

Countrywide Care Homes Limited

Manor Park Care Home

Inspection report

Leeds Road
Cutsyke
Castleford
West Yorkshire
WF10 5HA

Tel: 01977604242

Date of inspection visit:
14 February 2018
20 February 2018

Date of publication:
26 April 2018

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 ●

Summary of findings

Overall summary

This inspection took place on 14 and 20 February 2018. The first day was unannounced. This meant no-one at the service knew we were planning to visit.

On 14 February 2018 the dementia unit was closed to non essential visitors due to a flu outbreak. When we returned on 20 February 2018 the dementia unit had reopened and we were able to conclude this inspection.

We checked progress the registered provider had made following our inspection on 9, 10 and 16 March 2017 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 9, Person-centred care, Regulation 12, Safe care and treatment and Regulation 17, Good Governance.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive, caring and well-led to at least good. We found improvements had been made in some areas, however the service continued to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 9, Person-centred care and was now also in breach of Regulation 14, Meeting nutritional and hydration needs.

Manor Park is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Manor Park is a purpose built care home that provides both residential and nursing care for up to 75 people. There are three separate units within the home divided into nursing care, residential care and care for people living with dementia. At the time of this inspection there were 67 people living at Manor Park.

The manager had been at Manor Park for approximately six months at the time of this inspection. She was in the process of registration with CQC. 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.

We saw people were not always given a choice of what to eat and drink at mealtimes. On the first day of this inspection some people were not offered any food or were not supported to eat it when required.

Staff told us they knew what it meant to treat people with dignity and respect. However, we saw this did not always happen in practice, particularly when some people were being supported to eat.

Activities were advertised as taking place at Manor Park. Some people and their relatives told us they would like more activities and of a wider variety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we recommend the registered provider considers ways to improve care staff's understanding of Deprivation of Liberty Safeguards (DoLS) and the implications for day to day practice.

The service had systems in place to help keep people in safe. However, these were dependent on staff recording all concerns, incidents and accidents so managers could follow up any outstanding actions, track progress and identify any wider trends.

People and their relatives told us there were not always enough staff employed to safely meet people's care and support needs in a timely way.

People had detailed electronic care records, which contained risk assessments and care plans covering all areas of daily living, such as mobility and personal care. However, the information recorded was not always accurate or consistent.

Staff were knowledgeable about how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

We found effective systems were in place to ensure medicines were stored, managed and administered in a safe way.

People were supported to access health and social care professionals to help maintain their health and well-being.

There was a complaints policy and procedure. This was clearly displayed in the reception area.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found two 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People and their relatives told us there were not always enough staff on duty to safely meet people's care and support needs in a timely way.

We found systems were in place to make sure medicines were safely stored, and people received their medicines as prescribed.

Safe recruitment procedures were followed to make sure staff were of suitable character and background.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not everyone was supported to access nutritious food and drink to promote good health and well-being.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). However, not all care staff understood the implications this had on their day to day practice.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

Requires Improvement ●

Is the service caring?

The service was not always caring.

We saw people's dignity was not always considered by staff when providing care and support, particularly at meal times.

Staff spoke about the people they supported with fondness and it was evident they knew people well.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There were some activities available for people to participate in. However, the frequency and type of activities were limited.

People had detailed electronic care records, which contained a lot of information. However, the information recorded was not always accurate or consistent.

The service had an up to date, accessible complaints procedure. Feedback on the service was gained through annual satisfaction surveys and regular staff meetings.

Is the service well-led?

The service was not always well-led.

We found significant differences in the standards of care and support provided across the three units.

There were systems and processes in place for monitoring the quality of the service.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Requires Improvement ●

Manor Park Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 20 February 2018 and the first day was unannounced. On 14 February 2018 the inspection team was made up of four adult social care inspectors, one expert by experience and a specialist advisor. The specialist advisor was a nurse with experience of working with older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia. On 20 February 2018 the inspection team was made up of two adult social care inspectors.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. The registered provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements. We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Prior to this inspection we received several whistleblowing calls. Whistleblowing refers to the duty of all staff members to raise concerns about unsafe work practices or lack of care by other staff and professionals. The main concerns raised were regarding staff shortages, poor pressure care, and people not getting drinks when requested or not given any options of what to eat. As a result we brought this inspection forward and all of these areas of concern were looked at as part of this inspection.

During this inspection we spoke with 14 people who lived at Manor Park and eight relatives who were visiting at the time. We met with the manager, the registered provider's quality compliance inspector and regional director. We spoke with 14 members of staff and two visiting healthcare professionals. We spent

time observing daily in life in the service as well as looking at written records, which included seven people's care records, five staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 9, 10 and 16 March 2017 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because risks to individual people were not always robustly assessed. During this inspection we found improvements had been made in this area.

The service used an electronic care record system, with care staff inputting directly from electronic tablet devices into the system. The care records we reviewed were detailed and contained a range of risk assessments. We saw these covered all areas of daily living, such as diet and nutrition, mobility, skin integrity and personal emergency evacuation plans. Where an additional specific risk was identified, such as choking then another risk assessment had been created.

When a level of risk had been identified we saw there was further information for staff on recognising the risk and what action to take to reduce the risk in the person's care plan. The care plans we looked at were detailed and gave clear direction to staff. For example, we saw a care plan directing staff to look at the person's profile to find out what the person was interested in and to use this to encourage and stimulate conversations.

We checked progress the registered provider had made following our inspection on 9, 10 and 16 March 2017 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the registered provider had not ensured the proper and safe management of medicines. During this inspection we found improvements had been made in this area.

We saw medicines were stored securely in 'treatment rooms' on each of the three units. The medicine trolleys were chained to the wall when not in use. Treatment rooms were air conditioned and there was evidence of temperatures being monitored and recorded. Temperatures recorded were within the guidelines for the safe storage of medicines. We saw the temperatures of fridges used to store medicines were also monitored and were within safe guidelines. Some people were prescribed topical medicines, such as creams and ointments. We saw these were stored safely with the date of opening recorded to ensure they remained within date. Dietary supplements and thickeners were also stored in the treatment rooms.

We were told all prescribed medicines were supplied by a local pharmacy and where appropriate they were delivered in a monitored dosage system (MDS). This is a system where the pharmacy removes the medicine from the original container and puts it into a blister pack. Nursing staff we spoke with told us there were no issues with the pharmacy. Medicines were delivered on the day of ordering. Ordering and reconciliation of new stock when delivered was undertaken by the registered manager and the associated unit manager.

We saw staff had access to a medicines policy and procedure that was detailed, easy to read and up to date. Staff also had access to an up to date British National Formulary (BNF) book for practical information on the selection and clinical use of medicines. We saw evidence of external audits of the storage and

administration of medicines, and no areas of concern were highlighted. Staff with responsibilities for administering medicines had their competencies checked by the manager.

The registered provider had introduced an electronic medicine administration record (MAR) for each person. A MAR should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. The electronic MARs required a password unique to each member of staff to log in and therefore there was no requirement for a sample staff signature record usually accompanying MARs.

We looked at six people's MARs and found they were complete. The electronic system highlighted any omissions and would not allow staff to move on without a comment as to why the medicine was not given. We saw any medicines dispensed and not taken were recorded and disposed of safely in a plastic disposal drum for the pharmacy to collect.

Some medicines are classified as controlled drugs (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage and disposal was in place. We checked the storage, records and a random selection of stock and found they were correct.

Where people were prescribed 'as required' (PRN) medicines there were electronic protocols in place to guide staff as to when these medicines should be given.

We observed staff administering medicines several times during this inspection. We saw staff who administered medicines wore tabards to remind everyone not to disturb them during medicines rounds. We saw several occasions on the residential unit where the nurse administering medicines was distracted by people or other staff members. This was not the case on the dementia or nursing unit. Overall, we saw staff were patient and kind with people, explaining what the medicines were and giving support where needed. We did not see any medicines left with the person to take later.

This meant there were systems in place for the safe storage, administration and destruction of medicines.

We checked five staff personnel files to see if the process of recruiting staff was safe. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. These checks helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We asked people and their relatives if they thought there were enough staff on duty to meet their care and support needs. Comments from people included, "I don't feel very safe to be honest. The staff don't always come very quickly when I need help," "There are not enough staff. They're supposed to use a hoist to move me from the bed to the chair but they don't always use it and then they lift me under my arms and drag me off the bed," "There's definitely not enough staff or equipment. I've been waiting 2.5 hours [for the hoist] and two days ago it was four hours," "I do have to wait a long time [for staff to come] if I need a bed pan. It can regularly be three quarters of an hour [to wait]" and "There are not enough staff. I think they [staff] get very stressed because they are rushing about all the time."

Relatives told us, "I think it's a lovely place but there are not enough staff. The people here need a lot of help

and it takes two staff to use the hoist. When they are hoisting somebody, then very often there is nobody to help the others. That's my only criticism. Except for staff numbers, I can't fault it [the home]," "They are definitely short staffed. They have too much to do which means things get left. [Relative] is supposed to have creams put on [part of body] but they [staff] do forget to do it" and "At weekends, it's like the 'Mary Celeste' [i.e. the place appears to have been abandoned]. When we come at the weekend there are never any staff around. I think they must be in a room somewhere."

We asked the manager how she calculated there were enough staff on each shift to keep people safe. She told us the registered provider used a staffing dependency tool to calculate staffing levels based on information she provided every three months regarding current occupancy levels and the needs of each person living at the service. Outside of these timescales the manager told us she could request more staff as needed.

The manager told us during the day there should be a senior member of care staff and two care workers on the residential unit, a nurse and four care staff on the dementia unit and either two nurses or a nurse and care practitioner (CP), and up to five members of care staff on the nursing unit. This was in addition to domestic and kitchen staff. We were told during the night there should be one senior and one care worker on the residential unit, one nurse and two care workers on the dementia unit, and one nurse and three care workers on the nursing unit. The rotas we looked at confirmed this to be case. However, on occasion staff had rung in sick and it had not always been possible to get cover for the whole shift.

Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. We saw they had been investigated and action had been taken by management to reduce the risk of repeat events. For example, we saw evidence disciplinary action was taken against the staff involved, where appropriate.

We saw the service had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. The safeguarding procedure needed updating with local contact details. The manager told us she would do this.

The manager told us every member of staff received online training in safeguarding adults as part of their induction and on going mandatory training. The training compliance record we saw and our conversations with staff confirmed this to be the case. All staff we spoke with demonstrated a good understanding of safeguarding. They told us they would report any concerns to the manager and they were confident they would be dealt with.

We saw the manager kept a record of any accidents and incidents that took place. We saw these were recorded electronically on the person's care record. This in turn sent an electronic alert to the manager to follow up that the incident had been dealt with safely and action was taken to mitigate against further incidents, where appropriate. In addition the system created a monthly summary report for managers to identify any trends.

During the first day of this inspection we heard a person on the nursing unit calling out for help as they had their leg trapped between their bedrails and mattress. We asked care staff for assistance and later that day protective bumpers were put in place to reduce the risk of this happening again. When we returned the following week we looked to see whether this incident and action taken had been recorded. It had not.

Although the service had systems in place to help keep people in safe, these were dependent on staff

recording all concerns, incidents and accidents so managers could follow up and share any lessons learnt.

We saw the premises were clean with no noticeable odours. We saw they were well maintained. We observed staff washed their hands before and after aspects of care were given. Plastic gloves and aprons were used by all staff at appropriate times. Domestic staff told us they worked to a cleaning schedule so everyone knew what they were supposed to be doing. They told us there was usually enough equipment available to them and managers would go to the local shops if they did run out of anything. On both days of this inspection we saw domestic staff working throughout the building and taking time to interact with people and their relatives.

On the first day of this inspection the dementia unit was closed to non-essential visitors as a result of a flu outbreak. We saw the service had implemented the relevant procedures to restrict access to the unit and to reduce the risk of cross infection. On the second day of this inspection the dementia unit had reopened.

Is the service effective?

Our findings

We observed lunch and the evening meal being served in both the nursing and residential units on the first day of this inspection. On the second day we observed breakfast and lunch being served in both the dementia unit and nursing unit.

There was mixed feedback from people on the quality of food. We were told, "It's [food] not good. It's not bad. You just get what you get" and "I like the food." Relatives told us, "I think the food here is good and [relative] has put on some weight since [relative] has been here which shows [relative] is eating well" and "[Relative] kept telling us that they run out of porridge in the mornings and give [relative] cornflakes which hurts their mouth. We thought that [relative] might have been a bit confused, but we asked one of the staff and it's true. They run out of porridge and if you're one of the last to get breakfast you have to have what's left."

Some people living at Manor Park had specific dietary needs for health or cultural reasons. We saw these needs were catered for. We saw there was a board in the kitchen which listed who needed a soft diet, who was diabetic and any allergies people had.

We saw the main meal of the day was served in the early evening and a picture menu in each unit showed what was available in addition to menu cards on tables in the dining rooms, however these were not always completed. On both days of this inspection we saw some people on all units ate their meals in their rooms. This was particularly common on the nursing unit. We asked how people would know what food was available and what alternatives they could ask for and a member of staff told us, "There is a list that goes round the night before." During our observations we did not see staff referring to any list of what people wanted to eat. Sometimes we heard people being given a choice of what they could have to eat and other times the food was just taken to the person in their room.

We saw a member of staff ask a person in the dining room on the nursing unit what they wanted for breakfast. The person said they would like a bacon sandwich. They were told this wasn't possible and were given porridge instead. The home had a four week menu cycle and we saw cooked breakfast options were only available on certain days of the week. We spoke with the manager and a member of kitchen staff about this. Both of them told us a bacon sandwich could have been made to order if the care staff had asked the kitchen staff. They also confirmed there was always instant porridge oats available on each unit in addition to what were made by kitchen staff at breakfast time.

We were told lunch was served at approximately 12.30pm. We saw tables were nicely set in all units and there were condiments and sauces available for people, although people were not always offered them. In all units when we observed meals taking place staff put clothes protectors over some people's clothes. On the nursing unit we did not hear anyone being asked if they wanted one or agreeing to wear one.

On the first day of this inspection the lunch time service on the nursing unit was disorganised. We heard people complaining of being hungry, there were no staff in the dining room for periods of time and people

were left seated without food. Comments from people included, "It's always the same, always waiting [for food], no staff, no meals on time" and "It [lunch] will come if I'm lucky." We saw a person was offered burger and chips and in response they said they would prefer soup. This alternative wasn't offered and they said to us, "I'll go without." We saw another person, who was cared for in bed had a plate of sandwiches on a tray out of their reach. This person told us they were hungry but couldn't reach their food. There was also a risk of the person choking if they had been able to reach their sandwiches as they were laid flat in their bed.

We asked the nursing unit manager which staff were responsible for supporting people to eat in their rooms and who was supporting people in the dining room. The manager and unit manager showed us an allocation sheet, however this was blank. Staff themselves told us they didn't know who was doing what. One member of staff on the nursing unit said, "We just agree ourselves who is doing what, [we] look at the list and see who is where, who is assisting. Don't know what has gone wrong today." Some members of staff shrugged their shoulders and told us they did not know where to be or who to support.

We reported our concerns to the manager and she came up to the nursing unit to organise staff. At the end of the first day of this inspection we were given reassurances the manager would be coming early every day to allocate tasks to staff on the nursing unit. When we returned on the second day of this inspection the manager had arrived early and the meal times we saw on the nursing units were getting more organised.

There was a list in the serving area on the nursing unit of people who required support to eat, which staff told us should be completed when the person had eaten. An hour after lunch service had begun we were aware of seven people who had not eaten. We specifically asked a member of staff about one person and they told us that person had already eaten. We asked them to double check and they said the person had told them they had eaten. We went to check with kitchen staff and they confirmed the person had not yet been given a meal.

Care staff recorded how much people ate and drank on their electronic care records. However, we saw this was not always done contemporaneously, but some hours after the meal time had passed. In addition, we saw this was more a record of what the person was given to eat and drink, rather than an accurate record of the amount they actually ate and drank.

People were not always in receipt of suitable and nutritious food and hydration which is adequate to sustain life and good health, and some people did not receive the necessary support they required to eat or drink. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked and found the service was working within the principles of the MCA. We saw records of best interest meetings taking place when a person did not have capacity to consent to potentially restrictive equipment, such as bed rails. We saw there were restrictions on people's freedom to leave and move around

the home as key codes were required to enter and exit the building and to leave the dementia unit. This meant people's liberty at Manor Park was potentially being restricted. We saw the manager held records of all the applications she had made for DoLS and was able to track which stage of the authorisation process a person was currently at.

We saw all staff had completed online training in MCA and DoLS. Not all care staff fully understood the legal implications of DoLS and some voiced frustration regarding the online training, as this lacked the opportunity to ask questions. Staff told us the manager undertook all the checking and monitoring of DoLS and that all associated paperwork was kept in her office. This gave us the impression DoLS were viewed purely as a 'management' issue and not an issue that care staff would be routinely involved with. However, care staff do need to be aware of the restrictive elements of DoLS authorisations as it is part of their job to uphold them.

We recommend the registered provider considers ways to improve care staff's understanding of DoLS and the implications for day to day practice.

Some people and their relatives told us they did not think all the staff were well trained. One person told us, "They [staff] try their best, but I don't think they get the training they need. I feel sorry for the staff. They are short staffed and the problem is [that there is] no leadership or direction for them and they get burnt out very quickly."

All staff we spoke with told us they had an induction to their job and this included shadowing more experienced staff and completing mandatory training, such as dementia awareness, manual handling and first aid. Staff told us most training was done online with tests at the end of each section to confirm their understanding. More practical training, such as manual handling was delivered face to face. New care staff were also expected to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate should give everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff were also expected to complete the mandatory training every year. Some staff told us it could be difficult to find the time or a spare computer to complete the online training as it could not be completed in their own home. Some ancillary staff, such as domestic assistants told us some of the training was too detailed for their jobs and not relevant to their roles.

The manager showed us the latest training compliance report for the service. This listed all members of staff against the mandatory training they needed to complete. We saw there was a high completion rate for all training, with most showing 100% of staff had completed the training within the required timescales. No training was below 98%. We saw certificates confirming staff had completed training on their files.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The manager told us staff were usually supervised by their unit manager and she supervised the unit managers, however she would be more involved when there were concerns about a member of staff's performance. Staff told us they felt supported by their managers and received regular supervisions.

The registered provider operated a 'Professional Development and Learning Programme' (PDLP) for all staff. This was their way of ensuring all staff received regular supervisions and yearly appraisals. It involved

managers meeting with their staff on a 1:1 basis, at least every three months to ensure staff were supported in their roles and had the necessary training to carry out their jobs effectively.

We checked whether the premises were appropriate for people living with dementia. We saw the doors on people's rooms had their names on them and there was clear signage throughout the home. We saw the dementia unit was particularly well-decorated with attractive and interesting wall decorations and pictures to enable the people living there to navigate their way around. They also offered talking points to aid reminiscence and positive interactions.

It was clear from people's care records there was regular involvement with a range of health and social care professionals such as district nurses, GPs and social workers. People and their relatives told us they had access to a doctor. We heard a person telling a member a staff at breakfast that they were in pain. The member of staff listened patiently and was sympathetic in her approach. She reassured the person and told them she would contact the doctor. The person visibly relaxed on hearing this.

Comments from people and their relatives about accessing health and social care professions were generally good. Several relatives told us staff were very good with regard to keeping them up to date. Comments included, "They [staff] will always get in touch if [relative] isn't well or they are worried at all. They do involve us."

Is the service caring?

Our findings

People and their relatives told us staff respected their privacy and dignity. Staff we spoke with were able to tell us what it meant to treat people with dignity and respect.

We saw staff respected people's privacy by knocking on their door before entering their room and closing doors on toilets and bathrooms when people went in. We heard staff explaining to people what they were doing when supporting them with personal care.

On the residential and dementia units we saw staff asked people what they would like to eat and drink and engaged in friendly chatter with them. People were supported to eat in a respectful way on these units.

Where people required support to eat on the nursing unit we saw staff did not always undertake this role in a respectful way. For example, we saw a member of staff stood up between two people putting spoonful's of food in their mouths at practically the same time. They did not sit next to the person at their eye level, there was no conversation, and no explanation given to the person of what they were eating. We saw another person seated at a dining table at the end of lunch service on the nursing unit. Approximately an hour later we passed the door to the dining room and the staff member who sat with the person appeared to be gazing down at the table with their head resting on their hand. It was not clear whether the member of staff was asleep. When the member of staff saw they were being observed they started spooning yoghurt into the person's mouth but did not engage with the person.

As regard was not always shown to people's well-being when meeting their nutritional and hydration needs this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

Comments about the staff from people and their relatives were mixed. People told us, "They're [staff] all lovely with us. They are very kind," "The staff are very kind," "The staff are all marvellous," "I am all the better for them [staff] looking after me," "I hate it here. They take ages to come when I need the bedpan and then there is one of them who comes in and says things to me like "What the hell do you want now?" and "I get very depressed a lot of the time. I have a little cry in the mornings and they just say to me, 'Stop it, you'll be alright.' When I'm upset, I could do with somebody to reassure me but they don't have time."

Relatives told us, "They [staff] couldn't take better care of [name of relative]," "As far as I am concerned I am happy with everything [at the home], the staff are smashing and that is what matters," "I feel sorry for the staff. They [staff] really do care about people here but they are overworked which makes it hard for them to give people the time they need" and "There is no consistency. My relative has been here for [a number of years] and up to about three years ago it was always staff who had been here a long time. Now they are different people [staff] nearly every time I come. The staff are more interested in chatting to each other. I hear them in the corridor gossiping. While they're doing that, surely they could spare a few minutes to talk to the people who live here. They pass the door and just wave and carry on."

We saw a lot of caring and positive interactions between staff and people living at Manor Park. We also saw occasions when staff did not meaningfully interact with people. Although not unkind in this approach staff appeared task driven and not focused on the person they were supporting at the time.

Staff spoke about the people they supported with fondness and it was evident to us when we asked them questions about people's care and support needs that they knew people well. Nearly all staff we spoke with told us they enjoyed working at Manor Park and they would recommend the service to a loved one if they required this type of care. Comments from staff included, "If I couldn't see my [relative] living here, then I couldn't work here. I would be happy for my [relative] to live here. People are safe" and "I would be absolutely happy for a family member to live here."

We saw confidentiality was respected in the way care records were stored and maintained. As per our previous inspection staff questioned whether we were allowed to access people's records before making them available to us.

We saw information was provided, including in accessible formats when requested, to help people understand the care and support available to them in a way they could understand.

Is the service responsive?

Our findings

We checked whether the service provided meaningful activities and social opportunities for people. The manager had recently recruited two activity coordinators. One was on a zero hours contract to cover weekends and the other was employed 25 hours per week. They produced an activities newsletter which included a timetable of events for the coming weeks. We saw a member of staff giving these out to people and we saw copies in people's rooms as well. Some people also had activity folders in their rooms. These contained photos of the person participating in activities. All upcoming weekends only had entries which said 'free time'. People we spoke with confirmed there were no activities to join in at weekends.

There was a large fixed noticeboard in the main reception area of the home. It listed, alongside pictures, what activities were on offer during the morning and afternoon of every day of the week. On the first day of this inspection it stated dominoes was the activity taking place in the morning. We did not see anyone playing dominoes. We did see two people involved in making crafts during the afternoon. During the evening we saw singers performing in the residential unit to celebrate Valentine's Day.

On the second day of this inspection we saw the noticeboard had not been updated so it was still showing pancake making on Shrove Tuesday and Valentine's Day activities. We did not see any activities taking place on the second day of this inspection. One relative told us, "I think that everyone here is just bored."

The manager told us about an intergenerational project the home was taking part in with the nursery school next door. This was taking place with the support of the 'Enhanced Health in Care Homes Vanguards'. This is where care homes work closely with the NHS, local authorities, the voluntary sector, carers and families to optimise the health of their residents. The project involved hatching chickens. The chickens now ran free in the gardens of the home. We were told plans were in place to construct a secret garden outside the dementia unit with garden furniture and an allotment to grow fruit and veg with input from people living at Manor Park and the children from the nursery.

The second day of this inspection took place on a Tuesday and the activities newsletter stated the nursery children would be visiting. The visit did not happen. We spoke to staff about this and they had not realised the children had not come over to the home. We then spoke with the manager and as a result she went over to the nursery to find out where the children were. The manager was told the nursery staff had forgotten, but it was too late in the day for the visit to take place.

As people's care had not been designed with a view to achieving their preferences and ensuring their needs were met this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We checked progress the registered provider had made following our inspection on 9, 10 and 16 March 2017 when we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because people's care records were not always detailed enough for staff to provide person-centred care, and care was not always delivered in line with people's

needs, such as continence care. Although people's care records were no longer in breach of this regulation we found further improvements were still required in this area.

We asked people and their relatives if they were involved in reviewing their care records. Responses included, "I get everything I need" and "You tell me. What's supposed to be in a care plan? I've no idea." We did not see any evidence on people's care records that they or their relatives were involved in any reviews of their care.

We looked at the electronic care records for seven people. We saw there was a pre admission assessment completed before a person moved into Manor Park. Staff told us this was then developed with the person and their relatives after they arrived. Care records included a summary of the care plan, which was useful to gain a quick overview of people's needs and preferences. Behind this were the person's more detailed risk assessments and care plans. There was a lot of information stored on the system and we found it did not always consistently record the level of care and support a person needed. For example, on one person's care plan it was unclear whether they required the assistance of one or two members of staff to safely stand. We spoke with the manager about this. She told us the service was in the process of transferring from one electronic record system to another and as care records transferred across they would be reviewed to check consistency and accuracy of information recorded.

We saw there was an up to date complaints policy and procedure. This complaints procedure was clearly displayed in the main reception area. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response.

We saw the manager kept a complaints log. There were 16 complaints recorded in the previous 12 months. We saw each of these had been investigated or were in the process of being investigated. As part of the registered provider's 'Annual Record Management Audit' we saw this included a summary of complaints from the last year in order to identify any trends and wider actions that could be taken to reduce further complaints.

Each unit had thank you cards displayed on notice boards and the manager showed us thank you cards and compliments they had recently received. We saw many of them were from family members thanking staff for caring for their relatives at the end of their life.

Comments from people's relatives about complaints were mixed. These included, "I think it is lovely and [relative] is well looked after here. I've no complaints at all" and "I have spoken to the manager several times about my concerns and things improve for a week or two and then it all slips again."

Three of the people we spoke with told us they had complained to staff about aspects of their care to no avail. When we asked what they had specifically complained about all of them were reluctant to give us any more details for fear of reprisal. One person said, "I don't want it [my complaint] to come back on me."

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 9, 10 and 16 March 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided. We found improvements had been made in this area.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered provider had a schedule of audits, including infection control, medicines management and care records. We saw action plans were in place for any areas of non-compliance identified by the audits in order to improve standards in the identified area. For example, improvements in record keeping were discussed in team meetings and were to be monitored by the manager. We met with the registered provider's 'Quality Compliance Inspector' who told us she was supporting the manager in improving and maintaining standards throughout the home. This included checking audits were completed as per the schedule and any resulting action plans were implemented.

The service employed a full time member of staff with responsibility for maintenance of the property. We saw they also had a schedule of works to complete each week and month. This included fire door checks and water temperature checks. The registered provider also used external providers to undertake maintenance checks for the service where required. We saw water safety and legionella testing, and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, we saw there were records of fire drills being undertaken and regular checks of emergency lighting and fire extinguishers.

The manager had been in post for approximately six months at the time of this inspection. She told us she was in the process for applying for registration with CQC and checks on our records confirmed this to be the case.

Comments from people and their relatives about the manager were mixed. Relatives told us, "I come every day and find it [the home] good. The manager and staff are really nice," "We never see the manager. We just hear the staff grumbling to each other out in the corridor" and "The nurse up here [on the nursing unit] is the best of the lot. [They are] brilliant but I'd be surprised if [they] stays because there's no support for [them]."

Comments from staff about the manager were predominantly positive. Comments included, "The manager supports you. If you have any problems you can go to her for advice," "The manager is brilliant, always approachable and always there to help and listen" and "She [manager] is hands on and approachable. You can talk to her about anything."

We asked if people, their relatives and staff were asked for their views on the service and for any suggestions

for improvement. People and their relatives told us there had not been any recent meetings for them. The most recent record of a 'Resident's Meeting' was from October 2017. The manager told us the newly recruited activities coordinators were planning to arrange another meeting.

The registered provider undertook an annual satisfaction survey of people and their relatives. We saw the results were analysed and key areas of what had worked well at the home and what could be done better were identified. We saw from the latest survey people and their relatives had identified improvements in the premises and they felt there was clearer leadership. In terms of what could be done better people and their relatives wanted more regular staff.

Staff told us they had regular team meetings, which they found useful and we were told heads of department met every week. We saw records of these meetings taking place. In addition flash meetings took place as and when required. At these meetings immediate concerns were shared and remedial plans made for the day ahead. We saw records of a flash meeting taking place when we reported our concerns regarding the chaotic lunch service on the nursing unit on the first day of this inspection.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. These were produced by the registered provider. We saw they were reviewed every year or sooner if there were any changes in legislation, and updated accordingly to make sure they represented the most up to date good practice guidance. All staff told us they knew about the policies and procedures and knew how they could access them. We saw there were paper copies held in the manager's office and staff room. Staff were expected to read and sign to confirm they understood the policies and procedures as part of their induction and again when any significant changes were made.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.

The manager and registered provider had not maintained consistent oversight of standards across the three units as we found significant differences in the standards of care and support provided. While we found consistently good practice on the dementia unit this had not been fully replicated and sustained across the other two units.

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
Diagnostic and screening procedures	Regard was not always shown to people's well-being when meeting their nutritional and hydration needs.
Treatment of disease, disorder or injury	People's care had not been designed with a view to achieving their preferences and ensuring their needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	People were not always in receipt of suitable and nutritious food and hydration which is adequate to sustain life and good health, and some people did not receive the necessary support they required to eat or drink.
Treatment of disease, disorder or injury	