the next meeting is. I was told that they will put up a poster in the entrance for the next one. I said to them what if I didn't see the poster and I miss it. The lady said she would put a letter in the post for me with all the dates they have planned then I can put them in my diary".

The managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Health and safety audits had been completed and action plans had been completed to address shortfalls.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The systems in place to assess and monitor the quality of the service and drive improvement had not been implemented effectively.
Treatment of disease, disorder or injury	