

Park Care Limited

# Park Grange Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 12 June 2017 and was unannounced. We carried out an inspection in June 2016, where we found the provider was not meeting all the regulations we inspected. We found opportunities to communicate and share information with staff were limited. The registered provider and registered manager were not seeking and acting on feedback from relevant persons for the purposes of continually evaluating and improving the service, staff were not provided with adequate supervision or appraisal to carry out their jobs or roles safely and recruitment procedures did not ensure fit and proper persons were employed. We told the provider they needed to take action; we received an action plan telling us what they were going to do to ensure they were meeting the regulations. At this inspection we found the home was still in breach of regulations 17 and 19, we also found additional areas of concern.

Park Grange is registered to provide accommodation and personal care for up to 30 older people. The home occupies a central position in Kendray, near Barnsley, close to local shops and other amenities.

At the time of this inspection the home had 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.

Recruitment procedures were not robust. Relevant background checks had not been completed to ensure staff were of good character and fit to care for vulnerable people. The administration of medicine was mostly well managed, but the process and procedures for the administration of topical medications and guidance for PRN medicines needed further work.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People told us they felt safe at the home and staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risks to people's safety were assessed and acted on, however, some people's risk assessments and personal emergency evacuation plans required strengthening.

People were protected by sufficient staff, all of whom had the skills and experience to offer appropriate care and were well deployed within the home. Staff received the training to meet people's needs and attended regular supervision meetings.

Staff we spoke with could tell us how they supported people to make decisions and they always offered choice. The care plans we looked at did not contain appropriate decision specific mental capacity assessments. Some best interest's discussion and decisions had not taken place. We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were mostly met and people had access to healthcare services to make sure their

health care needs were met. People valued their relationships with the staff team and felt they were well cared for. However, we saw two people had limited interaction from staff. Staff respected people's privacy and dignity and this was evident in the way they dealt with personal care needs in a sensitive and discreet manner. Although, when we looked at care plans we noted the use of disrespectful language.

We found the home was well maintained, bedrooms had been personalised and communal areas were comfortably furnished. People reported little interest in joining in with activities but there was a range of activities available within the home.

Staff had a good knowledge and understanding of people's needs and worked together as a team. However, people's care plans did not always contain sufficient and relevant information to provide consistent, care and support.

Complaints were welcomed and were investigated and responded to appropriately.

We found quality assurance systems were not working well, and needed to be improved to ensure people receive a consistent quality service. Staff reported communication with the registered manager had improved and the atmosphere in the home was a lot better.

People and staff had opportunity to comment on the quality of service and influence service delivery.

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

## The 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 always safe.

Recruitment procedures were not robust. Medicines were mostly well managed, but the process and procedures for the administration of topical medications and guidance for PRN medicines needed further work.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened. Risks to people's safety were assessed and acted on, however, some people's risk assessments and personal emergency evacuation plans required strengthening.

There were enough staff to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective in meeting people's needs.

Staff we spoke with said they always offered people choice. We saw people's capacity assessments were not decision specific and some best interest's discussion and decisions had not taken place. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Staff were inducted and trained to ensure they had the skills and knowledge to meet people's needs and staff had the opportunity to attend supervision.

People's nutritional needs were mostly met and people attended regular healthcare appointments.

### Is the service caring?

**Good** ●

The service was caring.

People valued their relationships with the staff team and felt they were well cared for. However, we saw two people had limited interaction from staff.

Staff understood how to treat people with dignity and respect.

Visitors told us they were made to feel welcome by staff.

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

The service was not always responsive to people needs.

Care plans were in place but were not always up to date or contained accurate information. There was some use of disrespectful language in the care plans.

There was opportunity for people to be involved in a range of activities within the home and the local community if they wished to take part.

A complaints procedure was in place and people told us they would raise any concerns with the registered manager.

**Requires Improvement** ●

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

The service was not always well-led.

Staff reported communication and approachability of the registered manager had improved. The provider had systems in place to monitor the quality of the service; however, these were not effective.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through meetings and daily interactions.

**Requires Improvement** ●

# Park Grange Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 12 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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 service.

At the time of inspection there were 21 people living at Park Grange Care Home. We spoke with 11 people who used the service, two relatives, three visitors, nine members of staff, the deputy manager and registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care plans.

Before the inspection, 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 reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2016 staff recruitment checks did not include all the relevant information and documents. At this inspection we found there were still concerns with recruitment checks.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We looked at three staff's recruitment records for 2017. All three records we checked contained the staff member's Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

In the staff files we looked at the full set of information and documents required as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not in place, including a full employment history together with a satisfactory written explanation of any gaps in employment. We also noted it was not always clear who the candidates references had come from and their last employer had not always been approached. These gaps meant the provider could not be sure they employed fit and proper persons. When we spoke with the registered manager they agreed there were still some gaps with recruitment process.

In the PIR the registered provider stated, 'recruitment systems are in place. The service ensures that Disclosure and barring checks and pre-employment checks are obtained'.

The evidence above shows the registered provider was still in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We looked at the administration of medicines within the home and found this was mostly well managed. We observed a medicines round and saw some staff practice was good. We saw staff received medication training and their competency was routinely checked.

Most medicines were administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR's showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and any allergy information.

Records of the medication room and drug fridge temperatures were checked daily. However, we noted the medication room temperature exceeded the recommended level when the window was closed. For example, on 3 June 2017 the room temperature was 27 degrees. A staff member told us the window was closed due to the maintenance person carrying out work. Medicines may spoil and become unfit for use if

they are not stored correctly. The medication room was locked when not in use.

Some people had medicines to be taken 'as and when required', also known as PRN medicines. However, there was no written guidance to help staff understand the dosage and how a person communicated they may need the medicine, including non-verbal indicators such as changes in body language or position. We checked stocks of these medicines and found they were correct.

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

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. The TMAR's had information about which parts of the body the cream needed to be applied, however, it was not clear how often the creams should be used. For example, we looked at one person's TMAR dated 9 June 2017 for Zerobase cream which stated 'apply as needed'. We noted this had been applied every morning. Another person's TMAR dated 9 June 2017 stated hydromol cream 2.5% 'use as directed'. We again noted the cream had been applied each day. One staff member told us they were going to look at everybody's creams and obtain guidance from their GP.

In the PIR the registered provider stated, 'the service ensures that people receive their medication as prescribed. The service follows current and relevant regulations and guidance and there are clear procedures for giving medicines'.

We recommend the management team review the process and procedures for the administration of topical medications across the home and guidance for PRN medicines in line with the National Institute for Health and Clinical Excellence guidelines.

Care plans we looked at showed people had risks assessed which included falls, pressure care and nutrition. Although we noted one person's risk assessment for bedrails was dated 28 July 2014. We saw general health and safety risk assessment were in place and included passenger lifts, wheelchairs and the management of sharps. However, these were not risk rated and the registered manager said they had started to re-write new risk assessments which would be better. We were not shown an example of these.

We observed staff were alerted and responding quickly, to an alarmed seat cushion used by a one person who used the service who was at risk of falling.

We saw people had personal emergency evacuation plans (PEEP) in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. However, we noted one person's PEEP dated 23 November 2016 contained basic information and did not record the person would require a wheelchair and staff assistance. We saw another person's PEEP which stated 'immobile' and did not record they would require assistance of two staff and hoisting from their bed to the wheelchair. We saw equipment had been regularly tested and all the certificates we saw were in date. For example, gas safety certificate was dated September 2016 and the certificate for the testing of small electrical items was dated December 2016.

We looked around the home and found the premises were clean and tidy. The upper floors of the home were accessible by a lift, but steps were also available in an emergency. We saw the home's fire records, which showed fire safety equipment was tested and fire evacuation procedures were practiced, fire



extinguishers were present and in date. There were clear directions for fire exits. We saw certificates which showed staff had received fire safety training. Repairs to the home were carried out in a timely manner.

People we spoke with told us they felt safe living at the home. One person said, "I feel very safe here. It is better than being at home."

The staff training records we saw showed staff had completed safeguarding training. Staff were clear about how to recognise and could identify types of abuse and knew what to do if they witnessed any incidents. Staff were confident any concerns they had would be dealt with by the management team. They were also aware of the whistle blowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service, if they felt they were not being dealt with effectively. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

People reported that when the call button in their room was pressed a staff member responded promptly.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member told us, "We are recruiting for more staff, but generally staffing is ok." Another staff member told us, "There is generally enough staff and we cover shifts if needed." A healthcare professional told us, "They always free somebody up to come with me to see people."

We found staffing levels were sufficient to meet the needs of people who used the service. At the time of this visit there were 21 people living at Park Grange Care Home. The registered manager told us the staffing levels agreed within the home and the day care area of the home were being complied with, and this included the skill mix of staff. We looked at the homes staffing rotas for May 2017, which showed the calculated staffing levels were maintained so people's needs could be met. The registered manager explained two staff were provided at night and an on call system was in place.

The registered manager explained where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. Staff we spoke with confirmed this and stated agency staff were never used. The registered manager said this ensured there was continuity in the service and maintained the care, support and welfare needs of the people living in the home.

The registered manager told us there were no current disciplinary procedures in progress.

## Is the service effective?

### Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2016 the provider had not taken appropriate steps to ensure staff had received the necessary levels of supervision or appraisal. At this inspection improvements had been made with staff supervision and appraisals, however, mental capacity assessments were not decision specific.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us most people had capacity except for one person who had an authorised DoLS in place and a DoLS application had been submitted to the local authority for another person.

We observed staff supported people to make choices throughout the day. The registered manager and staff had an understanding of the MCA. One staff member told us, "People have choice and can generally make their own decisions." Another staff member said, "Choice is always offered." A third staff member told us, "Most people can tell you what they like." When we asked staff about DoLS, they did not have a clear understanding of who was affected by DoLS. We spoke with the registered manager who said they would make sure this was addressed.

In the PIR the registered provider stated, 'the service understands the requirements of the Mental Capacity Act 2005, its own codes of practice and Deprivation of liberty Safeguards and puts them into practice to protect people'.

We saw two people's mental capacity assessments dated February 2015 which were not decision specific. For example, one person's MCA had a list of questions which were all answered but did not state what the decision was staff they were assessing them against. Similarly the second person's mental capacity assessment did not state what decision their capacity was being assessed for.

The care plans we looked at showed consent had not always been sought from people who used the service and/or mental capacity assessments had not been completed. For example, we saw one person's care plan showed a flu vaccination consent form dated 12 October 2016 which had been signed by a staff member; we were not able to see if an MCA or best interest's decision had been completed for this.

We also saw one person's care plan for bed rails dated 24 June 2016 which stated, 'found on bedroom floor in 2014 and had suffered facial bruising as a result of falling out of bed and it was decided that bedrails would be fitted'. However, there was no best interest record or discussion in relation to this decision.

The care plans did not contain decision specific mental capacity assessment or best interest decisions. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Staff we spoke with confirmed they received supervision where they could discuss any issues on a one to one basis. One staff member told us, "I feel like I get them all the time. I have also had an annual appraisal. It was quite nice and I got positive feedback." Another staff member said, "Supervisions have improved." They went on to say they had received an appraisal and this was a joint discussion.

We saw evidence of regular individual supervisions and appraisals had taken place. This meant systems were in place to support and develop individual staff member's skills. The registered manager showed us a record of staff supervisions; however, this required some updating as it had not been completed for 2017. Following our inspection the registered manager submitted a revised supervision record.

Staff we spoke with told us they received training which was relevant to their role and they had been encouraged to undertake training for National Vocational Qualifications. One staff member said, "My training is up to date." Another staff member said, "Training is very good and it refreshes your memory." A third staff member said, "Training is a good refresher."

We looked at staff training certificates which showed staff had completed a range of training sessions, and covered all relevant health and safety topics such as moving people, insight to dementia, nutrition and hydration and tissue viability. The registered manager said most of the training was carried out face to face. This ensured people continued to be cared for by staff who had maintained their skills. The registered manager said they had a mechanism for monitoring training and which included training which had been completed and what still needed to be completed by members of staff, however, this required some updating. Following our inspection the registered manager submitted a revised staff training record.

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure and training. One staff member told us they had completed training and shadow shifts during their induction.

People we spoke with were complimentary about the quality and quantity of food offered. Comments included, "I like all the food", "Food is lovely", "The food is good", "Food is marvellous and it is lovely. There is a good choice at breakfast. Lunch is a set meal", "The food is ok but we don't get a lot of drinks" and "Food is ok."

We observed the lunch time meal in the dining room but people were able to choose where they wanted to eat their meal. We saw this was not rushed, people clearly enjoyed their meal and the food looked freshly cooked and appetising. One person said, "We don't go short of food." We saw most people ate unaided but where needed, assistance was given by care staff and plate guards were in use for several people to avoid food being pushed off the plate. We noted one person was sitting insufficiently close to the table with food being dropped into the resulting gap, onto clothes where aprons were not being worn.

We saw snacks and drinks were available throughout the day with staff having access to the kitchen. During one drinks round we noted several residents in one lounge were missed and only later was this realised and

rectified. We brought this to the attention of the registered manager during the inspection

We spoke with the chef who was able to fully explain peoples likes, dislikes and were aware of people's dietary needs, for example, people that required a diabetic diet. The chef told us they had a four weekly menu with one choice of main course and one choice of pudding for the lunchtime meal. They said people were able to have alternatives if they wished. We saw the list of meal requests and it evidenced where people had asked for something other than the main option they had received this.

Staff we spoke said, "People have what they want, the food is good quality and hot. There are always plenty of snacks and drinks. Most people eat independently but some need a little encouragement", "There is plenty of fresh food and people have choice" and "Food is lovely, people have loads of choice and the [name of chef] is a really good cook and baker."

We saw from the care plans a record was kept of what each person had eaten at mealtimes, however, we noted staff were recording 'all' or 'half' and did not say how much the person had been offered. This was then difficult to tell how much a person had eaten.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP's, dieticians and chiropodists. We also saw people attended external health appointments which included dermatology departments.

Staff we spoke with told us, "If people are unwell the doctor would be called. The dentist , optician and chiropodist come to the home when needed", "The doctor is coming today and both the optician and dentist come in" and "If I have any concerns I would contact 111 or the GP." We observed a person who was feeling unwell being gently questioned and supported by two staff members as to their wishes. The result was a request for a doctor to attend which they did within two hours.

We spoke with three healthcare professionals who visited the home on the day of our inspection. Comments included, "All the staff know people well and their routines. They are good with pressure care and instructions are carried out straight away" and "They follow advice and guidance."

In the PIR the registered provider stated, 'the service engages with Health and Social care agencies, links are excellent where people have complex needs and continued health needs, staff always seek to improve their care, all routine health needs are met. The service ensures the appropriate referrals are made to other health and social care services'.

# Is the service caring?

## Our findings

At the last inspection in June 2016 we rated this key question as good.

People we spoke with were happy living at Park Grange Care Home. Comments included, "We are lucky to have this place", "It's all right here", "I did not choose this home but I like it here. Staff are good; they have a laugh and a joke with us. It's a nice atmosphere"; "My family looked at several homes. This place was chosen because I liked the set-up and the nice staff. I brought my own bed and some other things. I like the friendliness. The care staff are very good. There is nothing to improve"; "I was brought here from my home. My family was involved", "I am comfortable here. All the staff care for us well" and "They look after us well. I have been here before. I like it here. It is homely."

Relatives we spoke with were positive about the standard of care provided by the home. They said they were happy with the accommodation and care standards. One relative said, "We did have a choice of home but I had heard good things about this place. My family member seems settled and well looked after." Another relative said, "[Name of person] does seem happy, with clean clothes and is well-fed. I can't think of any improvements needed." A healthcare professional told us, "I have found staff to be helpful, supportive and engaging." Another healthcare professional said, "It is one of our favourite homes."

Staff we spoke with were confident people received good care, comments included, "I had heard good reports of this home and this was borne out when I came here. Staff are excellent. The residents are lovely. I chat with them as much as possible. I also go shopping for some", "Working here is not about the money, it's about the culture and atmosphere. I tried working elsewhere but came back. I expect to be here until I retire" and "People are well looked after and the team is good."

Staff interactions with people were observed to be positive, enthusiastic and cheerful, with good use of banter and humour. We observed experience and skill being used by staff, including assisting people to stand and transfer to wheelchairs. The predominant atmosphere was of creating contentment and comfort, which all of the people we spoke with reported they liked.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

However, we noted one person was sat in the lounge and staff did not interact or speak with the person during our morning observations. We also noted one person spent time outside with little interaction between them and the care staff. We observed one staff member go outside to where the person was but did not engage with them.

Staff spoke about the importance of ensuring people's privacy and dignity was respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. One staff member said, "I knock on people's doors, close the curtains and make sure people are covered when I support them with personal care."

During our inspection a staff member spoke proudly of ensuring people had clean laundry.

We observed people were treated with dignity and respect by staff who were focused on providing a comfortable and safe environment. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Staff and the registered manager we spoke with were able to identify how they helped maintain people's equality, diversity and human rights. We saw the 'statement of purpose' stated 'people have the right to attend a place of worship of his or her faith'. There were equality and diversity information displayed in the entrance to the home. We saw there were no restrictions on visiting times and visitors reported they felt welcomed.

In the PIR the registered provider stated, 'people that use the service are aware and know and have access to advocacy services support that are able to speak on their behalf'.

## Is the service responsive?

### Our findings

At the last inspection in June 2016 we rated this key question as good.

Care plans we looked at contained information on people's care and support needs. However, we saw these were not always detailed, person centred or updated.

One person's care plan for pressure area care was recorded on a piece of paper and stated only 'mattress refuses to sit in wheelchair'. No further information had been recorded but this had been evaluated monthly. We also saw the same person's mobility care plan had been hand written on a piece of paper with very little information and had been evaluated monthly. We saw a detailed mental health care plan had been completed by the person's care co-ordinator in April 2017 but this had not been transcribed into a care plan. We noted the person had been recorded as having diabetes in a monthly review by the keyworker; however, the person did not have a diabetes care plan.

The person's personal care plan dated July 2016 showed another person's name and referred to them with the wrong gender.

Another person's monthly reviews from 2017 included information from a dietician regarding ways in which the person should be supported to gain weight. This included being offered milkshakes, fresh orange juice and second puddings. We noted the person's nutrition care plan had not been updated with this information. We noted the person had been treated by dermatologist but there was no skin integrity or pressure area care plan in place.

We saw from the person's personal care, care plan dated January 2017 in one section they required the assistance of two care staff and in another section only required assistance from one care staff. In the person's diet and fluid care plan dated February 2017 in one section they required one and a half scoop of a thickener in their drinks and another section stated they required two scoops. Adding thickener to drinks helps people to swallow more safely. The person's continence assessment was dated January 2012; therefore the person's care and treatment may be out of date.

A third person's night time care plan stated they required full assistance at bedtime but it was not clear what 'full assistance' meant and there was no guidance for staff. We noted the person used a specific type of chair; however, there was nothing recorded in the care plan regarding this. We saw the person's mobility care plan dated April 2016 did not record how they should be moved safely, what size sling they required or hoist type when staff were moving them from the chair to their bed for example.

We asked staff about people's pressure cushions and how they knew which type of pressure cushion people were assessed as requiring. Staff said it was in people's care plans and the pressure cushion had the name of the person written on. However, we saw one pressure cushion in a chair in one of the lounge areas did not have a name on. Two staff members were not sure who the pressure cushion belonged to and said it must be [name of person]'s cushion. One staff member looked in the care plan for the person and it was not clear

if the pressure cushion belonged to them.

We saw a record was kept of what each person had eaten at mealtimes and their fluid intake during the day. We noted at the top of the fluid intake chart recorded 'this is a 24 hour chart please do not stop recording at 6pm'. However, we saw one person's fluid chart only recorded what the person had drunk in a set number of hours during the day.

In the PIR the registered provider stated, 'support is set out in a written care plan that describes what staff need to do to make sure that personalised care is provided'.

We noted in the care plans we looked the tone of language used was not appropriate and was disrespectful.

The care plans we looked at had not always been updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant we could not be sure people were receiving appropriate care and support to meet their needs. This was a breach of regulation 9 (3)(b) (Person-centred care); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they operated a key worker system for people who used the service which involved mainly ensuring a person's personal care and effects were appropriate and in order, reviewing care plans and liaising with their relatives and health professionals. The registered manager told us the key worker spoke with the person each month about their care and care plan; however, they said this was not recorded. One person told us, "I was not involved in my care plan." A relative told us, her son was involved in the care plan as they had most contact with his mum.

Staff we spoke with told us, "Care plans have plenty of information but they are a bit lengthy." Staff demonstrated good knowledge of people care and support needs.

People we spoke with expressed limited interest in activities. Comments included, "I don't get involved in activities. I am not bothered", "My family takes me out sometimes" and "I play dominoes and do some knitting."

We saw activities available included a range of crafts and games. We noted a visiting tribute singer had been popular but attempts to develop engagement in chair-based exercise activities had only minor success for a few minutes and therefore, was not repeated. We observed people engaging successfully in a word search activity. We saw one person participating in a game of dominoes, encouraged and supported by a staff member. However, when the staff member left the group for some minutes, the person lost direction and wanted to cease playing. They became re-engaged in the game when the staff member returned.

One staff member said, "People have lots of options but don't always want to take part. People play dominoes and take part with day care activities." Staff we spoke with reported people liked reminiscing.

We saw the home had a complaints policy and this was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction.

There were effective systems in place to manage complaints. The registered manager told us they had not received any recent formal complaints. They went on to say they had received a couple of 'niggles' but had not recorded these. Although, they said these would be recorded in the future.



We saw the home have received compliments recently which included, 'it is good to see the home making dementia friendly improvements', 'staff are excellent they know all the resident's needs, which is achieved', 'we are all very impressed with the care [name of person] has received whilst a resident, food is very and excellent staff' and 'brilliant care'.

## Is the service well-led?

### Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in June 2016 communication was not good in the home, staff morale was poor and staff were unable to share their views or approach the registered manager. At this inspection improvements had been made with communication and staff morale, however, quality monitoring was not always effective.

Staff were observed to be very positive and happy. Many staff had worked at the home for a number of years and found it a good place to work. Staff we spoke with told us communication with the registered manager had improved. Comments included, "It is much better now, communication is better and [name of manager] listens. The atmosphere is loads better", "I love it here, better team and better communication" and "I have settled and am happy, we are a nice bunch. Communication has got better; it is a nice little home."

One healthcare professional told us, "People are happy. Staff do their best and the manager knows the residents. I have nothing bad to say, it is friendly and staff are approachable." Another healthcare professional said, "They are one of the better homes. They put things into place themselves."

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. They said they carried out a walk round of the home each day to check if everything was ok but did not record this information. The registered manager also showed us an audit findings sheet which included checking if procedures had been followed, were staff and resident's clean and smart, equipment and documentation. Although this had started in April 2017 we did not see a completed copy and the registered manager said they would send copies of April and May 2017 audits to us. Following our inspection we did not receive copies of the audits.

We saw an infection control audit had been completed weekly up until the beginning of March 2017. The registered manager told us they did not have any further weekly audits after this date. We saw monthly mattress and pressure relieving cushion audits for May 2017; the registered manager told us they only started these in May 2017. We saw some audits had been carried out monthly but they were just a list of tick boxes and were not effective in identifying actions. For example, we saw the medication audit for May 2017 which had not identified the concerns with medication that were found during this inspection. In the PIR the registered provider stated, 'the service has changed pharmacy to ensure that regular audits are put in place, this will improve safe handling of medication for people, the pharmacy we used had stopped doing any audits'.

We found during the inspection the staff training and staff supervision overview records were not up to date. The registered manager said they would send copies of these to us. Following our inspection we did receive copies of the overview records. We saw some care records were not kept secure.

We saw the provider's general health and safety risk assessment were not risk rated and the registered manager said they had started to re-write new risk assessments which would be better. We were not shown an example of these.

We saw food and fluid intake charts for people who used the service were not monitored by the registered manager, therefore, they could not be sure if people's nutrition and hydration needs had been met. For example, we noted one person's food intake chart had been completed on the day of our inspection stating '[name of person] ate all their meal'. However, during our lunchtime observation we noted the person had only eaten approximately 70% of their meal.

Care plans we looked at were not always accurate, consistent and updated. In the PIR the registered provider stated, 'the service defines quality from the perspective of people using the service and involves them. Quality assurance is in place and used to drive continued improvement'.

Staff told us they felt the culture in the home had improved, and changes had been made which they felt were positive, however, we found there were records that were not accurate or contemporaneous. This meant the registered manager did not appropriately manage risks relating to the health, welfare and safety of people who used the service. This was in breach of regulation 17 (Good Governance); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff reported the staff meetings were more frequent now and productive in producing a good team ethos. They stated, "Management is approachable and listens." We saw regular staff meetings took place and included discussion about clothing, clinical waste, bathing and showering, cleaning and creams. There was a handover at each new shift, where information was exchanged so staff could keep a track of changes for individuals and if there were any up and coming events.

We saw resident meetings were held monthly and discussions included food menus, bedrooms, laundry and activities. We saw from the March and May 2017 minutes people had asked for specific activities. One staff member told us they were in the process of implementing a 'knit and natter' group and an external singer had recently visited the home.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care plans we looked had not always been updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant we could not be sure people were receiving appropriate care and support to meet their needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care plans did not contain decision specific mental capacity assessment or best interest decisions.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found there were gaps in potential staff's employment history and it was not clear who had been approached to provide a reference.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Staff told us they felt the culture in the home had improved, and changes had been made which they felt were positive, however, we found there were records that were not accurate or contemporaneous. This meant the registered manager did not appropriately manage risks relating to the health, welfare and safety of people who used the service.</p>

### **The enforcement action we took:**

Issued a warning notice