

Ringdane Limited

South Park 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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place over two days on 3 and 4 December 2014. It was an unannounced inspection. On the days we inspected there were a total of 73 people living at the home

The service was last inspected in November 2013. This was a follow up inspection to check that improvements had been made following an earlier inspection in July 2013, when areas of concern had been identified. The inspection in November confirmed that improvements had been made and the service was found to be meeting the essential standards.

South Park Care Home is a purpose built home registered to provide nursing care for older people. There are two separate units. Ebor accommodates up to 44 people with mental health and/or dementia care needs on two floors. Jorvik accommodates up to 36 people with general nursing needs. Jorvik has three floors, with most of the communal areas on the ground floor. The unit though does have an additional communal lounge on the third floor. The two units have their own staff teams and each has a 'Head of Unit', responsible for the day to day

Summary of findings

running of the unit. There are lifts on each unit. People living downstairs on Ebor have access to a safe garden area. People living upstairs on Ebor mostly require more personal care and support than those living downstairs.

The service is situated in a residential area to the west of the city centre, and on a bus route to the city. There are parking facilities on site and local shops and other amenities close by.

South Park Care Home has not had a registered manager for more than a year. Earlier this year an application was made for a manager to be registered, but this application was not progressed. 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.

Recruitment processes were not good enough. The service could not demonstrate that they were carrying out robust checks on new staff's backgrounds, before they started working at the home. This meant the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

People were kept safe because staff had an understanding of their role in keeping people safe and the provider ensured staff attended regular training to remind them of their roles and responsibilities.

The service had arrangements in place to respond to emergency situations, or out of hours 'problems'. This helped to promote the safety of the people living and working there.

The service carried out assessments of risks of harm to people, and put plans in place, where necessary, to minimise the risk of harm. This showed staff were alert to the need to minimise harm to people.

People received their medicines safely, appropriately and at the times they needed them. Good medication systems promoted people's health and wellbeing.

The environment was clean and fresh smelling. There were cleaning staff who were aware of their role. This made the service a pleasant place for people to live in.

Whilst staff attended Mental Capacity Act training we found some staff we spoke with did not understand how

this law affected the way they worked. They did not associate this law with the need to respect and comply with people's choices and decisions. This meant the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

The service kept the staffing levels under review and used the same agency staff, wherever possible, to ensure there were sufficient staff working each day, to meet the needs of the people living at the home. Staff were supported to attend training to ensure they had the skills to support people safely.

Staff understood that people could not be restrained without formal authorisation from external professionals. This meant staff recognised that people had the right to move around as they chose.

People's nutritional needs were kept under review. The meal provision was monitored and people overall spoke positively about the choice and variety of meals provided.

The staff group were friendly, kind and attentive. They showed in their responses that they cared about the people living there. People's privacy and dignity was considered when care was provided.

People received the care they wanted and needed. Staff were aware of people's preferences and choices and provided support, wherever possible, in line with those choices. People's care needs were kept under regular review. The service liaised appropriately with healthcare professionals, in order to promote people's health and wellbeing.

People were supported by staff who were kind, friendly and attentive. People overall were treated with respect and staff understood the importance of respecting people's privacy and dignity.

People had the opportunity to take part in activities, and received visits from local school children, which made their lives more stimulating and meant one day was different to another.

Whilst people told us the service provided good care, the underpinning records and systems to ensure the service operated safely, effectively and in line with what people

Summary of findings

were wanting, needed improving. This meant the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe

Recruitment processes did not evidence that applicants' backgrounds were properly looked into before they started working at the service.

People's safety was protected as the provider made sure staff understood their roles and responsibilities around keeping people safe from harm.

The provider had arrangements in place to ensure the risk of harm to people was assessed, identified and managed.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective.

People living at South Park were at risk of not having their decisions and choices respected and followed because some staff did not understand the rulings of the Mental Capacity Act (2005) and how this may affect the way care was delivered.

People's health and wellbeing was kept under review and the service ensured healthcare advice from specialists was sought in a timely way.

People in the main said they enjoyed the meals at South Park. The provider had arrangements in place to identify and monitor those people with care needs relating to their food and drink intake.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind, friendly and helpful. They knew what mattered to people, so they could provide the right care. Overall they were respectful of people's needs to be treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's care and social needs were discussed with people. Care and support was planned around those needs. The service provided a variety of activities to make people's days more varied and stimulating.

Good



Is the service well-led?

Not all aspects of the service were well led.

Requires Improvement



Summary of findings

The lack of an established senior person in charge at the service had impacted on how the service was being run. This led to people not being consulted and included in how the service was operating. Some of the records and staff support structures had not been maintained, so the provider could not demonstrate that the service was running well.

South Park 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 3 and 4 December 2014 and was unannounced.

The inspection team was made up of three inspectors employed by the Care Quality Commission (CQC) one of whom was experienced in dementia care. On the second day we were 'shadowed' by a member of City of York Council Commissioning team as a learning experience for them. Their role includes monitoring the care provided in care services in York.

Prior to the inspection we gained feedback from the local authority about their quality visits to the home, and their findings. We also contacted a healthcare professional to gain their views, but we have not had a response from them.

Before the inspection, the provider 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 looked at information submitted by the service since the last inspection about incidents and accidents that happened there. A service is legally required to send in this information, within 'notifications' and these help to show whether or not a service managed these events effectively.

During our visit we talked to eight people who lived at South Park, and with nine friends and families of people who lived there. We spoke with a member of the management team, five registered nurses, seven care staff and five ancillary staff. These are staff for example domestics who work there but do not provide any personal care.

We looked at five people's care records, and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed the way staff interacted with people and looked at other records that were required to demonstrate the home was running well. This included five care records, three recruitment files, the accident and incident records and training records.

Is the service safe?

Our findings

Try and start with the SU voice

We identified some concerns about the recruitment practices at South Park Care Home. Robust recruitment checks were required to ensure that only suitable people were employed to work at the service. We chose the recruitment records of three staff that had been recruited in the past year. These included one registered nurse. We also spoke with two of these workers to get their views about how they were recruited. Both workers told us they completed an application form and attended an interview as part of the recruitment process. Both said the provider carried out other recruitment checks and they were not allowed to start work until the Disclosure and Barring check (DBS) had been completed.

We looked at their staff files. We saw that although the home's recruitment 'checklist' required two references, one file contained only one. There was no evidence that a second reference had been asked for, although their application form included the names of two referees. We also noted that although their DBS check was satisfactory their recruitment process did not include any dates, so we could not be sure that these recruitment checks had been completed before the person started working there.

The second person had two references however; one provided some negative comments about the applicant. We did not see any evidence that these had been discussed with the individual, nor any record of decisions made by the interviewer, in the light of these comments. There was no record of any interview process.

In the third case there was again no record of any interview process and no record to show the provider had checked that the nurse had a current registration with her professional body.

These findings demonstrated that the provider did not have an effective recruitment process to ensure that only suitably vetted people were employed to work there. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked three people whether they thought they and their belongings were safe. None expressed any concerns to us about their safety. One said "Oh yes. My belongings are safe enough. I feel mostly safe." Another told us "I feel safe here.

I've never had anything go missing." We asked two visitors about their relative's safety and they too thought South Park was a safe place to live. We asked care workers, ancillary staff and registered nurses about processes in place to keep people safe. All the staff were very clear that they would promptly report any concerning information that they overheard or were told about. The staff also recognised that they had to report all allegations, even if they were asked not to tell anyone. One said "Even if I liked the person (worker) I would still have to report it straightaway."

We asked staff what they would do if someone made an allegation to them about the manager of the service. Staff knew that this allegation had to be reported to a more senior manager, but some were not so sure how they would do this. Some staff we spoke with knew that they could report any potential allegations of abuse directly to the local authority, but were unaware of any contact numbers, or where these numbers could be easily found. We looked at the safeguarding attendances within the service's training records. We noted a staff team of more than 80, with more than 70 having completed updated safeguarding training in 2014. This showed the provider ensured the staff team, overall, attended refresher training regularly, so their knowledge around safeguarding people was kept up to date. We spoke with three care workers who confirmed they had attended this training.

We looked at the way the service identified and managed risk of harm to people. This included general environmental risks as well as specific risks to individual people. We found overall that these were well managed and kept under regular review. Some care records relating to individual risk were hard to locate, but staff were familiar with the way people's care records were put together and could quickly find information we were wanting. This familiarity helped to demonstrate that staff regularly looked at people's care records and amended them as people's needs changed.

We looked at the staffing levels within the service and we were sent four weeks rotas to demonstrate the service was pro-active in maintaining adequate staffing levels, even when there were short notice absences, caused by sickness. Although we saw the service used agency staff, these were often the same individuals, so they became familiar with people living there and their care needs. We spoke with one agency worker who confirmed they mostly

Is the service safe?

worked three shifts each week at South Park. They added that they had the skills and knowledge to support people equally well on both units. They felt they were valued and included by the permanent staff team.

We asked staff about emergency plans and the on-call arrangements of senior staff. The senior staff operated an on-call arrangement for outside office hours. One nurse told us they had had cause to use this and the manager responded promptly and appropriately. They added that they would be confident contacting the managers in that situation, as they were all approachable and helpful. Staff we spoke with confirmed that the service carried out regular fire safety checks. Fire safety plans were also made available in the entrance area of the service, for visitors to read.

We noted the service used keypad access to Ebor, the unit for people living with dementia. This helped to keep people living there safe, as well as preventing unauthorised people from entering the unit. Reception staff monitored people entering and leaving the service during office hours and there was keypad access to the service at other times. Robust security systems help to protect and keep people living and working at South Park Care Home safe.

We looked at the medication processes on both units. One person we asked said they always got their medicine when they asked for it. We found medication records were well completed and 'as required' protocols were in place for staff to refer to. Random checks of several boxed

medication confirmed that the records were accurate and well-maintained. The 'Heads' of the two units demonstrated good knowledge of medication systems, which helped to ensure that people received their medication correctly and at the right time. Robust medication systems helped to ensure people were protected from the risks associated with the unsafe use of medication.

We saw domestic and laundry staff were working when we visited and the service overall was clean and fresh smelling. One visitor told us "Everything is kept clean and tidy. It's immaculate." They also confirmed that staff wore protective equipment, like gloves and aprons, when providing personal care and support. Those staff spoken with confirmed that they had sufficient cleaning products and protective equipment, in order to carry out their work properly. We have not been made aware, by healthcare professionals, of any infection outbreaks at the service since our last inspection.

We looked at cleaning schedules and associated records that were kept to show how often parts of the service were cleaned. These did not readily evidence when different areas of the home were last cleaned.

Good quality cleaning records would better help the provider to demonstrate that the service is kept clean, to minimise the risks associated with the spread of infection.

Is the service effective?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

We found some concerns about the staff team's understanding of people's mental capacity and how this affected the care they provided. We found from looking at staff records that most of the staff team had completed training in the Mental Capacity Act. However, their responses did not indicate that staff had a good understanding of this important issue. One senior person, when asked, told us that a person's mental capacity was "Anything to do with the brain." Another told us "It's when people change from being angry to being nice." A second senior person however had more understanding. They explained "If people have the capacity to make decisions, then we follow what they want." They added that best interest meetings were needed when people were judged not to have the capacity to make decisions.

We looked at two people's care records in relation to their mental capacity. These provided conflicting information about the person's mental capacity. For example one mental capacity assessment stated the individual had dementia and therefore did not have the capacity to make decisions about their care. We could not see any reference to dementia elsewhere in the individual's care records. We asked a care worker and they did not think the individual had a diagnosis of dementia. We spoke with the individual and, whilst frail, they appeared alert and aware of their circumstances and what they could and could no longer do.

These findings demonstrated that despite providing training, the provider did not have effective systems to ensure that people's mental capacity was being taken into account, when care was being planned and delivered. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with staff about their understanding of deprivation of liberty safeguards (DoLS). Most told us they had completed training in this area of care and the training records we looked at confirmed this. Staff spoken with

showed some understanding that people could not be restrained without a good reason that had been looked into properly. The service notified us of an incident earlier this year where a worker placed a table in front of someone, to prevent them getting out of their chair. This incident was dealt with and reported promptly and appropriately as an 'unlawful restraint'. This showed the service was alert to ensuring people's rights and freedoms were respected.

We spoke with the senior person about DoLS applications. We were told that no one living at the home at the time of inspection required an application to be made under DoLS, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty.

We spoke with people about whether staff checked and got permission from them, before providing care. All spoke positively about this area of care and said that staff were always polite and helpful. We observed staff checking with people before providing care. For example staff asked whether they could remove the wheelchair footplates, so that people could put their feet on the floor. And whether people wanted a clothes protector putting on before their meal.

We also spoke with people about how staff helped them to maintain their general health and wellbeing. One said they asked the staff to get the doctor when they were not feeling well and the doctor visited later that day. They confirmed they were seen in their bedroom, in private.

The provider uses a dementia care model known as PEARL. This stands for Personally Enhancing and Enriching Lives. All people who work at the home, regardless of their role were completing dementia care training so that they had a better understanding of the needs of people living with dementia. The interim manager was aware of some dementia care best practice strategies, though none of these had been formally implemented at the service.

One visitor told us their relative had recently moved to the home. They told us "My relative needed a special mattress and chair cushion and these were in place. They (the provider) re-decorated the bedroom and the staff had set up my relative's belongings beautifully in their room."

We looked at five people's care records. Whilst most of the care plans we looked at provided sufficient information about people's care needs, we noted information about

Is the service effective?

wound care and dressings did not provide much detail. The nurse carrying out this care on the day we visited said the night nurse had told her what to do and where the treatments were stored. This kind of information needed to be clearly recorded so that unfamiliar nurses could provide the right care in a safe way, without relying on being told what to do. We discussed this with the Head of the nursing unit.

We saw there was good detail of discussions with healthcare professionals such as their family doctor (GP), specialist nurse or chiropodist. The records evidenced that staff identified concerns and sought advice promptly. We spoke with a healthcare professional who visited the service whilst we were there. They told us of one incident where their advice was not followed and they had discussed this previously with senior staff at the home. However, overall they thought staff responded and acted appropriately when people were, or became unwell. The healthcare professional worked with a team of other professionals and they told us they had not overheard colleagues expressing any concerns about the service.

We spoke with four staff about the training they received. All the staff told us they were supported to attend regular training to ensure their knowledge and skills were kept updated. These training sessions included moving and handling, health and safety matters, infection prevention and control and food hygiene. We noted a number of staff were attending dementia care training on the day of our visit, though also noted this was happening in one of the communal areas of the home, so people did not have access to this area whilst the training was going on. We spoke with staff that had already completed this training. They thought the training had helped their understanding of caring for people with dementia. Staff told us their training included e-learning that included completing a test at the end, as well as classroom learning. We looked at the training record kept by the service. We noted most staff had completed refresher training in a range of subjects in a timely way.

We asked staff whether they felt supported in their work, and whether they had the opportunity to discuss their work with more senior staff. Most said that regular one-to-one meetings had lapsed earlier in the year, but had started again in recent weeks. None of the staff we spoke with felt

the lack of these meetings had been an issue for them as they said that senior staff were approachable and available. This meant they could easily speak with a senior person if they had a concern.

Prior to our visit we received anonymous concerns about the quality of the teatime meals served at South Park. We asked the provider to look into these concerns for us. During the inspection we asked four people who lived at South Park about the meals. We also asked three visitors who sometimes ate with their relative at teatime, when they visited. People in the main did not express any concerns to us about the quality or variety of the meals. Their comments included "The food is quite good. I just have soup at teatime. I can usually find something I like (from the menu)." Another commented "We get a lot of hotpots. They're all beautifully cooked." A third said "The food's alright. It's eatable. At teatime it's not as good, but it's OK, as I've had a dinner, so I don't want much." We spoke with two visitors who regularly ate at the service, at both lunch and teatime. Neither voiced concerns about the quality or variety of meals they had eaten.

We saw the service used a four week menu, with choices available at each mealtime. Snacks were also offered to people regularly during the day. We also noted the service used aids and other specialist equipment to promote people's independence. We saw meals on Ebor were served on coloured plates, to provide more contrast between the food and the plate. People we spoke with on Jorvik told us the meals were sufficient and hot.

We observed the mealtimes on both units. The senior manager told us the service employed a kitchen assistant to help with meals on Ebor, but they were not at work on the days we visited. We noted on Ebor that staff were very busy trying to support people, as well as serving and clearing away the dirty dishes. We observed the way of working without the extra person, did not promote a relaxing environment, where people could take their time and enjoy their meals.

On the nursing unit we saw there were cruets on the tables, though those people eating meat pie were not offered any sauces. We also saw that whilst some people were provided with a cold drink, they were not given a choice of drink. Some people did not get a cold drink until part way through their meal as the worker started another task before ensuring everyone had been given a drink. We also saw that whilst people were given a hot pudding they were

Is the service effective?

not given a choice. Whilst care staff said that people could have a yoghurt or ice cream, they were not offered these alternatives. The care worker we asked did not know what the hot dessert was. These observations indicated that the dining experience could be improved.

We looked at the way nutritional risk was identified and managed in three people's records. We saw that people's weight was being monitored and the service used daily monitoring records to record people's food and fluid intake. We saw overall that these were well completed. We saw evidence that the service had liaised with the individual's doctor when people's nutritional needs changed. This showed the service was keeping people's nutritional needs under review.

We spoke with a care worker about one person's care needs that required thickened fluids to minimise the risk of them choking. The care worker was aware of these needs and was able to explain the consistency of the fluids that the person needed. Their knowledge matched the written guidance in their care plan. This showed staff had a knowledge and understanding of people's nutritional needs.

We saw overall that the building was well maintained. The service employed maintenance staff who dealt with issues promptly. One visitor told us how they reported a dripping tap in their relative's room and it was sorted within 20 minutes. People we spoke with did not express any concerns about the environment, or how it was maintained.

Is the service caring?

Our findings

We spoke with eight people who lived at South Park about the care they received and the staff who supported them. People told us they received the care they wanted and needed. Whilst one person told us they “Never saw the same person (worker) twice”, others were complimentary about the staff team. Another commented “I quite like it here. I think the staff are good. They are very kind.” Other comments included “The staff are nice and kind” and “They’re (the staff) nice and helpful. The one on this afternoon is very nice. She’ll do anything for you.”

We spoke with nine visitors or family groups, who were visiting the service. They spoke highly of the staff team and the care their relatives received. Comments included “We’re very satisfied. Nothing is a problem. We feel this is mum’s home now and we think she’s happy here.” And “The care is very good. Surprisingly good in fact.” They explained that they had visited five care homes when they were choosing a place for their relative. They said “This (South Park) was streets ahead of three of the others.” They added that they visited every day, saying “I have never seen any staff behaviours that worry me.” A third said “The staff are brilliant. They are so kind and caring.”

We observed overall that people looked well cared for. Whilst most were appropriately dressed we did note many of the ladies on Ebor were not wearing socks or stockings. We saw there were a mix of male and female care workers so that people’s preferences for care by specific care workers could be respected. None of the people we spoke with said they had a preference for male or female care staff, when care was being provided.

We carried out observations as part of this inspection on each floor of Ebor. We noted from these observations that staff were kind and attentive. They knew about people’s

backgrounds and interests so could talk with them about things that interested the individual. Staff showed in their responses and behaviours towards people that they cared about those people’s welfare.

We noted throughout the day that staff spoke with people in a respectful and friendly manner. We observed one person being moved with the aid of a hoist and the staff ensured the individual’s modesty was protected, before talking the individual through the manoeuvre slowly and carefully. This helped to make sure the person was included in the task and was not moved before they were ready.

We observed staff routinely knocking on people’s bedroom doors and waiting to be invited in. This showed they respected people’s privacy. We observed one worker walking past an individual and gently moving the hoist sling from its position, close to the person’s face. We observed the use of touch, and smiling to reach out to people who could not easily communicate. We observed ancillary staff talking with people in a friendly way, as they carried out their work. These actions showed that staff recognised people’s rights to be treated kindly and with dignity. One relative told us. “They (the staff) look after my relative and her belongings so well. For example all her clothes are folded away so neatly. They really do care. We couldn’t look after my relative better ourselves.”

We did however, observe a group of staff who were attending training at the home on the day we visited, and they wandered into the dining room, chatting and laughing, whilst people living there were having their lunch, in order to get themselves drinks from the kitchen. This showed a lack of respect towards those people who were eating. We discussed our observations with senior managers.

Is the service responsive?

Our findings

We spoke with people living at South Park about the care they received. They told us staff supported them to make decisions about what they did and how they spent their time. One person said I always have porridge and a banana for breakfast. They (the staff) know I really like that. We asked a care worker about the sorts of things that individual liked. They told us “X loves bananas. They always have one with their porridge at breakfast.” This response showed that staff knew what mattered for individual people.

We spoke with one person who said “I choose to stay in bed. I can get up if I want to. Sometimes I do.”

We looked at six people’s care records. We found in the main that they provided detailed information about people’s care needs and how they were to be met. We did note some information was difficult to find, but staff spoken with were familiar with the layout of the records and could readily locate the information we were seeking.

We saw the records contained detailed information about discussions with health and social care professionals and with family members. The service also kept daily records of the care and support provided to people and of the activities they had taken part in. These records meant the service could show how they had managed changes in people’s needs promptly and appropriately.

We saw that senior staff carried out an assessment of a person’s needs before they moved to the home. This was so the service could be satisfied that staff had the right skills to support the individual safely and appropriately. Two visitors we spoke with confirmed that this assessment took place whilst their relative was still in hospital.

One visitor explained “They (the staff) have taken the trouble to get to know her. The staff know what she likes. She still gets her daily sherry, like she did at home.”

We saw people’s care plans included information about people’s likes and dislikes, and their preferences and choices. Having this kind of information helps staff to support people in an individualised way. For example we observed staff patiently supporting one person to walk a very short distance, because this was what they wanted to do. However, we did not see written information about

people’s life histories. This kind of information was particularly important for those people living with dementia, so that staff could talk with people more effectively about their past lives and interests.

The service employed two activities persons. Visitors we spoke with said their relatives enjoyed the quiz nights and they could come along and join in too. Other people said they liked the bingo and singing sessions. There was a karaoke session going on whilst we were inspecting, which some people were enjoying. We also observed staff just sitting and chatting with people.

The service produced an activities calendar so that people could plan and look forward to favourite events. However, one person said that sometimes the service was short staffed, and then the planned event does not happen. They added “You can’t rely on the calendar.”

Although we were told activities took place on Ebor, we did not see the activities persons providing any activities whilst we were there. We observed care staff sitting with people and providing some craft activities that some people joined in with. However, despite these observations visitors to the dementia unit thought that the activities on the unit met the needs of their relatives. One visitor explained that although their relative could not join in the activity they were always brought to the table (for example) so that they could watch what was going on. This helped them to feel included and valued.

The service had regular monthly sessions where external people visited to provide activities like chair exercises and a dementia sing-along session. We were told that people from the two units come together for these and other suitable sessions.

The service was developing links with the local community, including local schools and we saw a large mural had been completed by local schoolchildren, and presented to the service. We also saw photographs around the home of different events that had taken place in recent months and these included events with the children. There was also a karaoke session going on whilst we were inspecting.

The service had a complaints policy and this was displayed in the entrance area. Visitors we spoke with told us they would feel able to complain about the service and thought any concerns would be looked into properly. They knew that there had been a change in management in recent

Is the service responsive?

months, but also knew who was currently in charge of the home. We saw the service had received one complaint earlier this year. This had been responded to in a timely and appropriate way.

We asked three people living on the nursing unit about what they would do if they were unhappy about

something. One person said they would tell the person in charge, and knew who that was, another said they would tell their relative and the third said they would not tell anybody. This indicated that only some people would report something that was bothering them.

Is the service well-led?

Our findings

South Park Care Home does not have a registered manager. Although the provider appointed a senior manager, with a view to them applying to be registered, this did not happen. This has meant the service has not had a registered manager for more than a year.

The provider has told us they have now appointed another senior person; however the recent changes in management arrangements at South Park have impacted on the quality of leadership there. This has meant that some of the quality monitoring arrangements have not been well maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people who lived there about the management arrangements at the service. Practically all the people either did not have a view or were not able to tell us. We asked visitors to the home about the management arrangements. Most of those spoken with knew who was currently in charge and thought they were approachable and available. However people's main concern was that their relatives received good care and they could join in with activities to make one day different to another. None of the visitors we spoke with had a concern about the care delivery.

We spoke with staff about what it was like to work at South Park. Staff mostly thought the service was running much better than twelve months ago. They thought that the senior staff were approachable and available. They said the senior person currently in charge was regularly seen in all parts of the home and had a good understanding of how the home was operating. Staff thought they all worked well as a team.

The provider had a clear management structure and a senior manager was available during our inspection. We noted there was an interim manager in post and they had submitted notifications to the commission, as they were required to do, in a timely way. This showed the provider had ensured there was some continuity of senior support at the service. The senior person also showed in conversation, that they had identified where some of the failings were, and were starting to correct these.

We asked the local authority commissioning team about their views of the service. They were carrying out regular monitoring visits as the service had a recent history of not

running well. They thought the service delivery had improved however there were still restrictions on the number of people who could be admitted to the home each month. These restrictions helped to make sure the service did not admit too many new people in a short timescale as this made it more difficult for staff to get to know the new people's needs.

We found the atmosphere at the home to be friendly and welcoming, and this was supported by the people who lived at the home, by health care professionals and by visitors who we spoke with.

We looked at some of the records kept by the service to demonstrate that it was running well and keeping the quality of the service delivery under review. We found the quality and maintenance of the service's quality monitoring records varied in the past twelve months. There were better quality records kept at the beginning of 2014. Then over time these became less well maintained. The provider had a number of audits and processes for senior staff to complete, to show that the service was running well. However, these had not always been completed regularly, or within the timescales required.

We also did not see any records of spot checks completed by more senior managers of these monitoring processes. A more robust system of cross-checking records would have identified that some of these monitoring arrangements were not being well kept. This would have enabled the provider to identify failings at an earlier point.

This meant that although people told us the service was running well and the care delivery was good, the underpinning systems to ensure staff were recruited safely, and supported properly were failing. Similarly audits relating to health and safety and dementia care practices had not always been regularly completed. This meant the provider was not keeping the service under close review and making changes to improve the way the home was operating. For example one person told us the activities calendar was not reliable. There were no measures in place to 'capture' that comment, or to monitor how often planned activities did not happen, and why, so that the service could improve this area of care.

We saw that whilst there was evidence of some review of incidents, like the number of falls, or pressure sores, there

Is the service well-led?

was no evidence of analysis of this information. The service needs to demonstrate learning from such incidents, and whether changes in the way care is delivered would reduce the likelihood of a similar incident happening again.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have effective systems in place to monitor the quality of the service delivery.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person did not operate effective recruitment procedures in order to ensure that no persons are employed for the purposes of carrying on a regulated activity unless that person is of good character, and ensure that information specified in schedule 3 is available in respect of a person employed and such other information as appropriate.