

# Roseberry Care Centres (Darlington) Limited

## South Park Care Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced inspection of this service on 30 November and 1 December 2015.

At the last unannounced, comprehensive inspection on 27 and 28 May and 2 and 3 June 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. The provider wrote to us to say what they would do to meet legal requirements in relation to these breaches a summary of which is below;

- Staff were not mitigating the risks posed for people on the nursing unit.

- People on the nursing unit were not being administered their medication in line with their prescription.
- Training records showed that the majority of the staff had not received any form of safeguarding training until March 2015. Despite this staff on the nursing unit remained unclear about safeguarding protocols and left people with histories of disinhibition unobserved.
- From observations of practice, documentation and from discussions with staff, we had concerns regarding ability to adequately meet people's challenging behaviour needs.

# Summary of findings

- People on the nursing unit were not receiving appropriate amounts and types of nutrition and hydration.
- We saw that the nurses took no part in organising and overseeing food and fluid intake.
- Staff on the nursing unit were not ensuring the privacy and dignity of people were maintained.
- Staff on the nursing unit did not meet people's needs.
- We found that the governance arrangements were not ensuring people who required nursing care received appropriate treatment

We undertook this comprehensive inspection to check that the registered provider had followed their action plan and had made the improvements required at the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Park Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a focussed inspection in September 2015 to monitor improvements. This visit focussed on the nursing unit only, situated on the ground floor of the home. You can read the report from this focussed inspection, by selecting the 'all reports' link for South Park Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk). During this inspection visit we saw that some improvements had been made.

The service did not have a registered manager. 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. The manager at South Park had applied to be registered with the Care Quality Commission.

At this latest inspection visit we saw that people had appropriate risk assessments in place. However the design of the building (with bedroom doors recessed so people could not be seen coming out from the corridor) and the compatibility of people who required general nursing care and people who required nursing care in the management of their dementia and mental health meant that risks to people's health and safety were not always mitigated.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority, but we saw from incident reports that not all staff were aware of this process or even to raise an alert with the manager. Staff we spoke with said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

There were appropriate numbers of staff employed to meet people's needs but care was not provided consistently due to the number of agency staff at the service. There was a new clinical lead nurse who had been in post for two weeks at the time of this visit and who we observed leading by example. There was also a new administrator and a new head chef. Other changes had taken place with the activity co-ordinator leaving and a senior care assistant going on maternity leave. Although these changes had led to further change for people using the service, the manager told us they felt they were improving the calibre of staff brought into the home. The service was still in the process of recruiting to the nursing and care staff team and the number of agency staff in the service was still high. The service however endeavoured to keep consistency through employing the same agency staff who knew the people living at the service.

Medicines were stored safely. Administration had improved but the use of agency staff at times appears to frustrate the process as a number of recording errors were identified. Additional safeguards had been introduced by way of a detailed weekly management audit. Where any errors or omissions had occurred, these had been identified promptly and the necessary actions taken. We saw on one occasion stock levels for a person on end of life care were not maintained meaning medicines to manage their condition and keep them pain-free may not have been available.

Lighting had improved the ground floor corridors and the environment was generally clean and free from clutter. We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

# Summary of findings

Staff had received training and were knowledgeable about their roles and responsibilities. Established staff had the skills, knowledge and experience required to support people with their care and support needs however other agency or newly recruited staff did not always have the skills to manage behaviour that may challenge or follow the correct procedures in relation to recording incidents.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw that Mental Capacity assessments had been carried out and appropriate authorisations had been sought.

The meals we saw served were of good size and people found them enjoyable. The service had been working with the Focus on Under Nutrition team and the new head chef told us they had a clear focus on improving nutritional standards in the home. We saw that records relating to people's nutritional intake were much improved.

We saw that the three nurses on duty during the two days of our visit appeared confident and competent in relation to providing good nursing care. One nurse was from an agency but had worked at the service for several months. Feedback from healthcare professionals was that the service sought support appropriately.

Established staff knew the people they were supporting and provided a caring service. Care plans were in place detailing how people wished to be supported. Care plans were reflective of people's needs and had been shared with people or their relatives where able.

Staff received regular supervision and appraisal which meant that staff were properly supported to provide care to people who used the service.

We observed staff treated people with dignity and respect.

We saw there was a clear process for complaints and the manager responded to and kept appropriate records of investigations and outcomes.

People told us the manager was accessible and approachable. Staff and people who used the service felt able to speak with the manager and provided feedback on the service. We saw the manager made appropriate referrals to healthcare professionals and safeguarding authorities where needed.

Established staff spoke of an improving service and some relatives we spoke with also said the service had improved and they were able to discuss issues with the manager and felt they would be addressed.

The provider had a quality assurance system in place. There was a clear action plan that was regularly reviewed and the manager was in the process of gathering information about the quality of the service from a variety of sources.

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.

Staff did not have sufficient knowledge of how to identify and report safeguarding incidents.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff to ensure people were protected against the risk of being care for by unsuitable staff.

Medicines were stored and administered in a safe manner. The service needed to monitor the availability of medicines to ensure consistent treatment was available.

Staff were not always aware how to respond to challenging behaviour, putting people who used the service and themselves at risk.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Established staff had the skills and knowledge to meet people's needs and received mandatory training, supervision and appraisal. Staff required training in meeting the needs of people with behaviour that may challenge.

People needed to have care and support from a consistent and confident staff team.

The manager had an accurate understanding of the Mental Capacity Act 2005.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were respectful of people's privacy and dignity.

People who used the service were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

**Good**



### Is the service responsive?

The service was not always responsive.

The provider had a complaints procedure in place and we saw records to show complaints were investigated and feedback given to the complainant.

Established staff were knowledgeable about people's needs but the inconsistency of agency carers impacted on this.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not always well-led.

The service did not have a registered manager but it was acknowledged the current manager had applied to be registered with CQC.

People we spoke with said the manager was approachable and we saw relatives speaking with the manager on several occasions.

The manager regularly checked the quality of the service provided and had a service improvement plan in place.

**Requires improvement**



# South Park Care Centre

## 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 was planned to check whether the provider was working towards its action plan that it submitted to us following our inspection on 27 and 28 May and 2 and 3 June 2015.

We undertook an unannounced comprehensive inspection of South Park Care Centre on 30 November and 1 December 2015 including an early morning visit on 1 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 27 May 2015 inspection had been made and to provide a rating.

The inspection was undertaken by one adult social care inspector, a specialist advisor who was a registered nurse and an adult social care manager. During our inspection we spoke with the provider, the operations director, the manager, the clinical lead, two nurses, the administrator, the head chef and eight members of care staff. We looked at records in relation to the service and we looked at the care records of six people.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquiries received. We noted that these were now being submitted in a timely fashion. This had not been the case prior to our last visit in June 2015.

We spoke with the local authority, the Clinical Commissioning Group and a Community Psychiatric Nurse both immediately prior to and after our visit to the service.

# Is the service safe?

## Our findings

At our last visit in May/June 2015 we found that medicines were not being administered safely, people who displayed behaviour that may challenge were not supported by trained staff and incidents and accidents were not appropriately recorded.

We asked people if they felt safe and two people told us: “Yes, I feel safe, it’s good because at 8.00pm all the outside doors are locked.” Another person said; “Yes, the staff are all kind and caring.”

Relatives we spoke with said; “The girls that are here are all good but there is no point me asking most agency staff about my relative as they don’t know her.” Another relative said; “I think he is quite safe; from what I have seen, the girls are lovely, they care.”

Staff we spoke with told us: “I know the process for raising concerns, and I have all the contact details for the safeguarding team.” An agency staff member we spoke with told us; “I know what to do if I have any concerns, but we get really good handovers here and I had a good induction, I like it here.”

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow [telling someone] if they saw something they were concerned about.

We also looked in the ‘SOVA’ file (safeguarding of vulnerable adults) and saw safeguarding referrals had been made appropriately to the local authority. We saw statutory notifications had been sent to CQC. Previously notifications had not been consistently submitted to CQC. Incidents had been investigated and appropriate action taken.

We looked at the personnel records for two members of staff who had been recently recruited and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help

employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We saw at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and that any gaps in employment history had been suitably explained.

At our previous visit we saw there was not a thorough analysis and reporting of accidents, incidents and safeguarding concerns at the service. At this visit we looked at the ‘Accidents report’ file and saw copies of individual accident/incident reports. These included who had the accident, what the cause of the accident was, description, nature, location and severity of the injury, what action had been taken and whether any further investigation or follow up was required. We noted that a serious incident had taken place a few days prior to our visit, resulting in one person receiving injuries. When we investigated the recording of this incident we saw that there had not been an entry into the accident book and there was no referral to the safeguarding authority. The manager had not been made aware of this incident by the staff in charge at the time of it taking place. The manager investigated this incident with the staff member concerned during the course of our inspection and made the appropriate safeguarding referral.

This showed that not all staff were aware of incident reporting or safeguarding procedures.

Analysis had been carried out by the manager on the accidents/incidents, including locations, time of day and type of accident/incident and where appropriate the manager had made referrals to the falls or mental health teams for support.

Several staff indicated concerns regarding staffing levels. The levels we saw allowed for two staff (one senior and one care assistant for 11 people on the first floor residential unit). The nursing unit (20 people at the time of our inspection) had two registered nurses and four care assistants. At the time of our visit three night care assistants were off on sick leave. This meant the service was utilising a high number of agency staff. One staff member who worked nights told us; “It bothers me as some agency staff



## Is the service safe?

don't pull their weight." Given the complexity of care needs, and the general layout of the ground floor nursing area this was the minimum number of staff to deliver safe and effective care.

It was apparent that the environment was still a cause for concern in terms of the nursing unit proving a service to people who were frail and had general nursing needs and those people who were active and had nursing needs associated with dementia and challenging behaviour. For example, for one person on end of life care, the service had resorted to child gates and a baffle handle (a system that needs two hands to operate) on the door to give this person and their family privacy from other people constantly entering the person's room. The footprint of the nursing care unit covered the whole ground floor and people being cared for in bed or at the end of life are spread over the unit. This was challenging to maintain. We saw that one person with challenging behaviour could at times require up to four members of staff to assist with their personal care needs.

We saw from incident and accident reports that there had been several assaults by people who used the service on others who used the service, one of which was serious. There had also been incidents of staff members being assaulted by people who used the service. We spoke with the community mental health nurse after our visit. They stated the ground floor unit should be a unit for people with mental health issues and not a nursing service and it should become more person centred.

During our previous inspection we were concerned at the poor lighting on the nursing unit, which could easily cause problems for older people with dementia. We were pleased to see the provider had taken action on this and the ground floor had been fitted with halogen light bulbs, which produced much clearer light and removed shadows. Artwork, nostalgic pictures and rummage boxes had also been implemented to make the ground floor more 'dementia friendly'.

During our inspection in May/June 2015 we were concerned regarding the procedures around administration and recording of medicines. During our last visit in September 2015 we saw significant improvements had been made in the safe storage and administration of medicines. This was reviewed again in detail.

Medicines were stored in standard steel administration trolleys in a locked clinic room on the ground floor. Despite being adequately sized the room layout was poor and was cluttered. There was a sizeable built in cupboard that could be better used for storage of equipment and dietary supplements if additional shelving was fitted. Staff indicated that problems were particularly encountered when the 28 day cycle of repeat medicines and supplements were delivered. We discussed the medicines room with the provider at the end of our inspection and they said they would explore alternatives or alteration to address the storage issues.

The room was air-conditioned, and room temperatures were recorded daily, along with drug fridge temperature. These were all noted to be within the required ranges.

No problems were reported in relation to the pharmacy provision or delivery of medication. Urgent medication could be ordered within the day Monday-Saturday, and an out of hours alternative pharmacy could be used on Saturday evening or Sunday.

However the staff reported significant problems with one GP practice telephone system for prescriptions which was only accessible between 10.00 hrs and 12.00hrs. It was reported that staff at the practice refused to deal with prescription requests outside these hours. Staff at South Park indicated the lines were frequently engaged, and that considerable time was taken up on this. We also became aware of one person receiving end of life care at South Park for whom a stock of pain relieving medicines was exceptionally low and which may have impacted on this person not receiving these medicines. We saw that a safeguarding referral had been made and that a pharmacist from the Clinical Commissioning Group was exploring the issue of stock maintenance and ordering regarding the service, GP and pharmacy.

The British National Formulary (BNF) book was noted to be out of date, and this was discussed with the manager who actioned the immediate ordering of two current copies.

The medicine administration procedure had been reviewed before our last visit in September 2015; both nurses now dispensed medicines from two trolleys (working from opposite ends of the ground floor unit). This enabled the morning 'round' to be started and finished between 08.45 and 10.00. On our first inspection in May/ June some



## Is the service safe?

people did not receive their morning medicines until 11.45. This new method was felt to be working satisfactorily and meant people were receiving their medicines in a timely way.

We found both nurses were able to highlight priorities in administration, e.g. blood monitoring (BM) checks and Insulin, or analgesia if required. It was noted that BM recordings were recorded accurately and staff indicated no problems in relation to the management of people with diabetes, and highlighted reviews were taking place.

People who were receiving Alendronic Acid or Lansoprazole were highlighted on Medication Administration Records (MAR) and their medication was given by night staff between 07.00 and 07.30 as per the instructions. Additional reminders for this were seen in the clinical room and medicines trolley.

The MAR sheets were more orderly than when we first reviewed them in May/June 2015, although there were some loose pages.

Up to date sample signatures were in place of regular and agency staff administering medicines.

Everyone who received medicines had photograph sheets in place for identification and allergies were recorded when present. A sheet had been introduced into the record to highlight any new changes to an individual's medicines.

People in receipt of PRN ('as and when' required) medicines had clear protocols for administration in place, e.g. signs of agitation or restlessness for Lorazepam. Two people were noted to be in receipt of Lorazepam on a PRN basis. One person was noted to have infrequent administration. The stock balance was checked and tallied.

The other person on PRN Lorazepam continued to have it administered on a regular basis, due to behavioural problems, which were being re-assessed. Daily information was being recorded in behaviour recording charts (as well as recording when Lorazepam was given) at the request of the challenging behaviour team.

An error in relation to this person's medication had been highlighted to the local authority safeguarding team recently, due to omission of Memantine (to manage dementia related problems). This had arisen at change of cycle when information was transferred from one sheet to another, as the Memantine was prescribed by the local NHS Trust Mental Health Team. This resulted in 5 days omission

of medicine which was not picked up due to different nursing staff who were not as familiar with the person. This issue was dealt with via the local authority safeguarding procedures.

Several people were in receipt of paracetamol for pain relief, and the nursing staff were able to demonstrate use of a non-verbal cues and assessment of pain chart was currently in use for people who lacked capacity to verbalise pain.

Three people were reported as being given covert medication. We reviewed the records and each person was noted to have had a best interest decision review (this included mental health team, and pharmacy involvement). In addition a supplementary request for Deprivation of Liberty Safeguard (DoLS) authorisation for covert medication had been made.

The Controlled Drugs (CD) procedures were reviewed and were found to be administered in line with policy. CDs continued to be checked at the beginning and end of each shift.

The CD register for two people was reviewed and reconciled. Three ampules of Midazolam and Oramorph were awaiting destruction removal following a recent death.

Four additional MAR sheets were selected at random and reviewed; some omissions in recording administration were noted. These had been highlighted by the next shift on the MAR sheet, and it was confirmed that an agency nurse had been on duty for that shift. These omissions were reported to the agency concerned.

Medicines for the people reviewed were checked and reconciled. Daily audits of medicines, which were introduced following our May/June inspection 2015, continued. This system appeared to be working effectively, as it highlighted issues quickly. In addition the manager had introduced their own weekly audit on both the nursing and residential unit, which included actions to be undertaken such as competency checks.

Discussion with the nurses on duty identified a good knowledge of people's needs and of the rationale for prescribing some of the medicines. Nurses also described in detail (and demonstrated) the procedure for disposal of medicines dispensed and refused.

## Is the service safe?

We saw the service had improved administration practice but needed to continue to monitor and work with other agencies to ensure this was continued.

We looked at the arrangements that were in place for ensuring cleanliness and infection control. We found that the main communal areas of the home were clean and free from unpleasant smells. We saw that gloves and aprons were available throughout the home and staff we spoke with confirmed that they had access to these items when needed. One relative told us they had been offered a drink from a stained cup and we witnessed this on our visit. We also saw staff using gloves and aprons throughout our visits, although the manager approached one agency staff member and discussed with them that they should be wearing an apron and gloves when carrying dirty laundry. We noted that carpets were heavily stained in communal areas and guttering around the service was blocked with vegetation leading to rainwater pouring down the outside walls. The provider told us they would address these issues straight away.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, lift and hoists. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits.

We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and emergency lighting. Portable appliance testing (PAT) was taking place at the time of our inspection. PAT is the process of testing electrical appliances and equipment to ensure they are safe to use. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Environmental risk assessments at the service had been reviewed in August 2015 and every person had up to date personalised risk assessments in place that were regularly reviewed. We also saw that staff had appropriate risk assessments in place. For example we saw for one staff member who was pregnant the manager had carried out a risk assessment, sought advice from their human resources department and documented a clear record of advice given to the staff member to ensure their safety at work.

The service had an emergency and contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people from the building who cannot safely get themselves out unaided during an emergency. This meant that plans were in place to guide staff if there was an emergency.

# Is the service effective?

## Our findings

At our visit in May/June 2015 we found that staff had not received training or support to carry out their roles, that people were not supported to have their nutritional needs met, that Deprivation of Liberty Safeguard authorisations had not been notified to CQC and the ground floor environment was poorly lit.

One person we spoke with told us the staff, “Know how I like things done for me.” Relatives we spoke with told us; “I think it is a nice place and my relative seems to be quite content.” Other relatives raised some concerns with us regarding the actions of one particular staff member regarding the care that their relative had received. We discussed these concerns with the manager who took immediate action to investigate and report these concerns.

We were told by one member of nursing staff; “Generally the carers are pretty good, they will tell me if anyone has any bruising or red marks and also if anyone has a problem with their fluid intake. Their moving and handling is spot on.”

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether this service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were currently 30 people subject to a Deprivation of Liberty Safeguard at South Park Care Centre. Mental Capacity Act and DoLS documentation in care plans was evident for those people subject to DoLS, there were also six people who were awaiting re-assessments by the

local authority safeguarding unit. Consent to care and treatment records were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

The service had an assessment record in place to check whether people had capacity to make decisions and we saw that where people’s liberty may be deprived for example with the use of covert [hidden] medication that a multi-disciplinary best interests decision had been discussed and recorded. CQC had received appropriate notifications of DoLS authorisations being put in place.

Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: nutrition, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The training plan for 2015 showed that the training updates that would be due during 2015 had been delivered or were planned for the next few months. We spoke with one staff member who told us they had received the following training in 2015; care planning, equality and diversity, safeguarding with the local authority, challenging behaviour, dementia, end of life care and DoLS.

We saw staff had been trained in challenging behaviour following our visit in May/June 2015. Training has been delivered by staff from the local mental health team on challenging behaviour, although from discussion with staff it appeared to focus on why behaviour happens, rather than giving techniques to manage situations. There were a number of people with very challenging behaviour and from discussion staff appeared generally unsure of how best to deal with situations like this. One nurse we spoke with said; “A couple of people have behaviour problems, and staff just aren’t sure how to manage it. The training was more about behaviour rather than how to deal with it”.

We spoke with the community mental health nurse after our visit. They said that due to staffing inconsistencies that techniques for individual people had not always worked. They said; “I don’t feel comfortable sending a complex

## Is the service effective?

person there.” This professional did state that staff were “cheerful” and there was a better atmosphere at the service. They were also positive about the new clinical lead stating in a recent meeting they were, “Professional, honest and understanding.”

Staff had received some training specific to the needs of the people they supported such as dementia and challenging behaviour. Given the layout of the home, staff could find themselves working with people in some isolation. Staff were not trained in the physical management of people whose behaviour may challenge and so staff and other people were at risk of harm from lack of knowledge of appropriate breakaway techniques.

**This was a breach of Regulation 18: Staffing.** Persons employed by the service provider in the provision of a regulated activity must— receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Staff we spoke with during the inspection told us they felt supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place on a regular basis for all staff since June 2015. Nearly all staff had received an annual appraisal and others outstanding were scheduled. These supervisions were detailed and it was through these meetings we saw strengths were recognised and encouraged and areas for improvement documented with actions and timescales for improvement. Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff.

People had access to healthcare professionals and services. The service had been supported by a range of professionals within the last few months since concerns were raised at our inspection in May / June 2015. We spoke with the Clinical Commissioning Group and care home mental health liaison nurse. Both said there had been improvements at the service but communication and consistency of staff could be improved. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician.

We spoke with the new head chef who had worked at the service for the last eight weeks. The chef told us about

major changes at the service in terms of providing choices and foods appropriate to the needs of people. They told us how they had improved specialist diets through presentation of pureed foods and had a focus on ensuring people received as much fortified food (food enriched with high calorie items such as butter, cheese and creams) as possible. One relative told us; “There’s been a new cook as well, that’s much better for my relative, it all looks much better than what they had before.”

They told us; “My goal is to hear everyone say the food is great and I am delighted when I hear that people are putting weight on.” Records confirmed that the weights of people at risk of nutritional need had generally improved in the last 8 weeks. They also told us they had introduced an afternoon tea trolley that contained home-baked items and that they were going to review all menus in future to ensure they met the needs of the people using the service. The chef gave us an example of how they had changed the meal times by ensuring people were offered two meals of the choices available that day. He said; “They used to ask people what they would like the night before but that’s no good if people have memory problems.”

We witnessed one breakfast and two main lunchtime meals both on the ground and first floors. People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their needs. The atmosphere was pleasant and calm. The food was hot, nicely presented and people were offered second helpings. The feedback about the meals we observed was very good and we witnessed staff knowing people’s personal preferences and offering them alternatives if they knew they did not like a particular item.

We saw that some people required pureed meals. We noticed that each part of the meal was pureed separately and placed on the plate in distinct portions to make the meal look more appetising and help people to distinguish what they were eating. Some people needed assistance with eating and this was done by a specified member of staff giving one to one attention. We saw that for people who ate in their own rooms that trays were provided with plate covers and appropriate eating utensils. One relative told us; “The food is much better now, my relative is putting weight back on.”

## Is the service effective?

We saw a recognised nutritional tool was in place for every person and people's weights were monitored regularly. We reviewed five nutritional recording charts and it was noted that fluid intake was being recorded as required. One person's positional turn chart was incomplete when we checked, at 12.40 (this should have been signed at 12.00 in line with this person's plan of care) this remained unsigned at 13.00. We were made aware of concerning an incorrect entry on position chart and this was brought to the attention of the manager. These were addressed immediately with the staff members concerned.

A new feature of the charts includes a body map that requires completion or a comment on each shift if any marks are noted, or a no marks comment.

We saw that communication had improved with a clear handover record being completed and all staff both agency and permanent staff stating there were thorough handovers at the start and end of each shift.

Since our inspection in May / June 2015 the overall environment had improved considerably, particularly in respect of lighting, which is essential to the client group of this service. There was still scope for brightening up the nursing environment, by using some more colour (similar to the large wall covering pictures on the residential unit).

# Is the service caring?

## Our findings

At our visit in May/June 2015 we found that people were not always treated with dignity and respect.

People we spoke with who used the service told us that they were happy with the care, service and support provided. One person said; “All the girls are absolutely lovely.” A visitor said to us; “From what I have seen the girls are lovely, they care.” There was a calm, positive atmosphere throughout our visit and we saw that people’s requests for assistance were answered promptly.

Relatives we spoke with told us they were aware of their relatives care plans and had been involved in it if they wanted to. One relative said; “My relative’s care plan is good now, it wasn’t and it didn’t reflect how she was but it does now. I reviewed it with the staff a few weeks ago”

We saw that staff of all levels had positive interactions with people living at the service. Interactions between staff and visitors were noted to be good, with visitors being welcomed and spoken with. A regular visitor who we had met on our previous visits, spoke highly of the manager, and the care being delivered, stating, “It’s much better here now, nothing is too much trouble for the manager,” and, “The girls look after him well.”

An agency nurse told us; “I would give them eight out of ten for caring. They could improve upon attention to detail such as making sure people’s hair is nice and ensuring people don’t have food on their clothes, but they will do it straight away when prompted.”

Interactions on the residential unit in particular, where people tended to mix together as a group were both positive and humorous.

We saw explanations were given to people, when care was being carried out. Staff demonstrated an understanding of privacy and dignity, where people had bedroom doors closed staff knocked and announced themselves on entry.

We observed that people were asked what they wanted to do and staff listened. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us; “People in here it’s like their home so we should treat them as family.”

We were also told by visitors; “Staff update you on what has been happening when you visit but sometimes with agency nurses, they don’t know what’s been going on”. Visitors also stated they could visit at any time.

During the inspection we spent time on both floors of the service so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. We saw staff treated people with dignity and respect. For example, we observed staff helping someone to mobilise via a hoist. The staff offered the person constant reassurance and readjusted the person’s clothing to ensure their dignity was preserved. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand, for example staff shared a hug with one lady when she requested a cuddle. This showed staff were caring.

The management team and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that staff knew people well, including their personal history, preferences, likes and dislikes.

We saw that people’s end of life wishes were recorded in their care plan and that their relatives input was sought if applicable. We saw that 20 out of 30 staff had received training in end of life care during 2015.

Generally the environment supported people’s privacy and dignity. All bedrooms were personalised although we noted that the family of one person at end of life care had requested the service put baffle locks in place on their relative’s door as they were regularly being disturbed by other people using the service who had a dementia and were active around the service.



# Is the service responsive?

## Our findings

At our inspection in May/ June 2015 we found that care records were not reflective of people's needs and were not reviewed.

The care records of six people were reviewed, and were seen to be significantly improved in layout and content. On review we found records to be much more logical to work through and understand. All care plans had now been re-written and were in the new format. Care plans had been reviewed and updated. We looked at care records from both the nursing and residential units in the service.

One agency nurse told us; "The care plans are much better. For example they are much more person centred so there is information like what toiletries people like to use or how people like to have their medicines."

There was evidence that families were involved in aspects of care planning. Five Do Not Attempt to Resuscitate (DNaCPR) forms were reviewed and indicated that family were involved in the decision, and that decision specific capacity assessments had been undertaken.

Each record had an up to date information sheet, and personal evacuation plans details were noted to be updated and accurate. These had not been in place on our inspection in May/ June 2015. There was clear evidence of professional visits (involving community matrons, and dietician, and Community Psychiatric Nurse from the mental health team).

We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant that risks had been identified/ minimised to keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently. Assessments also considered the likelihood of pressure ulcers developing or to ensure people were eating and drinking. This meant that risks could be identified and action taken to reduce the risks and keep people safe. Standard

supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

There were person centred aspects of care planning identified in records, and some detailed aspects of people's past history was contained in 'This is Me' documents. People's care and support needs had been assessed before they moved into the service. We looked at the care records of six people and saw each person had an assessment prior to moving to the service which highlighted their needs.

Day and night entries in care records were noted to be focussed and related to specific needs as identified in people's care plans, for example mobility or behaviour.

We observed people being given choices about issues such as meals, drinks, where they wanted to sit or go to. We visited the service on the second day of this inspection at 6.00am so we could meet with night staff and assess the service for people. We found the service to be calm and quiet. There was an agency nurse on duty, a senior carer, a carer, a bank carer and an agency carer. There was one person up and dressed on the ground floor and four people up and dressed on the first floor. One person we spoke with was able to tell us they wanted to be up early. Everyone else was in bed asleep or had been supported back to bed after being given assistance.

Records we looked at confirmed the service had a clear complaints policy. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There had been six complaints recorded since our visit in May / June 2015. There was a clear record of investigations and the outcome recorded and all complaints had been concluded. The manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

The activity co-ordinator had recently left the service but we saw the service was seeking to recruit a replacement as soon as possible. On the day of our visit, people were attending hair appointments and we saw an activity planner that showed that Christmas events and entertainers were planned over the coming weeks.



# Is the service well-led?

## Our findings

At our inspection in May / June 2015 we found that the provider was not carrying out checks to confirm the safety and quality of the service.

Since our visit to the service in May/June 2015, the provider had responded to the concerns raised and developed an action plan. We saw this action plan was detailed and specific actions and evidence of outcomes was clearly recorded. We were given the most up to date copy of this action plan during our visit and saw that it was correct and that some areas were still ongoing but this was being regularly monitored.

There was not a registered manager currently at South Park. The manager had applied to be registered with the Care Quality Commission and was going through the registration process.

We saw that two relatives meetings had taken place since our visit in May/ June 2015 and another one was scheduled for 14 December. Records of these showed the manager had been open about the concerns raised by the last CQC visit and they invited feedback from the group who attended. Comments from the visitors we spoke with included; "I've met the manager a few times and spoken with her, she gets things sorted," and another relative said; "She takes notice, she is good and will listen."

We asked staff what they thought of the manager. Staff we spoke with said, "The manager is very visible, she will be hands on and will come in at the drop of a hat," and, "She communicates really well, both in handover and with individual staff. She has a good relationship with residents' families, she deals with things professionally and the home has been tough." Another staff member said; "We all work as a team here".

One agency nurse told us; "The manager was one the reasons I wanted to stay and help here. The first couple of days I wasn't happy with some staff and I asked them to do things differently and they were responsive to this."

One relative also told us the new clinical lead; "Gets in and helps, I have seen her helping people at mealtimes." An agency staff member also told us; "I think she will have a positive impact, she is kind and thoughtful and will be a strong character with the carers, we are starting to have more consistency."

We asked staff about the culture of the service and one staff member said, "Things are getting better." One relative we spoke with said; "I wish staff wouldn't keep leaving, it doesn't give you confidence. The girls that are here are good." We witnessed both the manager and clinical lead nurse addressing issues of practice with staff during the course of our visit. The manager prompted an agency staff member to wear appropriate personal protective equipment and we witnessed the clinical lead discussing how a softened diet meal should be presented with the deputy chef. Both prompts were challenging whilst being professional.

The manager had implemented a daily walk around audit and "flash meetings" (a quick meeting with heads of units and other key staff within the home) and we saw issues being picked up and actioned and noted that these were also taking place out of hours which was positive. There had also been clinical risk reviews implemented with the manager and nursing staff looking at clinical issues such as pressure care, behaviour, nutrition and falls so that issues of concerns were picked up, shared with the nursing team and actioned. This had only taken place once in September 2015 but had taken place more consistently since then and there had been three recorded in November 2015.

During our previous inspection visit we looked at audit records and found little evidence of regular audits prior to May 2015. During this inspection visit, we saw improvements had been made since the new manager started working at the home in May 2015, however the improvements need to be sustained and a consistent nursing team needs to be in place.

At this inspection the manager told us of various audits and checks that were being carried out and provided evidence of these. We saw regular audits had been carried out for the kitchen, mealtimes, mattresses, infection control, hand hygiene and PPE (personal protective equipment), and health and safety. Where issues had been identified, actions had been put in place for any identified issues.

We saw a copy of the regional operations manager's 'Quality monitoring report' which had been carried out in September and November 2015. This included views about the service, comments and complaints, accidents, incidents and near misses, infections, pressure sores, nutrition and hydration, safeguarding, observations, case file tracking, staffing and spot checks. Actions were put in place for any identified issues by the manager.

## Is the service well-led?

We saw that staff meetings had taken place in August, September and October and issues discussed had included teamwork, people's weights, Christmas working and infection control. We also saw that the manager carried out spot checks at night and had recently carried out two recorded unannounced visits.

We saw that staff surveys had been completed in August 2015 and people and relatives were consulted in May 2015 prior to some changes within the service. Both surveys had poor response rates and we discussed with the manager and operations manager that it would be advisable to gather people's views again on the service.

This meant that the provider was gathering information about the quality of their service from a variety of sources.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed CQC of all significant events since our last inspection in May/ June 2015 and records in the service confirmed this.

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 18 HSCA (RA) Regulations 2014 Staffing <b>Staff were not trained in the physical management of people whose behaviour may challenge and were at risk of harm from lack of appropriate breakaway techniques.</b>