

Athena Healthcare (Park Road) Limited Parklands Lodge

Inspection report

80 Park Road
Southport
Merseyside
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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?	Good	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

This inspection of Parklands Lodge took place on 17 April 2018 and was unannounced.

Parklands Lodge is a purpose built 'care home' offering nursing and personal care for up to 70 People. The care home is located close to Southport town centre near Hesketh Park. Care is provided over four levels in different units depending on people's level of individual need; Meadow Park, Bluebell unit, Daffodil Park and Tree Tops. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 67 people living in the home.

This registered manager had recently submitted their notice and was no longer working at the service. 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. Suitable arrangements were in place to ensure the effective management of the service in the interim period through the oversight of the deputy manager and compliance and support manager for the organisation.

At the last inspection on 30 March 2017, we found that the registered provider was in breach of Regulation 12 (Safe care and treatment). Following the last inspection, we asked the registered provider to complete an action plan to tell us what they would do and by when to improve. We received an action plan dated 2 May 2017 that outlined what improvements the registered provider intended to make to improve the safety of the service. At this inspection, we found that registered provider remained in breach of Regulation 12 and we identified a further breach of Regulation 17 (Good Governance).

At the last inspection we identified concerns with the way medicines were managed at the service. This was because the recording of medicines was not always clear or consistent and the audit processes were insufficient to ensure anomalies were identified. At this inspection, we found that medicines were still not managed safely at the service and quality assurance procedures were not robust.

Records contained contradictory information regarding people who required thickened fluids. The guidance in respect of what consistency the person needed was unclear and staff spoken with gave conflicting information. Support plans in place regarding PRN (as needed) medication did not always include important information to guide staff on safe administration such as the recommended time intervals between administrations. Medication Administration Records were not always updated to document people's current medication, such as homely remedies.

Audits in place to check the safety of medicines were not robust because they had not identified the issues we found during the inspection. In addition, when errors were identified through the internal audit system, there was no clear evidence of remedial action taken in response. This meant that processes in place to

monitor the quality and safety of the service were not always effective.

We have made a recommendation about staffing. We received mixed feedback from people, their relatives and staff themselves about the staffing levels within the service. Some people told us they had to wait for support and staff reported, and were observed, to be stretched.

We have made a recommendation about staff training and supervision. Staff received training to assist them to be effective in their role and an annual appraisal. Staff we spoke with felt relatively well supported and thought they had the skills and knowledge to complete the jobs effectively. However, we identified gaps in the training and supervision schedule at the service, a recurrent theme from our last inspection.

The registered provider had a number of different systems in place to assess and monitor the quality of the service. This included regular audits of areas such as care plans, infection control, the environment and accident and incidents. However, we identified that these checks were not always effective because actions, such as maintenance and repairs, were not always addressed in a timely manner.

All of the people we spoke with who used the service told us they felt safe when receiving care and support from the staff at Parklands Lodge. Staff were recruited safely because pre-employment checks were completed to ensure they were suitable to work with vulnerable people. There was a safeguarding policy in place and staff were able to describe what course of action they would take if they felt someone was being harmed or mistreated.

Risk assessments were sufficiently detailed and contained information regarding how to manage risks appropriately. Procedures were in place to analyse accidents and incidents with a focus on future learning and prevention.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us that consent was sought and staff offered them choice before providing care. DoLS applications had been made appropriately and included any restrictions in place and consent was sought in line with the principles of the Mental Capacity Act 2005.

People spoke positively about the food served at the service. People were supported with their nutrition and hydration intake when required. Staff made referrals to a variety of health and social care professionals when required to support people to maintain their health and well-being.

People told us they liked the permanent staff team who supported them. Staff were mindful of how to preserve people's dignity when providing personal care. Staff explained the ways in which they supported people to be involved in everyday decision-making to encourage their autonomy and independence.

Care plans were sufficiently detailed and documented people's preferred routines and individual preferences. This enabled support to be provided in a person centred way. Care plans were reviewed on a monthly basis and any changes in support needs were clearly recorded.

People and their relatives had access to a complaints procedure and a suggestion box was available in the home to enable people to raise any concerns. A record of complaints was held and these had been responded to in accordance with the registered provider's policy. People also had the opportunity to contribute to service delivery through resident and relative meetings and surveys.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred within the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Parklands Lodge care home.

The required improvements to the service identified at our last inspection in March 2017 had not been implemented. The registered provider remained in breach of regulation around medicine management and there continued to be a lack of effective audit systems and processes to check the quality and safety of the service.

You can see what action we told the registered 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?

The service was not safe.

Medicines were not managed safely within the service and audit processes were not sufficient to identify errors.

We received mixed feedback around the staffing levels at the service.

Risk assessments had been completed to assess and monitor people's health and safety and actions had been taken to mitigate identified risks.

People felt safe and there were processes in place to help make sure people were protected from abuse.

Requires Improvement 

Is the service effective?

The service was not always effective.

At our last inspection we identified a lack of consistency regarding the standards around training and supervision of staff. On this inspection, we found this remained an area for further development.

Staff followed the principles of the Mental Capacity Act (2005) and consent was sought before providing care and support.

Staff worked with a variety of health and social care professionals to ensure people received the support they needed

Requires Improvement 

Is the service caring?

The service was caring.

Positive relationships have been developed between people and the staff at the service. People spoke positively about the permanent staff who supported them.

People told us their privacy and dignity was supported by staff.

Visitors were welcomed at the home which encouraged

Good 

relationships to be maintained.

Is the service responsive?

The service was responsive.

People's care records contained relevant and up-to-date information about the support they required.

Complaints were documented and appropriately responded to in accordance with the registered provider's policies and procedures.

Arrangements were in place to support people in a sensitive manner at the end of their lives.

Good 

Is the service well-led?

Requires Improvement 

The service was not well-led.

Systems in place to monitor the quality and safety of the service, such as audits, were ineffective. The required improvements had not been implemented following our last inspection.

There was no registered manager in post but appropriate arrangements were in place to manage the service in the interim. Staff felt supported by the deputy manager of the service.

The registered provider was aware of their responsibilities to inform the Care Quality Commission of notifiable events that had occurred at the service. Ratings from the last CQC inspection were displayed.

Parklands Lodge

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 17 April 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, caring for a person living with dementia.

Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams to seek their views about the service. They raised no concerns about the care and support people received. We also considered information we held about the service, such as notification of events and incidents which occurred at the service which the registered provider is required by law to send to CQC. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

As part of the inspection we spoke with six people who used the service and seven of their relatives. We spoke to the nominated individual for the service, deputy manager, compliance and support manager, compliance administrator and 10 members of care staff. We also spoke to the head housekeeper, two activities co-ordinators, a visiting chiropodist, the maintenance person and the chef. We reviewed care plans for five people who used the service, Medicines Administration Records (MAR) for eight people, three staff personnel files, staff training and development records as well as information about the quality assurance and management of the service. We observed the lunchtime service and staff interaction with people who lived at the home at various points during the inspection.

Is the service safe?

Our findings

At the last inspection on 30 March 2017 we identified concerns in relation to the safety of the medicines. This was because recording was not consistent and therefore it was not always clear when medication had been administered to people. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. During this inspection, we found that medication was still not being recorded accurately and this posed an ongoing risk to people's safety.

A specialist medicines inspector looked at how medicines were handled at the service. Medicines were stored safely and temperatures of the facilities were monitored and recorded. People all had a photograph, their GP and any allergies recorded on their files.

We looked at Medicines Administration Records (MAR's) for eight people in detail. We found that people's administration records were not always completed accurately. Homely remedies, such as cough medicine or indigestion remedies, can be bought over the counter for occasional use. Two people had received homely remedies but their MAR had not been updated to show when the remedies were administered to people, despite this being outlined in the registered provider's medicine policy. There was a risk that people could be given too much of a medicine, such as paracetamol, if accurate records are not maintained.

We checked a sample of medication stock and found two discrepancies, where the stock of medication did not match the administration records, so we could not fully account for these medicines. We looked at topical medicines and found two people had no stock of their prescribed cream. Another person who received their medicine in a patch did not have the position rotated when it was replaced, in line with manufacturer's guidance.

Some people were prescribed one or more medicines to be given PRN (when required). Additional information to guide staff on safe administration was not always available and some supporting information lacked clarity. Some people living on Bluebell unit had instructions printed directly from their care plan; however, these records did not contain essential information such as the strength, dose or maximum dosage prescribed. This information is required to guide staff on how to give medicines safely.

We looked at how the home managed people who received their medicines covertly, hidden in food or drink. There was conflicting information in one person's record as to whether or not they should receive their medicine without their consent. Staff were unable to provide us with details regarding capacity and best interest decisions being made in relation to this practice. In addition, there was no evidence to show that a pharmacist had advised staff on how to disguise each medicine without reducing its effectiveness. The registered provider sent us information following our inspection but these records did not reflect the current medicines prescribed.

A number of people were prescribed a powder to thicken their drinks because they had difficulty swallowing. One person's records contained conflicting information as to the required consistency of their drinks, and staff provided conflicting information as to the quantity of thickener they used to prepare the person's

drinks. We found a tin of thickening powder for a second person and staff told us it was no longer prescribed. A third person's record, showed the prescribed amount of thickening powder to be used to prepare their drinks, however, staff had not prepared drinks for the person in line with the guidance provided. Fluid intake charts for people who required thickener did not record the amount of thickener used. The lack of consistency and attention taken to prepare drinks put some people at risk of choking.

The action plan which the registered provider sent to us following the last inspection outlined a series of increased medication audits to improve practice in respect of medication management to ensure more comprehensive oversight. During this inspection, records showed that some audits (checks) were carried out weekly and that these were reviewed by the manager. These audits looked at one person's records per week per floor; however, they were not robust. This was because they did not evidence what remedial action had been taken in response to errors identified and information was not analysed to identify trends. In addition, controlled drugs audits were not completed weekly in accordance with the registered provider's policy. As in our previous inspection, the registered provider did not have any effective medicines audit plans in place. This meant there was a risk that medicines errors may not be identified and prevented from re-occurring.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The registered provider's training records did not show that all staff who were responsible for administering medicines had undertaken an annual assessment of their competencies; however the managers had a plan in place to address this in accordance with their action plan received following the last inspection.

People told us they felt safe living at the home. Their comments included; "There's always people [staff] around" and "The security arrangements make me feel safe, people can't wander in off the streets." Relatives told us, "I know every one of these people here and [relative's] perfect" and "The carers are very kind and [relative] has an alarm on their chair."

We checked to see if there was sufficient staff to provide people with care and support in a timely manner. We reviewed a sample of staff rotas and saw that there were sufficient numbers of staff rostered to meet people's needs effectively and in accordance with the registered provider's dependency tool. However, on the day of inspection staffing levels were below the registered provider's preferred levels due to reported staff sickness. Some staff told us this was an ongoing issue and the recommended staffing levels were not maintained due to sickness and communication errors over the staffing rota. Staff told us the contingency arrangements when this happened were disruptive because staff would be taken from other floors thus not addressing the issue at hand. We noted evidence of this during our inspection when a carer was redistributed to another floor to assist.

People's responses in respect of staffing levels were mixed. Some people told us there was enough staff to support them however this feedback was not consistent across all of the units. Two people told us they had to wait for assistance to go to the toilet and this sometimes resulted in accidents which left them feeling undignified. We asked relatives if they thought enough staff had been available to safely meet people's needs. Comments included; "It was, but there's been a reduction in staff a month ago", "No, there can be agency staff and last month they started moving staff between floors" and "No there's only 12 people on here and seven need assistance and sometimes there's only two staff. There's nobody to watch them."

We noted that staff appeared stretched during mealtimes which impacted upon the quality of the interactions between staff and people they supported and the organisation of the lunch service. The nominated individual and compliance manager acknowledged there had been some gaps in recruitment

which had resulted in a reliance on agency staff which did not promote consistent standards of care. The management team explained their efforts to appoint and retain suitably competent staff which included ongoing recruitment of permanent staff and the appointment of a new HR co-ordinator for the group to begin on 8 May 2018.

We recommend that the registered provider review the staffing arrangements at the service and contingency arrangements in respect of staff sickness to ensure safe staffing levels.

We reviewed personnel files for three staff who worked at the service and noted that there were safe recruitment processes in place. This included references obtained from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments. Staff had received training in safeguarding and understood the processes to follow if they felt someone had been harmed or abused. Staff also said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency, and protects people from the risk of harm.

Risk assessments were completed for people in respect of areas such as falls, malnutrition, pressure care and moving and handling. These assessments were sufficiently detailed and included guidance for staff on how to mitigate risks. Risks to people were reviewed regularly and any actions taken to address identified risks were clearly reflected in people's care plan. For instance, preventative measures were in place for people at risk of falls which included a low profile bed and sensor alarm.

Accidents, incidents and 'near misses' were well documented and analysed for emerging patterns or trends and the registered manager maintained oversight of these with a focus on future learning and prevention. Issues such as falls and altercations were outlined on graph charts to analyse the type of incident, location and people involved. A falls analysis was completed on each person and actions were devised in response. For example, an action developed for a person who was at risk of falls was the need for staff to encourage rest in the afternoon.

Arrangements were in place for checking the environment to ensure it was free from hazards. Gas, electrical and fire safety certificates were in place and renewed as required to ensure the premises, utilities and equipment used remained safe. Fire exits were clearly identified and regular mock evacuations took place. Personal Emergency Evacuation Plans (PEEPs) were in place for people living in the home. These included relevant information in respect of the mobility aids people needed to evacuate in an emergency.

Monthly bedroom checks were completed which assessed the safety of areas such as window restrictors, portable appliances, air flow mattresses and bed rails. However, we identified recurring actions points on audits which indicated that repairs were not addressed in a timely manner. We raised this with the maintenance co-ordinator and management team during our inspection. We were told that the registered provider had recently appointed a head of maintenance position to ensure better oversight of repairs.

The home was clean and free from strong odours. Staff had access to Personal Protective Equipment and there was hand gel affixed to the walls across the home. We spoke with the head housekeeper who had a clear organisation schedule for ensuring people lived in a hygienic environment. Records showed that regular cleaning of communal areas, bedrooms and bathrooms took place, in addition to, deep cleans of areas such as mattresses, commodes, wheelchairs and shower grids. A series of audits were completed by head of housekeeping and included monthly laundry audits. Parklands Lodge had achieved a 'Good' rating from the local food standards authority at their last inspection on 22 November 2017. This demonstrated

hygienic food handling practices.

Is the service effective?

Our findings

People told us the permanent staff who supported them had the necessary skills to do this effectively but this was not always the case with agency staff. Comments included; "All the staff from here are [competent] but the agency staff aren't" and "The regular staff are extremely good, well trained and pleasant, the senior staff are excellent." One relative told us, "The permanent staff are good, you couldn't fault them."

Staff received training in subjects such as health and safety, safeguarding, fire safety and moving and handling and they felt sufficiently equipped in their role. Some staff had additional training in areas such as syringe driver management and management of potential or actual violence. We also spoke to the dementia champion within the service whose role was to disseminate good practice amongst the team and advise them on dementia related issues. However, we identified some gaps in the registered provider's training matrix including topics considered mandatory such as face to face first aid and infection control. The registered provider told us their new six week rolling induction programme would enable staff that required training in specific topics to 'drop in' and attend sessions according to their identified learning need.

Whilst staff spoken with told us they felt relatively well supported, they were not given formal supervision in accordance with the registered provider's schedule. This was raised at the last inspection and had not been addressed. For example, there was only one supervision documented for a staff member who had worked at the service since 2016. Supervision sessions give staff an opportunity to discuss with their manager, performance, issues or concerns along with developmental needs. Some staff we spoke with expressed anxieties over the registered manager's departure and reported a feeling of unsettlement regarding the impending management changes. Supervision is particular important in these circumstances to ensure staff retention by ensuring they feel supported.

We recommend the registered provider follow their good practice guidance for training and supervision for staff.

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 be as least restrictive as possible. People's rights and liberties were protected in line with the principles of the act and assessments were completed in respect of specific decisions such as whether the person could consent to taking their medication. We reviewed consent documents in respect of decisions such as photography and consent to be weighed. These were signed by the person themselves where able, or their relative following a best interest decision.

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 saw that the necessary applications were made to the supervisory body for those who required them. For those people who were subject to a DoLS, an

accompanying care plan was in place which outlined how staff were to support the person to retain their independence. Where people had a Lasting Power of Attorney (LPA), the details of those appointed were recorded in the persons file and we saw evidence that efforts had been made to ensure the accuracy of these records.

Staff supported people to maintain their health and well-being. People told us they were supported to access a doctor promptly if they were unwell. Referrals on behalf of people were made when required to external health and social care professionals such as physiotherapy and occupational therapist and there were regular visits to the service by opticians and chiropodists. We spoke with a chiropodist during our inspection and they told us that communicated effectively with them to ensure that people received effective care and staff followed any advice appropriately. Professional communication records were maintained on the electronic system and staff kept a log of any advice provided.

The majority of people spoke positively about the food served at the service. Comments included; "It's alright", "Very good, there's always two cooked meals", "It's really good" and "It's quite good, I've had bacon and egg this morning." Relatives told us "[person] likes the food; chef says whatever she wants he'll do" and "It's excellent, they read the menu out to him."

We observed the lunchtime service and saw that the food was well presented and of sufficient quantity. We sampled the food and found it tasted very nice. We spoke with the chef who told us how they catered for people with diabetics and other special dietary needs which people had, such as pureed meals. Care records outlined people's nutrition and hydration needs, likes and dislikes. Records were kept of people's weight and audited by the manager on a monthly basis. Appropriate referrals were made to services such as dieticians and speech and language therapists when needed.

The registered provider had made efforts to ensure the environment of Parklands Lodge met the needs of the people living at the service. The garden was well maintained and easily accessible with a smoking shelter to accommodate those who smoked. Accessible bathrooms were on each floor and laminated flooring was used throughout the communal areas to allow people with aids to mobilise independently. Bathroom doors were painted in a bright colour to promote orientation for people and a chalkboard displayed the date and staff team on duty.

A Wishing Tree was placed in the foyer and a fidget board was on display. There was a 'curiosity shop' in the ground floor lounge area which contained sentimental ornaments, figurines and reminders of the different decades people have lived through. Memory boxes were displayed outside bedrooms which contained pictures of familiarity to assist people living with dementia recognise their own rooms.

Is the service caring?

Our findings

People spoke positively about the permanent staff who supported them and described the ways in which staff ensured their dignity was maintained such as knocking on their bedroom doors and ensuring their privacy when providing personal care. One person described staff as treating them "respectively." Other comments included, "The nursing staff are excellent" and "Very good [staff], some are excellent." People's relatives described staff in the following terms; "Perfect, the permanent staff know [relative] so well, they have so much patience with her", "[Staff treat relative] with respect, relative feels in control", "Kind, I've never seen anyone unkind" and "They have returned my [relative] better than she was before she came in and she's able to tell me if there's anything wrong". We observed staff approach people with compassion and in a gentle manner during our inspection to offer support.

People told us the things they liked about living at the home. Comments included, "I feel at home here, the staff have become friends", "It's very acceptable, it's nice and clean" and "Quite a few of the staff are quite good." People's relatives also described the things they liked about the home, "The way [relative] is looked after, she's always clean and tidy", "Everybody seems quite friendly" and "What a difference it makes when you feel somebody [staff] is as interested in your [relative] as you are."

We observed personalised memory boxes which were mounted on the walls outside each person's bedroom. They contained small, memorable, sentimental ornaments, pictures and keepsakes. We were informed that people and their relatives were involved in the creation of the memory boxes as it was important for people to feel 'at home' and for staff to learn about people they were looking after. An 'About me' document contained in people's files also outlined their life histories, former occupation, important relationships and routines. This ensured that staff were able to access information about the person that may be relevant in the provision of emotional support when needed.

We spoke to seven visiting relatives throughout the inspection. They told us they felt welcomed at the service and with the exception of protected mealtimes, there were no restrictions in visiting times. Each floor had small communal 'tea rooms' which were intimate spaces for people who did not want to sit in the larger communal lounges. We were informed that the tea rooms were also utilised by family members when they wanted to spend some quality time with their loved one. The tea rooms also had a small kitchenette, tables and chairs as well as decorative wall features. This provided a sense of warmth and homeliness, where people could make their relatives a drink, as they would have at home.

Everyone we spoke with told us they were encouraged to be as independent as they could be. Care records reflected this approach. For example, one person's records outlined the decisions they could make for themselves such as choosing clothes, whether or not they wanted a shave or to have their hair trimmed. Staff described the ways in which they encouraged this in practice. One said, "I ask [person] to help me put their laundry away or tidy their drawers, even if I have to go back and fix things, it encourages them to be independent."

Not all the people we spoke with could recall being involved in the assessment and planning of their care

and support however it was clear that they and their relatives had been consulted. This was evident through signed consent forms where people had capacity to provide consent and the inclusion of people's social histories, likes and dislikes and preferences within their records. We saw that people had been included in key decisions where appropriate. For example, one person's care records included their advance decision to refuse hospital admission in the event of a medical emergency. For those who did not have any family or friends to represent them, contact details for a local advocacy service were available and independent mental capacity advocates were used where appropriate.

Is the service responsive?

Our findings

Records showed that staff had consulted with people or their relatives where appropriate and other professionals to develop a care plan outlining people's needs and how they wanted to be supported. Care files contained assessments of people's needs around personal care, mobilisation, cognition, behaviour and nutrition. Staff were provided with relevant information on how to support people in a person centred way. For example, one person's care plan documented that they were prescribed blood clotting medication and that staff needed to be aware that the person may bleed more in the event of fall or injury. Staff reviewed these monthly on the electronic care management system and any updates or changes to people's needs were reflected, for example, when medication was ceased or changed.

The registered provider ensured that people were protected from discrimination; there was equality of opportunity and everyone was treated fairly regardless of age, gender, disability, religion/belief or race. The pre-admission assessment explored different protected characteristics and information was recorded within files regarding people's communication needs to ensure those who needed additional support with accessible information where identified. For example, one person's care plan around communication outlined that they had a hearing impairment. Staff were reminded to ensure the person wore their hearing aids and that they were turned on and to reduce background noise. The accompanying plan to ensure effective communication included regular ear care in accordance with advice from the Ear, Nose and Throat (ENT) specialist.

People had access to activities to promote social stimulation and inclusion. We spoke with two activities co-ordinators employed by the registered provider. They told us they offered people activities such as reminiscence, painting and colouring, card games and school visits. A visual picture display of activities was on loop on an electronic screen in the communal area. During our inspection, some people enjoyed a trip out to New Brighton and we saw evidence of activities such as quizzes and baking. People told us they enjoyed knit and knatter groups and choir groups. Some relatives discussed what they thought was a lack of entertainment, and we noted reports of a lack of consistency across the service in respect of activities, with people on some units being offered more than others.

The registered provider had processes in place to receive and act on complaints. People told us they would speak with the manager if they had any concerns or complaints. A complaints policy was on display at the entrance of the home for people to access if they required it. Only one person we spoke with had complained and they told us their complaint had been resolved in a timely manner. A record was kept of learning outcomes from investigations to improve service delivery. A record of compliments was also kept and we noted some of the comments included the following; 'Every member of staff showed nothing but compassion, understanding and patient care' and '[relative] was treated with dignity, respect and kindness.'

The registered provider endeavoured to support people at the end of their lives in a sensitive manner. The deputy manager and some care staff had received training in palliative care through the 'six steps', a programme relating to the provision of quality care for people at the end of their lives. This programme aims to ensure that the person themselves is at the heart of the process, with other people such as relatives and

health care professionals consulted and operating in a co-ordinated manner. We saw evidence of 'Do Not Attempt Resuscitation' (DNAR) forms within files and a discreet butterfly was used to symbolise this on people's bedroom doors. Some people had completed advanced care plans regarding their end of their life wishes and preferred place of care.

Is the service well-led?

Our findings

At the last inspection on 30 March 2017, we found that the auditing processes regarding medication management required further development. We found that training and supervision of staff, although sufficient, was not always consistent. At this inspection, we found that the necessary improvements had not been made and the registered provider remained in breach of Regulation 12 around medicine safety. There continued to be gaps in the training and supervision offered to staff. The audit systems had not been developed sufficiently, as was proposed in the registered provider's action plan and audits were not sufficiently robust.

Quality assurance procedures were in place and we saw that audits were completed regularly to monitor and review the quality and safety of the service people received. The management team completed regular audits in respect of areas such as care plans, infection control, medication, weights, falls and accident and incidents. However, we found that audits were not sufficiently robust because there was no clear action plan developed to address areas of concern identified. For example, we saw that medication errors were recorded with a statement 'manager informed' but with no evidence of remedial action taken in response. Audits were not taking place in accordance with the registered provider's own schedule, for example, in respect of controlled drugs.

Other areas identified for improvement had not been addressed promptly, for example, some repairs had been identified in audits for over 12 months and had still not been rectified. The Health and Safety Audit completed in Feb 2018 scored the service 73.4% but did not identify all areas for improvement and there were no timescales for actions to be completed. We saw that the gaps in training and supervision had been noted within an external audit completed in February 2018 but these remained at the time of our inspection.

The management team we spoke with attributed some of the issues we identified in respect of recruitment and maintenance to individual performance management issues. We discussed with the compliance and support manager, nominated individual and deputy manager the need for governance systems to be sufficiently robust to withstand individual poor performance.

These findings constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The compliance administrator showed us a proposed new audit template which was due to be implemented to promote a more consistent and holistic overview of the service. This included scheduled audits in respect of all aspects of the running of the service in accordance with allocated timeframes. At the time of our inspection, this proposed new tool was not embedded and therefore we were unable to measure the effectiveness of this.

The current registered manager had submitted their notice and had left the service the week prior to our inspection. There were appropriate arrangements in place to oversee the management of the service in the

interim in the form of the deputy manager and compliance and support manager for the organisation. The registered provider had taken steps to recruit a replacement manager. The deputy manager had been in post since the opening of the home and remained a stable figure in the management team during this time of transition. Staff described the deputy manager as supportive. One said, "[Deputy] is brilliant, very good in their role and supportive, they will do anything for anybody and is hands on." Nevertheless, staff expressed how the registered manager's departure had affected team morale within the service. A series of resident, relative and staff meetings were held to discuss the management changes.

People who used the service, their relatives and staff had an opportunity to contribute to service delivery through surveys, questionnaires and the use of a suggestion box. Staff surveys and relative questionnaires were circulated in January and February 2018 however the subsequent action plan devised was not fully reflective of all of the comments received. Monthly family and friends meetings were held and included discussion regarding company business, events and activities.

We saw that action had been taken in response to complaints to improve the quality of the service. The Provider Information Return outlined that team briefs were introduced following complaints of the communication across the team. We saw minutes of these meetings which included discussion about policies and procedures, medication and any relevant handover information. Staff spoken with thought these briefs were a good means of ensuring effective communication amongst the staff on each floor. One said, "The registered manager introduced team briefs on each floor, these are useful and I would like it to continue now [registered manager] has left."

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. These included social services, healthcare professionals including General Practitioners, dentists and opticians. Care records demonstrated that there was regular communication between professionals, people and where appropriate, relatives.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Parklands Lodge care home.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The rating from the previous inspection for Parklands Lodge was displayed for people to see at the entrance to 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely within the service and audit processes were not sufficient to identify errors.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service, such as audits, were ineffective.