

# Care UK Community Partnerships Ltd

# Stanley Park

## Inspection report

Wear Road  
Stanley  
County Durham  
DH9 6AH

Tel: 01207290800  
Website: [www.careuk.com/care-homes/stanley-park-stanley](http://www.careuk.com/care-homes/stanley-park-stanley)






Date of inspection visit:  
10 February 2016  
11 February 2016  
16 February 2016

Date of publication:  
28 April 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection took place on 10, 11 and 16 February 2016. The inspection was unannounced.

We last inspected Stanley Park on 4 September 2014. At that time the home was found to be compliant with the regulatory requirements

Stanley Park is a modern purpose built building on two floors. The ground floor provides residential accommodation for up to 34 people. The first floor accommodation provides care for up to 37 people with dementia type conditions, some of who require nursing care. Stanley Park is located close to the town centre of Stanley.

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 the inspection there was a registered manager in post.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The staff had a good knowledge about infection control and its associated policies and procedures and we witnessed cleaners and housekeepers going about their duties systematically.

We saw staff supporting people in the dining rooms at lunch and choices of food and drinks were being offered. People told us the food was always good with a good selection of choices available at every meal.

PRN are medicines which are given as and when required. We found a number of people who did not have detailed PRN plans in place to describe to staff when people and under what circumstances should they be give their medicines. We saw the registered provider had already found this in their audits and put actions in place to ensure they were updated. Staff showed us the new plans in progress.

We saw new staff were provided with training during their induction and were registered to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

In the registered provider's policy staff were expected to meet six times per year with their manager for supervision. We found staff had not been receiving supervision in line with the policy.

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with

dignity and respect and people were encouraged to remain as independent where possible.

We found the building required further adaptations to support people with dementia type conditions and assist them to navigate their way through the building.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the provider was following the requirements of DoLS.

Staff knocked on doors before entering people's rooms and closed doors when they were administering personal care or having conversations with people. This maintained people's privacy.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about. This meant the registered provider was meeting regulatory requirements regarding notifications.

Relatives were invited to be involved in the home through monthly relative meetings where they were asked for their feedback and ideas to improve the home.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated.

The registered manager chaired meetings with different groups of staff for example senior staff, and kitchen staff. This meant the registered manager worked with each section of the home to share information and monitor the delivery of each section of the home.

The home worked in partnership with a number of different professionals to meet people's needs. These included GP's, community matrons, district nurses, physiotherapists, dieticians, chiropodists and occupational therapists.

We found the home had in place electronic care plans and these were updated on a regular basis. We also found some people's care plans on the upstairs unit were not person centred. This meant they were lacking in detail about people's individual and specific care needs. The home had introduced a 'resident of the day'. People were allocated a specified day each month when their plans were updated and reviewed. We saw the home was in the process of transferring records into new paper files when the reviews were carried out.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good ●

The service was safe.

We found there were sufficient members of staff on duty to meet people's needs. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The registered provider had in place arrangements to ensure the building was maintained so people were safe to live there.

We observed a medicines round and we found it was conducted professionally and proficiently according to policy and national guidelines. Staff conducting the medicine's round had been trained and been assessed as competent to give people their medicines.

The staff had a good knowledge about infection control and its associated policies and procedures and we witnessed cleaners and housekeepers going about their duties systematically.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive supervision in line with the provider's policy.

The home met the requirements of the Mental Health Act and the Deprivation of Liberty Safeguards.

We found insufficient adaptations had been made to the building to support people with dementia type conditions and assist in their navigation of the building.

### Is the service caring?

Good ●

The service was caring.

During the inspection we witnessed staff behaving in a professional, caring, helpful and sensitive manner to people. Staff knelt down in front of people so they could talk to them face to face.

We observed staff knock on doors before entering people's rooms and close doors when they were administering personal care or having conversations with people. This maintained people's privacy.

The registered provider had given guidance to managers of their care homes on how to hold relative's meetings.

Relatives were kept up to date with events in the home by the registered manager during monthly meetings. They were asked for their feedback and any ideas to improve the home.

### Is the service responsive?

The service was not always responsive.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated.

The home had introduced a 'resident of the day'. People were allocated a specified day each month when their plans were updated and reviewed.

We found on the upstairs unit people's care plans were not always person centred.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The registered manager had notified CQC of incidents in the home in keeping with the regulatory requirements.

The home worked with a number of different professionals to ensure people's health needs were met.

**Good** ●

# Stanley Park

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10, 11 and 16 February 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors and a specialist advisor. The specialist advisor had a background in working with people with dementia. During our inspection we spoke with fifteen people who used the service, five relatives and three professionals. We spoke with the regional manager, the registered manager, the deputy manager, care staff, housekeeper and kitchen staff.

We reviewed nine people's care records including care plans, risk assessments, and health records. We also carried out observations of people and their interactions with staff.

Prior to the inspection we reviewed the information we held about the service. No concerns had been raised with us about the service by the local authority safeguarding team or commissioning teams. However we saw the local safeguarding team had looked into a number of alerts in the home concerning altercations between service users. The home was found to have taken appropriate actions. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the registered provider.

# Is the service safe?

## Our findings

People told us they felt safe in the service. One person told us, 'Yes it is safe here'. One relative said, 'My [person] is safe here and we have no worries.'

We looked at the selection and recruitment policy and the recruitment records for four members of staff. Staff were required to complete an application form detailing their previous experience and training. We saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS), checks were carried out and two written references were obtained, including one from the staff member's previous employer. On receipt of the references the registered provider had contacted the author of the reference by phone to verify they had written the reference. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences. This meant the registered provider had in place a robust recruitment procedure.

The registered provider also kept their recruitment under review and in the monthly Quality Outcome Review we saw the progress of applications of newly appointed staff to the home were tracked. Staffing levels were kept under review using a prescribed method and notes were recorded about staff who were on sick leave or planning their retirement. This meant the registered provider was able to establish any gaps in staffing levels and plan for them.

People said about staffing levels "I shout if I need a nurse. Sometimes it takes ten minutes to half an hour for them to come if they are doing something else" and "Staff occasionally have time to sit and chat." We found there were enough staff on duty to meet people's needs. We saw staff spending individual time with people sitting chatting or attending to their individual needs. We also saw staff responded promptly to call bells. We found people were supported to eat at mealtimes by sufficient numbers of staff. The registered provider had introduced a team leader on the upstairs unit to provide additional staff management and support time.

We saw the registered provider had in place a safeguarding policy. Prior to the inspection we reviewed the safeguarding incidents notified to us by the home. We found there were a number of incidents between people who used the service on the first floor. The registered provider told us about actions they were going to take to keep people safe. We found they had carried out these actions. We saw that all the incidents had been dealt with appropriately. Staff had been trained in safeguarding procedures and they confirmed to us they had received this training. We found staff had certificates on the premises to say they had been trained.

There were effective systems in place to reduce the risk and spread of infection. The home had an infection control champion. We checked cleaning routines and found there was daily cleaning in place to minimise cross infections. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms and en-suites were clean, pleasant and odour-free. One member of staff explained how people's bedrooms were deep cleaned. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. The staff had a good knowledge about infection control and its associated policies and procedures and we witnessed cleaners and housekeepers going about their duties systematically.

We looked at the administration of people's medicines in detail. We observed a medicines round and we found it was conducted professionally and proficiently according to policy and national guidelines. Staff conducting the medicine's round had been trained and been assessed as competent to give people their medicines. People were addressed by their preferred name and given sufficient time to take their medication without being hurried. We checked on controlled drugs and found the controlled drugs cabinet was fit for purpose; it was affixed appropriately to the treatment room wall and a spot check of contents against the record book revealed no discrepancies.

PRN are medicines which are given as and when required. We found a number of people who did not have detailed PRN plans in place to describe to staff when people and under what circumstances should they be given their medicines. We found the issue had been picked up in the registered provider's quality audit in February 2016 and plans had been put in place to address the deficit. Staff showed us copies of the new plans which described people's needs and when they required their PRN medicines.

We saw a number of people were on covert medicines. The covert medication authorisation for a number of residents had not been reviewed since first authorised with dates ranging from 2011-2015. We noted in the registered provider's quality review conducted in February 2016 this issue had been raised; actions had been put in place to address the out of date documents.

The registered provider had in place an electronic analysis of accidents and incidents in the home. The registered manager carried out a monthly analysis of accidents and incidents to check for patterns and trends and see if there were any ways of preventing future accidents. In the registered provider's Quality Outcome review the regional manager had also reviewed the accidents and made recommendations to the registered manager for example to review if a person needed a referral to the falls team. This meant the registered provider had taken a robust approach to the management of accidents and incidents.

On the first floor of the home we observed the majority of people who used the service were not wearing shoes or slippers. People were wearing socks which were not of the non-slip variety. This placed people at risk of slipping in those areas of the home, such as the dining area, where the floor was not carpeted. Whilst we were unable to see any direct correlation between people wearing these socks and the number of accidents this information was passed onto the management team who acknowledged the potential risks and agreed to look into the issue.

The home had in place a system of regular fire checks, some of these were carried out daily. Due to the absence of the member of staff who carried out these checks we found there were recent gaps for a few days prior to the inspection. Staff told another member of staff in home was available to help. The regional manager told us they had arranged for someone from another home to carry out the checks.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. An 'at a glance' evacuation summary was provided, this listed people's names, their room numbers and the numbers of staff and equipment needed to evacuate a person from the home.

There were updated risk assessments in place in relation to the building for example snow and ice clearance, Christmas safety guidance and a health and safety audit. Portable appliance testing (PAT) was also in place on an annual basis. Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Checks were also carried out to ensure there were



window restrictors were in place and operating to prevent people from falling out of the windows. This meant that checks were carried out to ensure that people who used the service were living in a safe environment.

We saw the registered provider had in place a whistleblowing policy and staff told us they were aware of this policy. The registered manager told us there were no on-going disciplinary procedures or investigations into whistleblowing. Whistleblowing is a means of staff raising concerns about the service they work at.

## Is the service effective?

### Our findings

People living on the ground floor spoke with us about their meals and said "The meals are very good, sometimes you get too much. You get bacon every morning if you wish and you get a choice of two things", "I like fruit, any kind. You get lots of fruit here", "We are alright with food. The best thing I like is breakfast when we have porridge and a bacon and ham sandwich" and "The food is nice, a bit too much. Chocolate spread and peanut butter has just started."

On the first floor there are two dining areas where people took their meals with some people preferring to take their meals in their rooms or at tables in the lounge areas. We witnessed staff assisting some people with their meals which looked appetising, home cooked and people were shown what options were on offer. The meal time was mostly quiet and undisturbed, but one or two people did present distressed behaviours at the tables which staff responded to and demonstrated they were able to calm people. Dining tables and meals were attractively presented, for example with table clothes, napkins and condiments, and there was a relaxed and sociable atmosphere. We saw, where people required support to eat their meals staff were available to support them. We saw in between meals a trolley containing a choice of refreshments, such as tea/coffee, chocolate spread and biscuits was available to people. People were offered hot or cold drinks throughout the day to maintain their hydration levels and were encouraged to eat sufficient amounts to meet their needs. Staff showed us a photograph of new hydration stations which have been ordered for the home. This was to enable people to have access to on-going hydration during the day.

We saw where people had lost weight the service had involved their GP and dieticians. We found records of contacts in people's daily notes where staff had sought advice on people's diets. However we found one person whose weight loss had not been followed up with the appropriate professionals. We drew this to the attention of the nurse on duty who immediately responded and followed up our concern. People who had been assessed at risk of weight loss were weighed each week and the service had in place a weekly weight analysis. We saw people had been prescribed food supplements to augment their diet and these had been included in people's eating and drinking plans, and administered by staff.

The registered provider had begun to implement new arrangements for people providing special diets. Training had been provided to the kitchen staff to create and design appealing plates of food for people on soft and pureed diets. They showed us menus and recipes to enable them to deliver more appetising food to people. At the time of our inspection the kitchen staff were awaiting delivery of the equipment to enable them to use their recent training.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people's mental capacity was assessed by the home and DoLS applications had been made to the appropriate authority. The home was awaiting the outcome of most of the applications they had made. They had notified CQC of the authorisations received to date.

Staff confirmed to us they had received an induction to the service. We saw the registered provider had put in place a booklet for new staff to introduce them to the home and the service. Staff had completed the questions in the booklet and were able to demonstrate learning in their role. One person told us they shadowed other staff until they felt confident and able to do things on their own.

We saw new staff were provided with training during their induction and were registered to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn. We saw the registered provider had integrated the Care Certificate into the staff induction programme.

Staff no longer in their induction period also continued to receive training. We saw there was a list of staff training which the registered provider required staff to complete. The list included infection control, moving and handling, health and safety, fire safety, diabetes, dementia awareness and food hygiene. Staff completion of the training was monitored by using a training matrix. The home maintained a file which contained all of the staff certificates. We saw staff were reminded to complete the training in staff meetings.

A supervision meeting occurs between a staff member and their line manager to discuss their progress, look at their training needs and discuss any concerns they might have. The registered provider's policy stated, 'All carers will receive at least 6 supervisions per year'. We checked the supervision and appraisal records in the home for 19 staff. We found whilst some staff had received supervision and had an appraisal in place, other staff had not received adequate support through the use of supervision, and in line with the registered provider's policy.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The overall size of the building was large with a number of corridors and lounges and dining rooms and areas for residents to sit and relax. The corridors were wide giving plenty of room for wheelchair access and use of hoists. We saw the registered manager since our last inspection had managed improvements to the fabric of the home for example new carpets had been laid in communal areas and the service had opened the doors between the two units upstairs making it one large unit. The management team explained this was intended to give people who wanted to walk around a bigger space.

However we observed the upstairs decor not to be very dementia friendly, for example, the carpets were a bland dark brown colour with brown coloured paint on the walls and on the dado rails which could hinder a person's navigation. Whilst bathroom and toilets had signage all the doors were the same colour white with no differentiation between people's room doors and toilet or bathroom doors. In addition many of the people's rooms did not have a name on them for people who could be confused. We found no attempt had been made to enable people to identify their rooms by using either current photographs or ones from the past which they may recognise, or by using memory boxes outside of their rooms. This meant the physical environment throughout the home did not reflect best practice in dementia care. The NICE Guidelines 'Dementia: Supporting people with dementia and their carers in health and social care 2006 (revised April

2014)' states, "Built environments should be enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment".

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was a night shift report in place used each evening to communicate to the registered manager if security checks were done, fire safety checks were carried out and if there had been any incidents overnight. Handover information on each person was also in place. Staff had recorded pertinent details on people to hand information over to the next shift coming on duty. This meant the provider had in place arrangements to ensure staff had up to date information about the home and the people living there.

## Is the service caring?

### Our findings

People using the service and visiting relatives were very complimentary regarding the attitude of the staff. They told us "The staff treat me alright, I like it here," "It's alright. I get on alright with people" "It's very good, I was surprised, can't grumble. The staff know what I like, they know your interests" and "Over time the staff have got used to what I like and don't like, I have no problems with the staff. The staff treat me well". Visiting relatives said "The staff are lovely." One relative we talked to stated "They listen to [person's name] as a person and listen to me as a carer".

During the inspection we witnessed staff behaving in a professional, caring, helpful and sensitive manner to people. They treated people with dignity and respect by addressing the people by their preferred name and not in a patronising way.

We spent time observing care practices in the dining area of the first floor of the home and other communal areas of the home. We saw that people were respected by staff and treated with kindness. On the ground floor of the home we saw staff quickly respond to a person's needs, for example: to one person who indicated they wanted a drink and to another person who indicated they needed their hearing aids. We found people who preferred to stay in their bedrooms had access to newspapers and TV remotes so they could choose what they wanted to do.

We observed staff knock on doors before entering people's rooms and close doors when they were administering personal care or having conversations with people. This maintained people's privacy.

We observed staff treating people affectionately and people responded to staff with smiles. Staff joked with people and people responded to the humour.

We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. We heard staff address people respectfully and explain to people the support they were providing for example when they transferring a person using a hoist.

We saw staff knelt or sat down when talking with people so they were at the same level as the person they were speaking to. However we found on the first floor a member of staff telling someone who was becoming agitated due to their dementia to "Sit down" which is not good practice in the care of people with dementia.

People in the home appeared well cared for, for example, their clothes were clean and tidy. People were wearing hearing aids and glasses and people in their bedrooms had access to drinks, newspapers and TV remote controls supporting their independence.

Staff told us about people's likes and dislikes, their backgrounds and how they preferred to be cared for noting where people liked support or preferred to carry out tasks independent of staff. Staff also knew people's relatives and when relatives spoke of their family members, staff knew who they were talking about and were able to respond positively.

The registered provider had issued the managers of their care homes guidance on how to run meetings for relatives. We found the registered manager involved relatives in the home through a monthly relatives meeting. Relatives were kept up to date with events in the home and asked for their feedback and any ideas.

During our inspection we observed a number of professionals visit people in the home and saw staff answering their questions about people's well-being. Staff were able to respond to GP's and community nurses and answer questions to the satisfaction of other professionals providing reassurance that issues were being dealt with as required.

The home continued to have a smoking room for people who used the service. At the time of the inspection plans had been put in place for a smoking shelter to remove the risk of people being affected by second hand smoke. This meant the service was aiming to improve people's wellbeing.

We observed family members advocating on behalf of people to staff and we saw staff respond, for example one family member found their relative in pain and sought staff support. Staff responded with pain relief. The service had support advocates who were looking at people's best interests under the Mental Capacity Act.

We found independence was a key theme in the home. We saw the regional manager had promoted people's independence in the home and in their most recent audit had requested people be provided with jugs of juice and water on the table during mealtimes. We saw staff help people when required to obtain the drinks. In one person's plan we read the person was very private and independent. The plan went onto to guide staff as to how to promote the person's independence.

## Is the service responsive?

### Our findings

People using the service living on the ground floor of the home described how their health care needs were met. One person said "I have a special cushion which I sit on as my bottom gets sore. I have trouble with my legs. The nurse came in Monday to check my dressings and she's coming back on Friday" and "The Doctor has been in a few times". One person also described how they had been provided with a specially designed easy chair in order to meet their needs.

We found people were supported to maintain good health; during the inspection we witnessed a G.P. visiting a resident in response to a request from the service. We also met a community professional visiting the service who was working with the qualified nurse. The community professional commented that "The staff are very supportive to me." We discussed with the management team how reviews were carried out of for example people's medicines or their mental health. The management team told us their experience of working with different GP's and psychiatrist varied, some were more proactive than others in reviewing people's medicines. The management team agreed to contact the prescribing agencies to try to arrange reviews.

We saw the home carried out pre-admission assessments and found between May and September 2015, 13 people had been admitted to the home based on the assessments. Staff acknowledged this had been a significant number and it had taken them some time to get to know everyone.

The home had in place electronic records and each person had a number of care plans relevant to them for example people had in place care plans relating to skin integrity, sleeping, administration of medicines, personal hygiene, communication and end of life. Each plan had a start date and a review date. This meant there was a system in place to prompt staff to continually review people's records. The electronic records we looked at had photographs of the person with personal information and their next of kin. Each person also had a care needs summary which gave personalised information to any staff member who required a brief and immediate introduction to each person.

At the time of our inspection the service was transferring information on each person to new files. Staff told us once a person's care had been reviewed their care plans were printed off and put in their file. The home had introduced a 'resident of the day'. This meant people were allocated a day when their care files were reviewed and actions if required were taken. One member of staff explained, "We have put this in place to ensure everyone's care plans are up to date and meet the person's needs." The registered provider had in place an electronic system which identified which person's plans required reviewing and possibly updating. The staff explained to us an electronic report is updated every evening and the manager on duty can run the report to find out what actions are required each day to ensure everyone is up to date.

We looked at nine people's care records. Whilst we found some good examples of care planning we also found there was little evidence that the National Institute for Care Excellence (NICE) 'Dementia Supporting people with dementia and their carer's in health and social care 2006 (revised April 2014)' had been put into practice. We examined the care records of people living with dementia on the upstairs unit. We saw it had

been recorded in one person's care needs assessment supplied by the commissioning authority 'needs strategies in place as behaviour is unpredictable'. This was followed by a brief description of the behaviour this person may exhibit. Other than information in this person's personal hygiene plan which stated '[name of person] becomes resistive staff are to offer support and re-assurance'. There was no further detail or step by step guidance to inform staff about what they should do to support this person in a positive way to help avoid any distress or what to do when the person exhibited resistive behaviour in order to minimise the risks of escalation. There was no acknowledgement in the care plan that this behaviour was due to this person's dementia nor did the care plan acknowledge their individual needs, background, life history and circumstances. This person's care plan did not demonstrate that a person centred approach to care planning was being adopted to achieve their preferences and ensure their care needs were met.

In another person's care records on the same floor their assessment described how they could exhibit socially inappropriate behaviour. There was some information in the action section of the care plan to describe how best to support this person at this time, however, this did not address the complexity of the person's needs. There was no acknowledgement in the care plan that this behaviour was due to this person's dementia nor did the care plan acknowledge their individual needs, background, life history and circumstances. This person's care plan did not demonstrate that a person centred approach to care planning was being adopted to achieve their preferences and ensure their care needs were met.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found the service was responsive to the needs of the people; we witnessed people being moved correctly according to their mobility care plans, by hoist. We also saw people being supported to eat according to their care plans and their personal care needs supported.

The hairdresser was visiting during our inspection and a number of people were having their hair done. We talked to people about their daily activities. One person living on the ground floor of the home said in relation to activities "A bit more entertainment would be good. We had a girl who always had something on the go but she has left now". "The hairdresser has been here today. It fills your time. I haven't seen any day trips out." There was a weekly activities programme advertised on a board and the petting dog came for a visit one afternoon during the inspection. We saw people responded warmly to the presence of the dog.

We found on the upstairs units the activities for people were limited. During our observations of care practice on one afternoon we saw no activities took place which would provide interest or stimulation. We found one person had a care plan that stated they used items from a personalised rummage box, however we found the rummage box located on top of the person's wardrobe well out of reach of the resident. In response to our questions about this staff said that it was there because other residents may take the items.

We spoke with the management team about the activities provided on the upstairs unit. They told us they had experienced difficulties in putting in place structures which supported people whose dementia type illnesses were more advanced. They told us they had tried and continued to try different activities. For example games like skittles could result in a person using the skittle as a weapon on another person. The regional manager told us they tried to work with people using pinafores with different textures, however one person had tried to eat the textured material on the pinafore. The staff team had experienced trying to introduce activities relating to people's previous working lives without much success. One member of staff found two people could be engaged whilst sitting in the office and found that to be successful. They found when they held a 'wash day' and people were involved in washing this was much more successful. In the Quality Review Audit we found the registered provider had a plan for an activities coordinator to work upstairs due to the high levels of dependency needs. We found further work was required to ensure people



were engaged in stimulating activities.

We looked at people's bedrooms and saw that the majority of these areas were personalised with people's belongings. This meant people were surrounded by items which were familiar to them.

We spoke with visiting relatives and people using the service who told us they felt able to complain to the registered manager if they had any concerns. Comments received included "I haven't had cause to complain", "I would complain if I wasn't happy with the care" and "I would say something if I wasn't happy." We saw the registered manager had carried out full investigations into complaints and provided each complainant with an outcome.

## Is the service well-led?

### Our findings

There was a registered manager in post. They had been registered with the Care Quality Commission since January 2016. One staff member told us they found the manager, "Supportive." Another staff member said they had been personally helpful to them. Relatives told us they found they were able to talk to the manager and described her as, "Approachable."

The service was also visited by the regional manager on a monthly basis and they carried out a detailed audit based on the Care Quality Commission (CQC) five key questions known as a 'Quality Outcome Review'. These reviews took an in-depth view of the service. We looked at the reviews and found for example the review which was conducted in February 2016 identified specific areas for improvement. The reviews also provided support to the manager and at times questioned the practice and took a different view of the actions taken. We saw the regional manager had carried forward actions which were or could be completed at the time and noted actions where they had been completed. Advice and guidance were also given to the home to ensure people were kept safe. This meant there was a thorough review of the service by the regional manager.

The registered manager had in place a number of meetings with different groups of staff for example senior staff, heads of department and kitchen staff. This meant the registered manager was working with each section of the home to monitor service delivery and share information.

People who used the service told us they had regular meetings with the registered manager where they were able to express their views. One person said "There is a piece of paper in the lift telling us when the next meeting is. I said there should be more staff as more and more people come into the home."

We found the quality of the service was under constant review. The registered manager had arrangements in place to carry out a wide range of audits as part of the service's quality programme. We saw staff were delegated the audits according to their role. For example cleaning audits were checked by the housekeeper; regular audits of people's medicines were carried out by a staff member with a nurse background. Health and safety audits and weekly kitchen audits were also carried out by appropriate staff members.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about. This meant the registered provider was meeting regulatory requirements regarding notifications.

We saw the service had a Service Improvement Plan (SIP). The regional manager explained to us that any actions required by external agencies were put on the SIP so there was one action plan for the home. We saw action plans had been developed following both internal and external audits, which showed how and when the identified areas for improvement would be addressed. We also saw some of these actions had been carried out for example a board had been provided in the kitchen on which listed people's dietary needs and a review of people's weights had been carried out. Following an external review of the home Food Hygiene Rating we saw recommendations had been made regarding the storage of food. The manager

had responded to the review and the recommendations had been carried out.

The registered manager had carried out a survey to assess the quality of the service. The surveys were analysed and the responses were found to be largely positive. Improvement actions were put in place following the surveys. For example actions were put in place to communicate with staff that the survey results had been taken seriously.

National Care Home Open Day is when care homes welcome the public and arrange events and activities that help to create lasting links between care home residents and their local communities. Stanley Park had opened its doors to the community on National Care Home Open Day and had put events in place to attract the local community.

We saw the home worked in partnership with a number of different professionals to meet people's needs. During our inspection we saw and spoke to GP's, a community matron and district nurses. We also observed a physiotherapist visiting and saw in people's notes the staff had been in contact with dieticians, chiropodist and occupational therapists. One professional told us, "We try to work in partnership and I've not had any problems at all". Another professional told us the staff follow the guidance they had given to care for people.

Electronic records used by the service were password protected. A separate password was available for agency staff. Each staff member had their own password to gain access to people's information. Locked filing cabinets were available for paper records to maintain confidentiality. We saw the registered manager was able to access updated information on an electronic report each morning which identified if there were any gaps in the records for example if a person's ethnicity was missing from the electronic records. The same electronic report told the manager if people's care records were due for updating. This meant the registered provider had a system in place which prompted staff to update records and ensure their accuracy.

Having introduced a 'resident of the day' we saw the service had a system for ensuring everyone's records were accurate. Each person's was allocated to a specific day in the month and we observed staff updating records for the people allocated to days we carried out the inspection

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The design of the care and treatment for people on the upper floor required improvement to provide guidance for staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises had not been sufficiently adapted to meet the needs of people with dementia type conditions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not in receipt of appropriate levels of supervision.