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Argyle Park Nursing 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Argyle Park is a nursing home in Southport that caters for the needs of older people. It has 31 en-suite bedrooms for both male and female residents.

This was an unannounced inspection which took place on 8, 11, 13 January 2016. The service was last inspected in June 2014 and was meeting standards at that time.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing, safeguarding, consent to care and treatment, care plans and good governance.

Prior to, during and following the inspection, we received concerns regarding the staffing levels in the home. We found there were not enough staff on duty at all times to help ensure people's care needs were consistently met.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

Summary of findings

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

We saw there were good systems in place to monitor medication safety and that nursing staff were supported with updates to help ensure their competency so that people received their medicines safely.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had. A recent safeguarding incident had been investigated by the home and had not, initially, been referred to the local safeguarding team. This did not follow standard safeguarding procedures.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Planned development / maintenance was assessed and planned well so that people were living in a comfortable environment.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people. Staff were able to explain each person's care needs and how they communicated these needs. People we spoke with and their relatives were aware that staff had the skills and approach needed to ensure people were receiving the right care.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were not always followed in that an assessment of the person's mental capacity was not made.

There was one person who was being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the authorisation had recently been made following referral to the local authority and was being monitored by the manager of the home.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Most people we spoke with said they were happy living at Argyle park. They spoke about the nursing and care staff positively. However, most interviews also included comments regarding how little time staff could spend talking and providing extra contact to enhance people feelings of wellbeing. A good example was one person who said, "I am very happy at the home but I get lonely sometimes. The staff don't have a lot of time to chat with me."

When we observed staff interacting with people living at Argyle park they showed a caring nature with appropriate interventions to support people. Staff had very limited time however to spend with people and engage with them.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

We discussed the use of advocacy for people. There was no information available in the home, including the service user guide, regarding local advocacy services if people required these. There was policy statement and the manager said they would ensure this was advertised in the home. The manager was able to discuss some past and current examples of people who had received formal advocacy from legal representation.

We asked people how their care was managed to meet their personal preferences and needs. Most people were satisfied with living in the home and felt the care of offered met their care needs but they also felt this could be improved and made more personalised.

Most people we spoke with said they were consulted about the care planning and we saw some of the care plans were signed or showed evidence of people's input. This was not consistent however as we saw other care records and plans that displayed very little evidence of people's input.

Care plans evidenced an individual approach to care that was not reflected in daily care records or observations we made.

Summary of findings

Activities were organised in the home but these were not on a daily basis. The activities person was well qualified in terms of background and was motivated to provide meaningful activities. They visited the home for a total of one day a week.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We could not find any obvious display of the complaints procedure in the home and the manager said they would address this. We saw there were good records of complaints made and the registered manager had provided a response to these.

The registered manager was able to evidence a series of quality assurance processes and audits carried out

internally and externally from visiting senior managers for the provider. We found some of these were not currently developed to ensure the most effective monitoring and in some areas there needed to be developments to ensure standards were identified and continually maintained.

The manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home. We discussed the fact that a notification had not been made following one person in the home being assessed for a Deprivation of Liberty Authorisation.

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?

The service was not always safe.

A recent safeguarding incident had been investigated by the home and had not, initially, been referred to the local safeguarding team. This did not follow standard safeguarding procedures.

There were not enough staff on duty at all times to help ensure people's care needs were consistently met.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There was good monitoring of the environment to ensure it was safe and well maintained. We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Requires improvement



Is the service effective?

The service was not always effective.

We found the home supported people to provide effective outcomes for their health and wellbeing.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were not always followed in that an assessment of the person's mental capacity was not made.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Requires improvement



Is the service caring?

The service was not always caring.

When interacting with people staff showed a caring nature with appropriate interventions to support people. Staff had very limited time however to spend with people and engage with them.

Requires improvement



Summary of findings

People told us their privacy was respected and staff were careful to ensure peoples dignity was maintained.

There were opportunities for people to provide feedback and get involved in their care and the running of the home but these could be better developed.

Is the service responsive?

The service was not always responsive.

Care plans evidenced an individual approach to care that was not reflected in daily care records or observations we made.

There were some activities planned and agreed for people living in the home.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints made had been addressed.

Requires improvement



Is the service well-led?

The service was not always well led.

There was a registered manager in post who provided a lead for the home.

Some of the systems for auditing the quality of the service needed further development.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes but this needed to be better developed.

We found the management structure to have developed with clear lines of accountability and responsibility which helped promote good service development.

Requires improvement



Argyle Park Nursing 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 checked 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 which took place on 8, 11, 13 January 2015. The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor was a qualified nurse.

We were able to access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

During the visit we were able to meet and speak with 11 of the people who were staying at the home. We spoke with eight visiting family members and a family member by phone following the inspection visit. As part of the inspection we also spoke with, and received feedback from four health care professionals who were visiting the home who were able to give us some information regarding how the service supported people.

We spoke with 13 of the staff working at Argyle Park including nursing staff, care/support staff, kitchen staff, domestic staff and senior managers. We also spoke briefly with the providers [owners] of the home.

We looked at the care records for eight of the people staying at the home including medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives. We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Is the service safe?

Our findings

Prior to our inspection we received a concern from a visitor to the home who raised a number of issues including the provision of enough staff to carry out care. The person felt the home was generally understaffed and gave an example of their relative being left for a long period [50 minutes] before carers could assist them to the toilet.

The information we had prior to the inspection from the provider in the provider information request [PIR] told us: 'The dependency of the service users within the home is monitored and going forward this will form part of the monthly quality assurance document to ensure that the staffing numbers and skill mix are adequate to meet the needs as presented'.

When we visited the home we checked to see if there was sufficient staff to carry out care in a timely and effective manner. During the morning we made observations in the day area/lounge and spoke with people. We found that people who were in the lounge were left for long periods without any staff presence. For example, the first 25 minutes we observed there were four people sat in chairs in the lounge. There was no staff over this period as they were engaged with carrying out care elsewhere. We saw requiring staff to assist them to the toilet but there were no staff available and no call system available. The person told us, "There's never anybody around – you might be lucky sometimes. We can't call staff – there's no bell – it's horrible."

we carried out observations over a 95 minute period and we recorded a total of four care staff interactions with people sat in the lounge. The interactions lasted for approximately 5-6 minutes in total. The only other presence from any staff over this period was a member of the kitchen staff who delivered the tea trolley at 10.40 and gave the five people present a cup of tea. This lasted 5-6 minutes.

The concern here is that people present were left without staff attention for most of this time and had no means of calling staff. We did not observe anybody at risk regarding their safety but we did observe people who needed attention for personal care but it was not available.

We spoke with the people in the lounge. Five people we spoke with varied in responses but all said that staffing was an issue in the home. One person told us, "It's not so bad,

staff are okay but you have to grab their attention as it's usually a while before you see them again." Another person said, "Staffing is always a problem. If you call for staff they can take a while – sometimes up to 40 minutes. It's worse from 10.30am till 3pm and then again in the evening. Staff are overworked." We were also told, "You can't blame individual staff – they are all really good but they have to do things in a systematic way instead of looking after people individually. You have to wait for everything. Staff are not available outside routine care."

Two of the visitors/relatives we spoke with also made comments regarding staffing. One said, "The care is not of a good standard at times. Staff shortages and staff changes are the problem."

When we spoke with care staff on the days of our inspection we were told that generally they enjoyed working in the home and felt there was a good atmosphere and good team work. We were told there had been six care staff on each morning following the last inspection in June 2014 but at some point this had been reduced to five care staff. Staff were not sure why this had happened. One staff said, "Lots of staff have left suddenly, over the last few months, and it's been difficult to cover." Another staff told us, "The staffing has been an issue recently. It could happen that staff are not available for residents in the lounge as we are always busy elsewhere."

We spoke with the registered manager regarding our observations and findings. We were told there had been a number of staff who had left over the past months and the home was actively recruiting. The registered manager did not give a clear explanation as to why care staff numbers had been reduced in the day time by one staff member apart from saying, "We need to watch the agency budget." We were also told by the registered manager that the intention was to have six staff in the morning however, "I think we have enough staff now."

We asked how staffing numbers were calculated. We were told there was a dependency assessment tool in use by the provider for some of the other homes in the group but this had not been used at Argyle Park. On the last day of our inspection the registered manager gave us a copy of the dependency assessment they had completed the day before. This had assessed the home as currently having enough staff.

Is the service safe?

The registered manager explained that there was normally a call bell for the lounge area but this was out of commission because the batteries had run down. The registered manager said she would review the situation re provision of call bells for this area if required.

Over the first two full days of our inspection the home had 30 people in residence. We were given written information on all of the people living at the home which told us only four out of the 30 could be mobilised or moved with less than two staff; 13 people required a full hoist to be moved – requiring two staff.

Four days following our inspection visit we received another concern from a visitor to the home. We were told that “Since last April the staffing levels have reduced and there is a lot of agency staff so there is a lack of continuity and lack of care as they [agency staff] don’t know what they are doing. Over the Christmas period there was only three (care) staff in the home for 30 residents.” The caller stated, recently, their relative was waiting to be taken down for lunch at 11:50am and waited 40 minutes. As they were waiting the caller noticed there were about six call bells going at the same time but there was not enough staff on to see to everyone and a lot of people were waiting to be assisted to the toilet.

We asked the manager for a copy of the duty rota for the Christmas period and this confirmed that on one day [1 January 2016] there were three care staff and a nurse on duty.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training within the last year. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available.

There had been two safeguarding incidents that had occurred at Argyle Park over the last month prior to our inspection. We looked at how both of these had been managed by the home during our inspection visit.

The first had been the result of a staff member who had reported allegations of abuse to a senior manager at Argyle Park. The allegations had been initially investigated by a senior manager for the provider. There was a concern that when the allegations had initially been made, there had been no referral or liaison with the local safeguarding team at the local authority in the first instance, which was the agreed local policy to ensure proper investigation and monitoring of any allegations of abuse. There had also not been any notification of the allegations to ourselves [the Care Quality Commission] as this is a regulatory requirement. The investigation was ongoing at the time of the inspection.

We discussed this with the registered manager as the process of this safeguarding investigation had not followed agreed local authority protocols. The registered manager explained that the initial allegations had been ‘vague’ and this was the reason a referral had not been made to social services. The senior manager for the provider who had looked at the initial allegations had been satisfied that it need not go any further.

The registered manager pointed out the second allegation of abuse that had been made. We were told about this on the inspection by the registered manager. This time the manager had followed agreed protocols and CQC had been sent a notification which we received following the inspection visit.

We looked the homes policy on managing allegations of abuse and this followed good practise guidelines and stated: ‘Any allegation of abuse will be properly reported... in conjunction with the lead agency (Local Authority). All assistance will be given to the investigation as advised by the lead agency’ and ‘We will work together within the agreed policy framework and procedural guidelines issued by the Local Authority...’

We discussed this further with a senior manager for the provider, as a similar failure to liaise with the Local Authority safeguarding team had occurred in March 2015 in a sister care home with the same provider. At that time the senior manager within the organisation for the provider had said they would take this on board and ensure future actions would include the initial consultation/referral with the local authority safeguarding team.

It was a concern that further failure to report allegations of abuse had occurred at Argyle Park.

Is the service safe?

This was a breach of Regulation 13(1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We saw the general environment was safe with no obvious hazards.

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. The plans took account of peoples behaviours and communication needs. We spot checked other safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date. This showed good attention to detail with regards to ensuring safety in the home and ongoing maintenance. We spoke to the maintenance manager who told us the home was well resourced in this area so that any issues could be quickly picked up and dealt with.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

We saw records that showed people were given medicines at appropriate and correct times by staff. Staff described how they carried out medication management and this met with the home's policy; ensuring safe administration.

We spoke with a nurse who told us that nursing staff had received updates in medication management and they felt the current systems in the home were well managed. Any new nursing staff employed underwent a medication update which included observation by the manager to ensure their competency to administer medicines and ensure they had the necessary skills and understanding.

We looked at PRN [give when required medicines] and variable dosage medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

We saw that people's medicines were reviewed on a regular basis and records confirmed this. We saw routine audits carried out by the nursing staff on a weekly basis as well as an audit by the area or 'compliance manager' on a monthly basis. These covered storage, stock check for medications and other aspects of medication administration. We carried out a stock check of one medicine and found this was correct.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place.

Is the service effective?

Our findings

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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. The registered manager was able to discuss examples where people had been supported and included to make key decisions regarding their care. For example we saw one person had completed a lasting power of attorney [LPA] which is a legal document to arrange for a chosen advocate to make key decisions in the event of a person no longer having capacity to do so. Details of this were recorded appropriately. We also saw how people were encouraged to make key decisions around end of life care. We saw the registered manager speaking to a relative and consulting them regarding this. We saw examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made and we could see the person involved had been consulted and agreed the decision.

There was less evidence for decisions made for people who lack mental capacity. For example we saw decisions had been made in a person's best interest to put bedrails in place. In discussion with the registered manager, we were told this was to protect the person from harm as they may be at risk of falling out of bed. The risk assessments were recorded explaining this but there was no assessment of the person's mental capacity to be involved in this decision (we were told the person was 'confused'). The registered manager showed us an assessment tool which could be used for this purpose but could not show us any examples of this being used for any person who may lack capacity with respect to other key decisions being made; this despite the PIR completed by the manager telling us that there were 13 people who had some sort of restrictions in place regarding their care.

This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had applied for one person to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the standard authorisation from the local authority was in place and was being monitored by the manager of the home.

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people. The interactions we observed were brief and were when staff were engaged in care tasks. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs.

We spoke with four health care professionals who were involved in the support of people at Argyle Park. One professional told us, "The home has a very robust care link with the local hospice and the care teams working from there." Another professional said, "The home is very good at calling for help for palliative care. There is a team at the hospice which provides staff training and Argyle Park makes use of this facility. They are given training on parenteral feeding and pain relief." Another nurse, who visited twice weekly, told us, "The home is very good. There is good communication with the nursing staff here and they seem very caring." We were also told that staff kept health care professionals up to date with any changes to people's health care status.

We looked at the health care for eight of the people living in the home. Each person's care file included evidence of input by a full range of health care professionals. If people had specific medical needs we saw these were well documented and followed through. For example one person had a specific medical diagnosis requiring careful monitoring and awareness by staff of key areas of risk. We saw these were explained in the care plan and there was information for staff to access for further background. The person required full personal care requiring two staff. When we visited the person they told us staff responded well to their care needs. They said that 'regular' staff knew their care needs well and could be trusted to monitor things well. We saw this person had been assisted with the introduction of communication tools as they had limited use of their hands, which also assisted them to control aspects of their environment such as the TV.

Is the service effective?

Two people were receiving feed via a tube into their stomach (percutaneous endoscopic gastrostomy – PEG). This was recorded in a different file to the care plan although the amounts and timings were recorded in the care plans. Again we found the care planning to be clear, with enough detail to both explain and carry out the care needed. We saw that all of these care plans had been regularly reviewed and updated with reference to any external health support needed.

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care with respect to maintaining their health. We looked at the training and support in place for staff. The manager supplied a copy of a staff training calendar and records for training undertaken and planned. The registered manager sent us a 'training matrix' and we saw training had been carried out for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

The registered manager told us that many staff had a qualification in care such as QCF (Qualifications and Certificates Framework) and this was confirmed by records we saw, where nearly 70% of staff had attained a qualification and others were currently undergoing such a qualification.

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions. We asked about staff meetings and we were told that issues get discussed at daily handover but there were no formal staff meetings arranged on a

regular basis. We discussed this with the manager as a possible development as it would provide a formal process for staff feedback and communication. Staff reported they were asked their opinions and felt the manager did their best to act on feedback they gave and this helped them feel acknowledged and supported.

Prior to the inspection we had received some concerning information that drink/fluids were not being provided adequately. We observed the breakfast and lunch time provision in the lounge/ dining room. At breakfast time there was limited staff input in the lounge area but we saw that each person had been given a breakfast and had drinks placed in front of them. There was also a 'drink bar' in the lounge. Throughout the morning we saw drinks being provided on a regular basis. We spoke with people in their bedrooms who told us there was no problem with the provision of drinks and our observations confirmed this. People we spoke with told us that the meals were good and they were generally satisfied with meals provided.

People could choose where to eat their meal, either in the dining room or in their bedroom. In the dining room most people were sat in lounge chairs with a table in front of them where they had their meals. We were told by staff that if people preferred they could sit at a communal table but we saw that there were only two tables available in a small area of the lounge allocated and on one day only one person was sat at a table being supported by a staff member. We observed that meal times were generally a solitary experience rather than a social event.

We observed the kitchen area and found that kitchen staff had access to information regarding people's dietary needs and preferences.

Is the service caring?

Our findings

When we spoke with people living at the home we had a mixed response with regards to feelings of wellbeing. Most people we spoke with said they were happy living at Argyle park. They spoke about the nursing and care staff positively. However most interviews also included comments regarding how little time staff could spend talking and providing extra contact to enhance people's feelings of wellbeing. A good example was one person who said, "I am very happy at the home but I get lonely sometimes. The staff don't have a lot of time to chat with me."

We did not receive any adverse comments from people during the inspection regarding staff approach when they were delivering care. When we observed staff interacting with people living at Argyle park we saw there was a natural warmth and empathy with a shared rapport. Staff showed a caring nature with appropriate interventions to support people. These interactions showed good interpersonal skills and understanding. Staff had very limited time however to spend with people and engage with them in a positive manner.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained. People told us that staff knocked before entering bedrooms and they were patient and careful when delivering personal care. We saw one staff member approach a person discreetly when they asked to be assisted to the toilet.

We asked how the home involved people in its running and provided information to people. The registered manager told us about resident meetings that had been arranged so people could provide feedback. We saw notes for the last meeting organised in October 2015. The manager said the aim was to hold these every 4/5 months. Issues such as advance care planning, use of agency staff and a food survey were discussed. In order to get further feedback the registered manager had also given out survey forms at the meeting. To date only four of these had been returned

however. We were told the surveys were collected and analysed by a senior manager and feedback would be provided but this had not yet been carried out. We saw the surveys returned and all showed that overall these people were satisfied with care provided. One highlighted there were not enough activities. There had been no feedback to people living at the home regarding the survey.

The PIR form the provider completed stated:

(There are) 'regular service user and family meetings as well as (an) open door policy for all to be able to discuss concerns or level of care being delivered with the manager and senior staff within the home' and 'attention given to feedback given on questionnaires and actioning points as appropriate'.

We spoke with the manager regarding some of the feedback we had received from our inspection and discussed the need to review the frequency of these various forums so that people living at the home were provided with opportunities for a greater say in the running of the service. The manager said they would consider this.

We spoke with a person who lived in the home who told us they go around and talk to other residents and feedback any issues to the registered manager. The person said they had fed back recent concerns regarding staffing at times. They also produced an occasional newsletter for the home. The registered manager said they would try and develop this further.

There was some information available in the home for people via the 'service user guide' and we were told this was in all of the bedrooms for people to get information from. We discussed the use of advocacy for people. There was no information available in the home, including the service user guide, regarding local advocacy services if people required these. There was a policy statement and the manager said they would ensure this was advertised in the home. The manager was able to discuss some past and current examples of people who had received formal advocacy from legal representation.

Is the service responsive?

Our findings

We asked people how their care was managed to meet their personal preferences and needs. Most people were satisfied with living in the home and felt the care offered met their needs. Most felt, however, that improvements could be made to help ensure care was more individualised. One person we spoke with said there is a need for a routine to the care but there was little flexibility outside this. For example, another person told us that their 'bath day' was on a certain day of the week but the week before they had not been offered a bath because it was very busy. We were told by another person that, "If you miss your bath you have to wait till the following week." Some of our observations of the care supported these comments as staff were not always available to deliver personal care requests, such as requesting the toilet, in a timely manner as they were busy elsewhere.

We reviewed the care records of people living at the home. Most people we spoke with said they were consulted about the care planning and we saw some of the care plans were signed or showed evidence of people's input. This was not consistent however, as we saw other care records and plans that displayed very little evidence of people's input. Some people we spoke with said they had never, or vary rarely, seen their care records or care plan.

The care plans we saw were well developed and described good individualised care. The manager advised us that they had revised all of the care files to contain information regarding people's personal preference and routine. This information was maintained in the main office and although it could be accessed by care staff this was not practical due to time constraints. Staff we spoke with said they very rarely saw the care plans although care was obviously discussed at handover times.

All people living at the home had a chart called 'All Care Record'. This was designed to record aspects of care including health related observations such as fluid intake, nutrition, bowels, urine output, and personal care such as the use of continence pads, mouth care, hair and nails. This record was completed by care staff in the late morning. The recording on these charts lacked consistency and did not relate to people's assessed care needs. We were told by the registered manager that, "All the residents are on these charts and all aspects of care should be recorded by care staff." On most records, only elimination (bowel and urine)

were completed. On one particular record, only eight out of 20 days had a record of the person's mouth care, hair and nails being attended to. Fluids and nutrition were completed on some of the 'All Care Records' but there were gaps in the recording of these with some days missed.

We discussed the use of these charts with the registered manager. If all were due to be completed daily by staff, this was not being achieved. It was unclear however which of the people these observations were more relevant for, as they were not individualised to people's assessed care needs. Care staff had access to a 'handover sheet' which contained basic information regarding each person's care and we saw this was useful as an aid memoir for care delivery. Care staff however, did not have easy access to more specific care planning information in a form they could easily assimilate. The 'All care charts' had no correlation with the care planning as they were not individualised. The registered manager said they would look at ensuring the daily care records and care plans were better assimilated so that staff had easier reference. This may help in terms of ensuring care was personalised and targeted to people's individual care needs.

This was a breach of Regulation 9 (1) (b) 3 (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about activities in the home and how these were organised. There was nowhere where activities were advertised. On the first day of our inspection there were no in house activities organised for people. We spoke to a person living in the home who said that they were involved in asking who wanted to go out on a trip locally in the mini bus supplied by the provider. This was a regular event every fortnight. We were also told that an entertainer was organised on a monthly basis and there was a craft session, also monthly. We spoke with a member of staff who organised activities for the homes in the provider group. This meant they were only available for Argyle park one morning or afternoon a week to do chair exercises. We were told, however, that their time at Argyle Park had increased the week we inspected to two sessions a week.

The activities person was well qualified in terms of background and motivated to provide meaningful activities. The activities staff member interacted well with people living at the home on the morning we observed them and they clearly appreciated this input.

Is the service responsive?

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We could not find any obvious display of the complaints procedure in the home and the manager said they would address this.

Prior to our inspection we had received information from two visitors who had made complaints to the service; one of whom said they 'had not been responded to'. We checked these out on the inspection.

We saw there were good records of complaints made. There had been 13 complaints listed since February 2015. We saw that all of the complaints, including the two we were aware of prior to the inspection had been investigated and addressed in terms of a response by the registered manager.

Is the service well-led?

Our findings

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally and externally from visiting senior managers ('compliance managers') for the provider.

We found some of these were not currently developed to ensure the most effective monitoring and in some areas there needed to be an audit tool introduced to ensure standards were continually maintained. For example, from the evidence we found there were current issues with the level of staffing in the home. This was evidenced most strongly from our observations early morning. We did not find this reflected in any of the management audit tools we saw. There had been no use of the services staffing dependency tool to try and measure this. The registered manager completed an assessment on the final day of our inspection. We would question the validity of this measuring tool as it did not take account of what we observed and heard from people living at the service.

The strength of feeling we witnessed from some of the people and visitors at the home similarly had not been picked up by the homes forums, such as resident meetings and surveys which were infrequent and lacked any depth or analysis. For example, only four surveys had been returned from October 2015 and these had not been analysed or fed back to staff or people living at the home. Similarly there was a lack of staff forums where staff could raise concerns or issues as a group and receive feedback. The 'compliance manager audit' seen for November 2015 noted there had been no staff meetings but there were no plans to address this.

We were told the recording of care by care staff (the 'All care charts') were subject to continued monitoring and audit but we found these to be incomplete and not linked to individual care planning. There had also been regular audits completed of care plans and records, yet the lack of a mental capacity assessment for some people had not been identified or addressed.

The manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home. We

discussed the fact that a notification had not been made following one person in the home being assessed for a Deprivation of Liberty Authorisation or a notification following one allegation of abuse.

We discussed with the registered manager the need to review and develop some of the monitoring systems and tools to better reflect on-going issues in the home.

These findings are a breach of Regulation 17 (1) (2) (a) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some audits required improvement, we saw that the provider had expanded the monitoring and auditing systems in the home and the organisation. The registered manager had been in post since our last inspection and had introduced and maintained good standards of care regarding people's health care needs. The manager had liaised well with external professionals and had built up a useful network of support for people living at the home. The feedback from people regarding the registered manager, from both staff and people living at the home, was positive. The registered manager was seen as somebody who was approachable and well organised. They all thought the registered manager was a very visible presence. We saw that the manager interacted politely with people who lived at the home and people responded well. The manager was supported by a deputy. There is now a settled nursing team which was an improvement from the previous inspection.

The home was well monitored in terms of health and safety and environmental safety. There was a maintenance manager and maintenance team who showed us well organised and up to date audits and checks made.

The provider has increased in size as an organisation over the last few years and the senior management structure had grown at the same time and is now clearly identifiable in terms of structure and responsibility. The 'compliance managers' cover a number of the provider's services and visit to offer support and monitoring. We saw a series of quality / safety audits carried out which cover key areas and indicators of performance such as complaints monitoring, infection control, accidents and medication. For example we looked at how accidents and incidents were recorded and monitored. We found the way accidents were recorded was detailed and these were seen by the manager and reviewed individually and any ongoing action

Is the service well-led?

for the individual concerned was considered. These were also reviewed on the monthly compliance managers audit looking at patterns and lessons to be learnt regarding the totality of the accidents occurring. This would help ensure trends or lessons to be learnt were identified.

We were told by the registered manager and compliance manager that there were monthly managers meetings. These involved managers for the provider's services meeting to discuss and share experiences so that learning

could take place across the organisation. We were shown a recent meeting where another CQC inspection report had been shared and discussed with a number of action points listed.

We discussed, at feedback with the registered manager that the overall management structure and monitoring had improved but more work was needed to ensure key areas were being identified and addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	When people were unable to consent, the principles of the Mental Capacity Act 2005 were not always followed in that an assessment of the person's mental capacity was not made. Regulation 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans evidenced an individual approach to care that was not reflected in daily care records or observations we made. Regulation 9(1) (b) 3 (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Some of the systems for auditing the quality of the service needed further development to ensure better monitoring of key issues. Regulation 17 (1) (2) (a) (c) (e) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Action we have told the provider to take

A recent safeguarding incident had been investigated by the home and had not, initially, been referred to the local safeguarding team. This did not follow standard safeguarding procedures.

Regulation 13(1) (2) (3)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not enough staff on duty at all times to help ensure people's care needs were consistently met.

Regulation 18(1)

The enforcement action we took:

We served an enforcement [warning] notice