

Regal Care Trading Ltd

The Park Beck

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The Park Beck provides accommodation and personal care for up to 37 older people most of who were living with dementia. There were 17 people living at the home at the time of the inspection. People required a range of help and support in relation to living with dementia, mobility and personal care needs.

The home is a large Edwardian building and accommodation is provided over two floors. There was a passenger lift at the home and due to the layout of the home a chair lift was available to some of the first floor rooms which could not be accessed by the passenger lift.

We carried out an inspection of The Park Beck on 20 and 22 July 2015 where we found the provider had not met Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. We imposed an additional condition on the provider's registration which required them to identify all areas at the home where maintenance and repair was needed in order to keep people safe. The provider was also required to supply CQC with a log of maintenance concerns, responses to them and dates for completion of each identified issue. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found although some improvements had been made in relation to the maintenance of the home further improvements were required. Not all legal requirements had been met to ensure an effective system to regularly assess and monitor the quality of service that people received was in place and this was a continued breach of regulation. There were a number of action plans in place and the registered manager was working to address the outstanding issues.

There was ongoing maintenance taking place and improvements had been made. However, work was still required to ensure the home was properly maintained. We found areas of the home were not consistently clean. When areas for improvement, such as the garden had been identified action had not always taken place in a timely way. There was a lack of communication between the provider and the registered manager which meant the registered manager did not always have the information required about actions being taken at the home.

However, there was no information about who had the right to consent on behalf of a person who lacked capacity or whether the decisions should be as the result of a best interest meeting.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received care the care they needed in a way they liked it delivered. However, there was not enough for people to do throughout the day. There were not enough meaningful activities for individuals to take

part in. We made a recommendation about this.

The registered manager was currently recruiting more staff to ensure people's needs could be met safely. Staff who worked at the home had been appropriately recruited.

Staff had an understanding of the procedures to safeguard people from abuse. There was ongoing training to ensure all staff were aware of their individual responsibilities in ensuring safeguarding concerns were reported appropriately. There were systems in place to ensure that medicines were managed appropriately and people received the medicines they had been prescribed.

People were looked after by staff who knew them well. They had a good understanding of people's individual care and support needs. Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

Staff were kind and caring, they had developed good relationships with people. They treated them with kindness, compassion and understanding. We observed a genuine warmth and friendship between people and staff. Staff supported people to enable them to remain as independent as possible. They communicated clearly with people in a caring and supportive manner.

Staff received appropriate training and support to enable them to meet people's needs and had access to regular supervision.

People had a choice of meals and drinks received nutrition which met their individual needs and preferences. Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them appropriately.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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 Park Beck was not consistently safe.

There was ongoing maintenance at the home and improvements had been made. However, work was still required to ensure the home was properly maintained.

We found areas of the home were not consistently clean.

There was ongoing recruitment at the home to ensure there were enough staff on duty. Staff who worked at the home had been safely recruited.

Staff had an understanding of the procedures to safeguard people from abuse. There was ongoing work to ensure all staff were aware of their individual responsibilities.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

Medicines were managed appropriately and people received the medicines they had been prescribed.

Is the service effective?

Good ●

The Park Beck was effective.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received appropriate training and support to enable them to meet people's needs.

People were supported to given choice about what they wanted to eat and drink. They received nutrition which met their individual needs and preferences.

People had access to external healthcare professionals

Is the service caring?

Good ●

The Park Beck was caring.

Staff knew people well and had good relationships with them. They treated them with kindness, compassion and understanding.

Staff supported people to enable them to remain as independent as possible. They communicated clearly with people in a caring and supportive manner.

People's privacy and dignity were respected.

Is the service responsive?

The Park Beck was not consistently responsive.

People received care that was responsive to their needs, however, there were not enough meaningful activities for individuals to take part in.

People were looked after by staff who had a good understanding of their needs.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

There was a complaints policy in place and people were regularly asked for their feedback about the service.

Requires Improvement ●

Is the service well-led?

The Park Beck was not well-led.

The provider's systems for audit had not ensured identified actions had been addressed in a timely way.

There was a lack of communication between the provider and the registered manager.

The registered manager was working hard to maintain an open and positive culture which focussed on people. The staff told us they felt supported and listened to by the manager.

Inadequate ●

The Park Beck

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 was an unannounced inspection on 21 and 22 September 2016. It was undertaken by two 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 care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with all the people who lived at The Park Beck; we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime and teatime meals. This helped us understand the experience of people who could not talk with us. As some people had difficulties in verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home, including the bathrooms, sluice rooms and some people's bedrooms. We spoke with five care workers, a domestic worker, the cook, the deputy manager, the registered manager, the administrator and the nominated individual. A nominated individual is the responsible person within the organisation. They have responsibility for supervising the management of the carrying on of the regulated activity. They speak authoritatively, on behalf of the organisation, about the way that the regulated activity is provided.

We reviewed a variety of documents which included five care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed the records of the home. These included information in regards to the upkeep of the premises, staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures.

Is the service safe?

Our findings

We carried out an inspection of The Park Beck in July 2015 where we found the provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. We asked the provider to address the issues we identified and send us a two weekly action plan to show us the progress of works completed and identify other areas where maintenance was required. From the action plans and observations at this inspection we saw improvements had been made however there was still a breach of regulation.

The fire service had recently undertaken an inspection at the home. They found one metal external fire escape required a structural survey because they were concerned about it's safety and to identify if further work was required. We looked at the fire escape and found some stair treads had holes in them. We put some light pressure on one of the holes and the inspectors foot went through the tread. This had not been identified by the provider or the registered manager until the fire service. These issues could leave people at risk of harm or injury. The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. This is a continuing breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was now a porch from the main lounge which meant cigarette smoke did not permeate the lounge and ground floor areas. A bulging ceiling in one bedroom had been repaired. Where previous leaks had occurred through the flat roof, repairs had taken place and no further leaks had occurred. Work had taken place in the garden and this was now safe and accessible to people. The provider had received assurances from the passenger lift contractor that the lift was safe to use. They advised no more than three people to use the lift at one time, although a weight limit had not been specified. During our inspection the lift worked satisfactorily however it was noisy and vibrated. One person, who used the lift unaccompanied, told us they did not have any worries using it and felt safe. There was evidence of some general redecoration having taken place and the maintenance plan identified further areas where work was required.

There were regular servicing contracts for example gas and electrical servicing, hoists and legionella checks. Regular environmental and health and safety checks had been completed. This included a fire checks, call bell tests and window restrictors. There had been a recent fire risk assessment which had identified a number of concerns that needed to be addressed. There was an action plan in place which showed some work had started.

People told us they felt safe living at the home. Throughout the inspection we saw people were at ease and comfortable with all members of staff and clearly happy to ask for assistance. One person told us, "You could honestly speak to any of them without worrying about it." A visitor said, "I don't sit at home worrying, I know she's safe here." Another visitor told us their relative was safe. They said, "If there's ever anything bothering her, she'll make sure everyone knows about it."

Staff had a good understanding of the risks associated with supporting people who lived at the home. They told us about people's risks in relation to their pressure areas, mobility, nutrition and health. Risk

assessments identified where people were at risk and there was information in care plans to inform staff what actions they should take to support people safely. For example one person was at risk of falls, there was information the person should walk with their mobility aid and a sensor mat was in place by their bed to alert staff when the person got up during the night. Another person who was at risk of developing pressure sores had guidance in their care plan to inform staff of the importance of good continence care and regular position changes.

Personal evacuation and emergency plans (PEEPs) were in place and these contained guidance in case an emergency evacuation was required. The home was staffed 24 hours a day and there was an on-call system. Staff were aware who to contact in case of an emergency. This meant people would be protected in case of an emergency at the home.

We had received complaints about the cleanliness of the home. Although the home was in need of redecoration and was tired and worn in places it was clean throughout. The communal lounges, dining room, bathrooms and toilets were clean throughout the inspection as were people's bedrooms. However, we observed areas on the first floor corridors that had not been cleaned. We informed the registered manager and this was addressed immediately.

The registered manager was working with the local safeguarding team in relation to concerns that had been raised and his responsibilities in reporting safeguarding concerns appropriately. The registered manager told us they were currently looking to identify any issues that had occurred which may constitute a safeguarding concern. They told us this was an area being worked on to ensure any future concerns were reported appropriately. This included analysis of falls, accidents and incidents to identify any themes and trends. Staff received safeguarding training and regular updates. They understood potential signs of abuse and explained how they would report any concerns to the most senior person on duty. If their concerns related to the managers then they would report this to the company head office. However, staff did not all understand their individual responsibilities in ensuring concerns were reported to external services if necessary. We saw this information was available for staff and was displayed on noticeboards in the staffing area. The registered manager told us staff were asked about this during supervision to check their knowledge. However, this would be further discussed at a staff meeting to ensure all staff were aware.

A number of staff had recently left the home. The registered manager told us there was ongoing recruitment to ensure staffing levels were maintained. There were four care staff working during the day, in addition the registered manager and deputy manager worked during weekdays, there was domestic staff each day, a cook and kitchen assistant. The kitchen assistant provided a selection of hot drinks and snacks during the morning. There were two care staff at night. The registered manager told us there had been recent recruitment. Maintenance staff were due to start work the following week and it had been agreed with the provider further recruitment could take place to provide extra domestic hours. During the afternoon in addition to their caring duties staff were responsible for the laundry and providing the hot drinks and supper meal. There was currently no activity co-ordinator and staff were responsible for providing activities for people. People's needs were attended to in a timely way and call bells were answered promptly. However, staff told us during the afternoons they were not always able to spend time with people or engage with people to provide individual activities. The staff member who was responsible for the laundry was able to help with care when needed however, staff explained they could not hear the call bells in the laundry. One staff member said, "It can be very difficult in the afternoons, there's not enough of us when you take into account what we have to do." There was a dependency tool in the computerised planning system but this was new and it was not clear how this was used to inform staffing levels. The registered manager told us staffing levels were determined by the provider. We raised the issue of afternoon staffing levels with the registered manager and nominated individual as an area that needs to be improved.

There was a safe system to order, store, administer and dispose of people's medicines. Medicines were stored in a locked medicine trolley and were given to people individually. Staff signed the Medicines Administration Records (MAR) chart after the medicine had been given. Most medicines were in blister packs, but for those that were not staff maintained a total of the tablets left. This meant staff could check to ensure the correct amount of tablets had been given. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were protocols in place for their use. Before giving these medicines staff asked people if they needed them. We observed people asking for their medicines throughout the day and staff gave them when people asked for them. This meant people received medicines only when they needed them.

There was information in the MAR charts to ensure people received the appropriate treatment. For example some people had health needs which required varying doses of medicine related to the specific test results. These varying doses were clearly recorded within the MAR chart. Where staff were required to undertake tests prior to giving the medicine the results were recorded to demonstrate it was appropriate to administer the medicine. MAR charts were generally well completed. These were audited to identify if they had been completed properly and any errors would be addressed immediately.

All staff received medicine training. Those who administered medicines received advanced medicine training. Before giving medicines on their own they underwent a number of competency assessments to ensure they had the knowledge and skills to do so safely. These competencies were checked annually. Staff with medicine responsibilities were knowledgeable about people and the medicines they required.

Appropriate recruitment checks had taken place prior to staff working at the home. This included references and criminal record checks with the Disclosure and Barring Service (DBS). This ensured, as far as possible, staff were of suitable character to work at the home.

Is the service effective?

Our findings

People told us staff had the appropriate knowledge and skills to look after them. One person said, "I don't have any doubts that they're thorough and do the job well." One visitor told us there had been a number of staff changes and they had recently been concerned about staff competencies however they added, "Consistency in caring for people is so important and it was a worry but I can say even after a week I was reassured and have no concerns about this now." People told us the food was good and they had a choice. One person said, "The food is lovely here, and plenty of it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications for people who did not have capacity and were under constant supervision by staff had been submitted. There was information about people's capacity in their care plans. The care plans informed staff where people were not always able to make choices and contained guidance. For example one care plan stated the person was able to choose what to wear if they were given a choice.

Staff received training and support to enable them to meet people's needs. When staff started work they completed an induction which introduced them to the provider's policies and procedures. They then shadowed another member of staff which enabled them to get to know people and the care they needed. One visitor told us, "You can see the new staff are supervised very closely to start with." Staff also undertook the Skills for Life Care Certificate training. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us about their experiences of induction and said this provided them with the knowledge they needed to support people.

Staff received regular training and updates in relation to moving and handling, safeguarding, infection control, dementia and mental capacity. We observed staff supporting people appropriately with their moving and handling needs throughout the inspection. One person needed the hoist to transfer to another chair. Staff explained the procedure, supported the person and reassured them throughout. In addition staff were able to undertake further training for example the diploma in health and social care at various levels. Staff told us the training they received helped them. One staff member told us, "Since dementia training I'm much calmer with people, I can try and understand how they feel."

There was an ongoing supervision programme, this included observation of staff in practice and one to one discussion. Staff told us they received this regularly and found it useful. They said it gave them an opportunity to discuss any issues and if possible solve problems. Supervisions included discussions with staff to determine their understanding of training they had received. One staff member told us they found

the observational supervisions helpful because they helped them focus on areas of practice they needed to improve. Where staff had been identified as needing to improve their performance we saw meetings took place with them and the registered manager to discuss what they needed to do to improve performance.

People were supported to maintain good health and received on-going healthcare support. They told us they could see the GP when they wanted to. One person said, "Yes I know they'd get me a doctor straight away if I was poorly, definitely they would." During the inspection we observed one person who was experiencing pain and discomfort. Staff attended to them promptly, they contacted the person's GP and reassured the person until the appropriate treatment had been received. Records confirmed that staff liaised with a wide variety of health care professionals who were accessed regularly. This included the community nurse, continence service, GP and chiropodist. Healthcare professionals told us staff knew people well, they referred people to them appropriately and acted on the advice given. This meant people received care and treatment from the appropriate healthcare professionals.

Mealtimes were clearly an important part of people's day. They told us food was good and they looked forward to their mealtimes. One person said, "The food's good, it's always full of smiles." People were able to sit where they wished and chose to remain in their own friendship groups. People's nutritional needs had been assessed and reviewed and people were supported to maintain a balanced and nutritious diet of their choice. The menu for each day was displayed on a white board in the dining room. People's dietary needs were reflected within care documentation. For example, the type of diet people required and if they needed support with their meals. People were weighed regularly and where for example they had lost weight they had been referred to the GP for dietician advice. Some people required a specialist diet for example diabetic, soft or fortified. People's dietary needs and preferences were recorded and the cook and staff had a good understanding of people's likes, dislikes and portion size and food was offered accordingly. People were able to choose where to eat their meals. Most people sat in the dining room although some remained in the lounges. People were offered a choice of meals and alternatives were available.

The dining area was nicely presented with tablecloths, cutlery, condiments and napkins. People were offered a choice of a soft drink with their meal. The meals were served directly from the kitchen, they were nicely presented and served hot. The mealtime was relaxed and unhurried and people were supported to maintain their independence through the use of specialised equipment and cutlery. People told us, they enjoyed their meals and we observed plates were returned empty. Some people required prompting and encouragement. This was provided appropriately and discreetly. We observed staff encouraging one person to eat their lunch. They told them what the meal was and then offered them more support, the person agreed and we observed the staff member informing the person what they were eating each mouthful. This meant people were involved in the mealtime experience.

Is the service caring?

Our findings

People told us staff were kind and caring. Throughout the inspection all staff displayed a kind, calm, gentle and caring demeanour. They got down to people's level to speak to them, they maintained good eye contact and listened to people. There was non task related conversations and shared humour. We observed one person making reference to a member of staff who was to be leaving soon. They said, "Oh I'm so sad he's going, I love him dearly." Other comments included, "They are all wonderful" and "Everyone here is so lovely to us." Visitors spoke very highly of the caring attitude of staff. One visitor said, "The carers are phenomenal and so dedicated, compassionate and respectful."

There was a warm and friendly atmosphere at the home. Staff were observant and attentive to people's needs. A member of staff noticed that someone's cup of tea had gone cold, they asked them if they would like another one and promptly went to get them one with a smile and saying, "There you are I'll keep an eye on you so it doesn't go cold again is that alright." General observations and the SOFI showed that interactions between staff and people were caring and professional. Staff approached people respectfully and spoke to them using their chosen name which meant people knew staff were addressing them. When staff were speaking with people they maintained eye contact when they were sitting and chatting with them.

People were treated with patience and kindness. One person repeatedly asked staff the same question. Each time the question was answered with politeness and reassurance without any sense that the person was being a nuisance. A visitor told us, "They're so sensitive and have endless patience, they're just exceptional." We observed one person was distressed, a member of staff reassured them then sat with the person, held their hand and spent a long time talking to them to ensure they were happier and reassured.

People were supported by staff that treated them with dignity and respect. They worked at the person's own pace and offered continual reassurance. We observed people being supported to walk around the home. Staff guided people gently by holding their hands or walking behind to reassure them. We heard one staff member say, "There we go, take it steady there's no rush just take your time." A visitor told us about a distressing situation and the support staff provided the person. They said, "Staff never wavered in the respectful and dignified way in which they spoke to (the person). They knew how to handle it well."

People were involved in decisions about what they did and where they spent their time. Staff promoted people's independence and ensured they were able to make their own choices. People were able to get up and go to bed when they liked. We asked about one resident and staff told us, "They're not up yet, they don't like to be disturbed before 11am." People were able to freely access all areas of the home. When they came into the lounge they were asked where they wanted to sit. Some people liked to stay in the lounge and others liked to stay in their rooms, people told us they were able to choose where to spend their day.

Staff knew people well, they had a good understanding of them as individuals. They were able to tell us about people's personal histories, likes, dislikes and choices. This knowledge of people enabled staff to communicate effectively and showed they understood the approach needed when caring for people living with a dementia.

People were supported to maintain their privacy and dignity. Bedroom doors remained closed when people received personal care. Staff knocked at doors before entering bedrooms to ensure people were happy for them to enter. We observed staff discreetly asking people if they required support with personal care. People were well dressed in clothes of their choice which were clean and well laundered. As far as possible people's bedrooms were personalised with their own belongings such as photographs and other mementos. As redecoration took place people had been involved in choosing the décor that suited them.

People's relatives and friends were able to visit the home whenever they wished. There were a number of visitors to the home during our inspection, they told us they were always welcomed. We saw visitors were enabled to spend time with their relatives as they wished.

Is the service responsive?

Our findings

People told us they received the care they needed to meet their needs. They said they were given choices and able to make their own decisions. Visitors told us they were involved in their relatives care. One visitor said, "I've not seen the care plan for about a year but in all honesty we chat about things as we go along so if anything changes we sort it out."

However we found The Park Beck was not consistently responsive.

There was an activities programme which included a range of external visitors and entertainers. However, there was a lack of stimulation and meaningful activity for people throughout the day. During the mornings we observed people sat in the lounge, the television was on but not everybody was watching it. We observed some people were sleeping in their chairs, others were talking to each other. Some people were less able to engage with others were playing with blankets or talking quietly to themselves. We saw people responded well to the opportunity to engage with others when it came. During the afternoon of the first day of inspection a singer visited the home. People joined in and enjoyed themselves. During the second afternoon staff asked people if they would like to watch a film. This was chosen however not everybody was watching it and again spent time sitting and dozing. The home had been given some 'Twiddle Muffs'. These are knitted hand muffs that provide people, usually those living with dementia, with sensory stimulation. However, these were not accessible to people unless provided by staff.

There was information in care plans about people's hobbies and interests but this had not been developed into individual activity plans for people. One person said, "We just sit here for hours twiddling our thumbs." Although it was a nice day the only people who went outside were those who were able to access the garden independently. One person told us they used to enjoy going to bingo but was unable to do that now. Another person said, "I used to go out at 7.00am every morning but I can't do that now." Someone else said, "I can't go out unless someone's with me but there's never anyone available." One relative told us, "People don't go out. Last year the manager found a coach company but there was a problem with funding and staff ratios. They do what they can with activities but there's no activity person now." Another relative said, "There really needs to be more for people to do."

The conditions of one person's DoLS authorisation had not been met. The condition stated the person was to have regular and meaningful trips out of the home (in addition to any provided by family or friends). This had not been addressed. In addition the provider had not used this information to identify other people who may like to go out, for example, for a walk with staff. We observed staff were busy undertaking a variety of tasks during the afternoon and had little opportunity to engage with people.

People did not always receive the care and treatment that met their needs or reflected their personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns we did observe some examples of meaningful activity for two people who spent time alone in the quieter lounge. We observed staff regularly checked and engaged with these people. Staff were observed sitting and talking with one person whilst holding their hand. Later we saw this person was

engaged with a 'Twiddle muff.' Another person was enjoying sorting pieces for a jigsaw puzzle; staff regularly chatted to this person, engaged with them and supported them with their puzzle. One person told us, "You know there's always someone around and I don't feel lonely in my room they're always popping in to see if I'm alright."

Before moving into the home the registered manager completed an assessment to ensure the person's needs could be met at the home. This was completed with the person and where appropriate their relative or representative. This information was used to develop their care plan and risk assessments. Care plan reviews took place regularly. Relatives told us they were involved in their loved one's care and kept updated about any changes.

Staff knew people well, they had a good understanding of people as individuals, their daily routine, their likes and dislikes. Staff involved people in what was happening throughout the day. We observed people getting up at times that suited them and staff were aware of people's individual preferred routines. We observed staff supporting people in the way that suited the individual and respecting people's wishes. One visitor told us, "They know how best to support people. They might try and encourage or cajole someone but they'd never force any one. If a resident responds better to a different member of staff then they'll give it a few minutes and try again for another carer to get a response."

People received the care they required, for example in relation to their continence and pressure area needs. People having regular access to fluids and people in their rooms told me it was always available to them. One person said, "Any time if I needed anything and they see to you. You never feel like anything's too much trouble."

Staff had a handover whenever they came on duty. This included up to date information about people, any changes to their needs or individual reminders. Staff used this information to support the care they provided to people. The handover was documented and staff told us following a long time off work such as a holiday they could look back at the handover documents to see what changes had occurred during their absence.

There was a complaints policy in place this included guidelines on how and by when issues should be resolved. We saw formal complaints had been received and these had been responded to in line with the provider's policy. At the time of the inspection there was one formal complaint in progress that had not yet been resolved. People told us they were happy to raise any issues with staff. One visitor told us their relative, "Has a tremendous spirit and wouldn't be frightened to speak up and tell them." Another relative told us about a concern they had raised which had been addressed and resolved promptly by the registered manager and staff.

Is the service well-led?

Our findings

We carried out an inspection of The Park Beck in July 2015 where we found that where quality and safety issues had been identified by the registered manager, the provider had failed to ensure necessary improvement. An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we identified there was a continued breach in the quality assurance systems.

People spoke highly of the registered manager, we saw people approached him freely and chatted with him. Some people who were able mentioned the registered manager by name and told us they would speak up if they had any concerns. Visitors told us he was approachable and they could raise concerns with him. However, some did express frustrations that identified issues weren't always acted on. One visitor said, "Within the home it's managed very well but I think there are problems and obstacles further up." Another visitor told us, "We ask about lots of things, the manager appears to listen but nothing ever seems to get done." A recent relative survey had identified they felt the garden needed to be better maintained and the décor and building needed to be improved.

We found The Park Beck was not well-led. We found concerns that had been raised had not always been addressed or not addressed in a timely way. On other occasions the provider had not responded to requests from the registered manager.

At our inspection in July 2015 we identified people could not access the garden because it was overgrown and unsafe. We had been told by the provider this had been addressed. However, further concerns were raised with us during July 2016 because the area was inaccessible. The registered manager told us further works were planned and these had been completed at the time of our inspection. One visitor told us, "I think what they've done to the garden is lovely, but it's too late for my relative. We've been asking for this for years."

A number of concerns had been identified to us before our inspection for example the cleanliness of bedrooms and the poor quality of the bed linen. Although this had been addressed at the time of our inspection these issues had not been identified and acted on until concerns had been raised by an external professional. The provider had not identified one person's DOLS conditions had not been met.

We found there was a lack of communication between the provider and the registered manager. Redecoration of the communal hallways had started however, the contractors had left the service and the work had not been completed. The registered manager had contacted the provider on 18 August 2016 to ask when this work would be finished but had not received a response, at the time of our inspection, to know when this would be done. Before our inspection there had been a fire risk assessment and an inspection of the home by the local fire service which had identified a number of concerns that needed to be addressed. The registered manager had developed an action plan and started some work. He had contacted the provider on 8 September 2016 to request further works which required provider authorisation. At the time of our inspection the registered manager had not received a response, following further communication during

our inspection the registered manager was informed further works had been arranged for the following week but this had not been communicated to the registered manager. This meant the registered manager did not always have the full oversight of what was happening at the home.

Although there were PEEP's in place for people using the service, some staff lived-in at the home. They had not been included on the PEEP's to demonstrate they may be in the home. There was no information about whether they would be expected to assist in case of an emergency evacuation. The registered manager had not received any information about the agreement around rules and conduct for staff living in. We received a copy of this following the inspection.

Quality assurance systems had not identified all the shortfalls we found in relation to some areas of cleanliness and the lack of information about who was able to consent on a person's behalf, if they lacked capacity. Within the care plans we saw people's relatives had signed consent forms in relation to care and treatment and having their photographs taken. We observed staff asking people's consent prior to offering care and support throughout the inspection. However, there was no information about whether their relatives had the right to consent on the person's behalf or whether the agreement should be as the result of a best interest meeting. There was no information in the care plans about whether people had a power of attorney in place and what this covered.

The provider had failed to assess, monitor and improve the quality of the services provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us following concerns raised, changes had been made to the recording of incidents, accidents and falls. This was to ensure they were all analysed to identify themes and trends to ensure action could be taken to prevent a reoccurrence. Although this had started, further time was needed to ensure it was embedded into practice because it had only been in place for two months. Staff were aware of their individual responsibilities for example when reporting a bruise. They knew how to record the concern which included a body map and incident form and report to the senior person on duty.

The registered manager or deputy manager undertook a daily walk round to look at the environment, care delivery and service provided. Checks included discussion with two people to ensure they had no concerns, three bedroom checks, ensuring people had access to call bells, checking five MAR charts for accuracy and discussions with staff about people's care needs.

We found some care plans did not currently contain all the information staff needed to support people. This did not impact on people because staff had a good understanding of their needs. However there was a risk if there was a new person moved into the home or agency staff may not have the information they needed to provide consistent care. The registered manager and deputy manager were aware of this and were working to address it.

There had been a number of changes to the record keeping and recording processes. This was in progress and had not yet been fully developed. People's care plans had been transferred to a computerised system. Staff recorded people's daily notes on an iPod system. This was a hand-held digital device on which staff recorded the care and support people have received. People's care plans had been transferred to the computerised system which staff could access on their iPod. However, the care plans were not easy to see on the smaller screen. The registered manager told us staff would be able to access the information from a computer in the future. Once complete, care plans would be printed out to ensure staff could access them easily. Risk assessments and other documentation was in the process of being transferred to the

computerised system and were therefore still available in people's care files.

The registered manager worked hard to develop a positive culture at the home. Staff told us they could talk to the management team if they had any concerns. One staff member said, "I have supervision but I can speak to the registered manager any time." A visiting professional told us "The best thing about the home is the registered manager and deputy manager, they work well together." Staff and resident meetings took place regularly. Staff were updated about changes and concerns currently affecting the home. We saw reminders to staff about updates to the safeguarding concerns which meant they were involved in what was happening at the home. There were a number of action plans in place which the registered manager was working to complete these to improve and develop 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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive the care and treatment that met their needs or reflected their personal preferences. 9(1)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. 15(1)(c)(e)

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the services provided. Records did not reflect all the care people required or received. 17(1)(2)(a)(c)(f)

The enforcement action we took:

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