Akari Care Limited

Park House

Inspection report

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31 May 2018

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 28 May 2018. We made a further two announced visits to the home on 30 May and 31 May 2018 to complete the inspection.

The service was last inspected in September 2017. At that time we identified two breaches of the regulations relating to safe care and treatment and good governance. We rated the service as requires improvement. We asked the provider to complete an action plan to show what actions they were going to take to improve. At this inspection, we found that although action had been taken to address the previous shortfalls; we identified new concerns and shortfalls.

Park House 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. Park House is registered to provide accommodation for persons who require nursing or personal care and for treatment of disease, disorder or injury. Park House can accommodate up to 50 people. At the time of the inspection there were 46 people living at the service, some of whom were living with dementia.

A new manager had been appointed in October 2017. They had applied to register with CQC as a registered manager. However, they were not present during or following our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, concerns were highlighted about how people were treated. Several people raised safeguarding allegations of a physical and psychological nature. Two staff informed us of their concerns about how certain staff spoke with people. We passed this information to the regional manager who notified the local authority safeguarding adults team and the police. We found that the correct actions had not been taken with regards to several safeguarding allegations. They had not all been reported to the necessary authorities including CQC.

There were shortfalls and omissions with the management of risk. Staff did not always follow risk assessments in relation to moving and handling. Documented risk assessments were not always in place for identified risks such as choking.

People received their medicines as prescribed. Records relating to administered medicines were well kept and medicines were stored appropriately.

Timely action had not been taken to resolve the bathing and plumbing issues at the home. At the time of the inspection, there was only one bath in use to bathe all people on both floors because none of the showers or

other baths were working. This was resolved by the third day of our inspection. Maintenance records showed that suitable water temperatures were not always maintained in people's bedrooms. Some water temperatures were recorded at less than 30°C.

We received mixed feedback from people and staff about staff deployment. We considered that more direction from senior staff could help staff deployment. We have made a recommendation that staff deployment is kept under review to ensure sufficient staff are deployed at all times

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 manager had submitted Deprivation of Liberty Safeguards [DoLS] applications in line with legal requirements. We found however, that consent to care and treatment was not always sought in line with the Mental Capacity Act 2005 (MCA).

Training records were not well maintained. The training matrixes contained gaps against certain training courses. It was unclear which training staff had completed or needed to undertake.

An effective system to assess, manage and monitor people's nutritional needs was not fully in place. People were supported with their health care needs. Care records contained details of referrals and input from health care professionals.

Observations of staff interactions with people were varied. We saw some staff were very friendly and chatted with people whilst they supported people. We observed that others spent time talking amongst themselves, rather than engaging with people. In addition, some of the language used by staff did not promote people's dignity.

There were two activities coordinators employed. We found however that there was a lack of meaningful activities.

Complaints had not always been fully investigated and there had been a failure to link themes between complaints and safeguarding.

The provider had not carried out robust, thorough and questioning audits of the service capable of identifying areas for improvement. Audits did not demonstrate who was accountable for which task and action plans had not been completed.

The overall rating for this service has deteriorated from 'requires improvement' to 'inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any of key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or varying the terms of their

registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following the inspection, we wrote to the provider to request an action plan which listed what action they had taken or planned to take to address the concerns and shortfalls identified during the inspection. We also met with the chief operating officer and regional staff to discuss our concerns and the improvements required for this service to become compliant with the regulations.

We referred all of our concerns about the service to Newcastle local authority, Newcastle Clinical Commissioning Group and the police. At the time of our inspection, the local authority had placed the home into 'organisational safeguarding.' This meant that the local authority was monitoring the whole home. The provider had also agreed not to accept any new admissions to the home.
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During this inspection, we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of the Care Quality Commission Registration Regulations 2009, Notification of other incidents. You can see what action we have told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found during this inspection is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Some people and staff raised concerns of a safeguarding nature. We found that the correct actions had not always been taken with regards to some safeguarding allegations.

Safe recruitment procedures were not always followed. Timely action had not been taken to resolve the bathing and plumbing issues at the home.

We received mixed feedback, both positive and negative from people and staff about staff deployment. During our inspection visits, we observed there were enough staff on duty to meet people's needs. However, we made a recommendation that staff deployment was kept under review to ensure sufficient staff were deployed at all times.

Is the service effective?

Requires Improvement

The service was not always effective.

Training records were not well maintained. It was unclear which training staff had completed or needed to undertake.

An effective system to assess, manage and monitor people's nutritional needs was not fully in place.

Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005 (MCA).

People were supported with their health care needs.

Is the service caring?

Requires Improvement

The service was not always caring.

During the inspection, concerns were highlighted about how people were treated. Two staff informed us of their concerns about how certain staff spoke with people.

Observations of staff interactions with people were varied. Some

staff were very friendly and chatted with people others spent time talking amongst themselves, rather than engaging with people.

People were supported to express their views about the care provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of evidence to demonstrate that people's social, spiritual and cultural needs were assessed or supported.

There were two activities coordinators employed. We found however, that there was a lack of meaningful activities.

Complaints had not always been fully investigated.

Is the service well-led?

Inadequate

The service was not well-led.

There was a manager in post. They were not yet registered with CQC. They were not present during or immediately following the inspection. The home's regional manager was present throughout the inspection and was supporting the home both prior to and following the inspection.

The provider had not carried out robust, thorough audits of the service capable of identifying areas for improvement. Audits did not demonstrate who was accountable for which task and action plans had not been completed.

Park House

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.

The inspection was prompted after CQC received an anonymous allegation of abuse at the home. We reported these concerns to the police, local authority safeguarding team and the provider. These concerns are subject to an investigation. Concerns were also raised about the management of the service and pest control. The provider took action on receipt of the concerns raised. Staff implicated were suspended from work.

An unannounced comprehensive inspection commenced on 28 May 2018. The inspection continued on 30 May and 31 May 2018, these were announced visits. The inspection team consisted of four adult social care inspectors.

Before the inspection, we reviewed the information we held about the service including previous inspection reports, safeguarding records and notifications relating to the service. A notification is information about important events and incidents affecting the service or the people who use which the provider is required to tell us about by law.

During the inspection we spoke with 17 people using the service and seven relatives. Due to the nature of some people's complex needs, we were not able to ask everyone direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing people in areas throughout the home to see interactions between people and staff. We observed people as they engaged with their day-to-day tasks, observed their care, including the lunchtime meal experience and medicines administration.

We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with the regional manager, deputy manager, two nurses, seven care workers, two housekeeping staff, two cooks, two kitchen assistants, an activities coordinator and a maintenance person. We spoke with one

night nurse and three night care workers by phone to find out how care was delivered at night. We also spoke with two community nursing staff from the local NHS Trust.

We reviewed 10 people's care plans, staff rotas, accidents and incidents, complaints, medicine administration records and viewed the provider's internal checks and audits. Records for five staff were inspected, which included checks on newly appointed staff and staff supervision records.

Inadequate

Is the service safe?

Our findings

At our last comprehensive inspection in September 2017, we rated this key question as requires improvement. We found the provider was in breach of the regulation relating to safe care and treatment. Pressure relieving mattresses had not been used correctly and the guidance for staff on 'when required' medicines was not always clear At this inspection, we found that improvements in these areas had been made, however, we identified other serious concerns regarding the management of safeguarding allegations, risk assessments, the premises and recruitment.

There were safeguarding procedures in place. We found however, that these procedures were not always followed. Two staff described instances where they had concerns of a safeguarding nature. They had not previously raised these concerns. One member of staff told us this was because they did not believe their concerns would be kept confidential. A third member of staff told us they had reported safeguarding issues; however, no action had been taken. Some staff we spoke with told us they had never attended safeguarding training. This training details what constitutes abuse and how staff should respond if they have any concerns about people's safety or welfare. Training records showed 33% of the staff team had not completed safeguarding training.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Safeguarding people from abuse and improper treatment.

During our inspection, several people and staff raised concerns of a safeguarding nature. We passed these allegations to the regional manager who notified the police and local authority's safeguarding adults team. We also reported these to the relevant authorities. We cannot report on these investigations at the time of this inspection. CQC will monitor the outcome of the safeguarding investigations and actions the provider takes to keep people safe.

At the time of our inspection, the local authority placed the service in organisational safeguarding. This meant that the local authority was monitoring the whole home.

We found that the provider had not notified us of all safeguarding allegations. This meant that the CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken.

This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. Notification of other incidents. This is being followed up and we will report on any action once it is complete.

Safe recruitment practices had not been followed on the appointment of the manager. Timely checks, to ensure staff were of good character had not been carried out. The results of their Disclosure and Barring Service check were not received until seven weeks after they had commenced employment. A DBS check enables employers to carry out safer recruitment decisions. It also prevents unsuitable people from working with vulnerable groups. No references had been obtained and they had not completed an application form.

The provider's human resources (HR) department had highlighted the omission of references in December 2017, however we found no evidence that this had been acted upon.

Failure to carry out relevant and robust recruitment checks of staff is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We spoke with the regional manager regarding the manager's recruitment record. They advised the process had changed since the manager's appointment, and were now carried out by the provider's HR team, rather than managed locally, and there were now systems in place which would not allow managers to start working until satisfactory checks had been received.

We reviewed another four staff personnel files and found appropriate checks had been carried out. Registration of nursing staff was checked on a regular basis, to ensure it was up-to-date. All nursing staff are required to be registered with the Nursing and Midwifery Council (NMC).

There were shortfalls and omissions with the management of risk. One person had a choking risk assessment in place. This stated that the person was 'on a soft diet and staff should ensure the correct texture of diet is given'. However, the person's diet notification sheet stated the person was on a 'normal' diet. Staff confirmed that the person was provided with a normal textured diet. There were no risk assessments in place for other people who required a 'soft' diet to state whether they were at potential risk of choking.

One person described occasions where they had received potentially unsafe care. They had been assessed as requiring two members of staff to support them when they moved around the home. They told us there were times when this support was provided by one staff member only. One staff member confirmed this. They told us that due to staffing issues, they provided care to people assessed as requiring support from two staff by themselves. This could put people at risk of harm. We shared this feedback with the regional manager who told us they would communicate with staff to ensure they were aware of the importance of delivering care as per people's assessed needs.

Most staff raised concerns about certain environmental issues at the home. They told us that timely action had not been taken to resolve the bathing and plumbing issues. At the time of the inspection, there was only one bath in use to bathe all people on both floors because none of the showers or other baths were working.

We examined maintenance records. These showed there had been no running water in the ground floor sluice during April and May 2018 and this was still the case at the time of the inspection. Hot water temperature checks of washbasins in en-suites indicated that several rooms had only cool water which was less than 30°C. The bath record book documented that people had bathed in water temperature that had been as low as 36 degrees. The book highlighted to staff that water temperature should not be warmer than 43 degrees but did not state the minimum lowest temperature.

These issues relating to the management of risk and the premises constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We brought these concerns to the attention of the regional manager who had addressed the issues with the baths and showers by the third day of our inspection. However, work was ongoing with the water temperatures in people's rooms.

Checks of the premises and equipment were carried out. Information about pressure relieving equipment and mattress settings were now available. We checked six people's mattresses and found they were set and used correctly.

At the time of our inspection there were 46 people living at Park House, residing on two floors of the home. The regional manager told us staffing was based on an assessment of people's needs. They told us two nurses, and eight care staff were scheduled to work during daytime hours.

During our inspection visits we observed there were enough staff to meet people's needs. Busier times of the day, such as mealtimes, were well organised so people received their meal and any support they needed to eat in a timely way. We noted call bells were responded to quickly and any requests from people who used the service were met promptly.

Some people and relatives told us there were enough staff on duty, whilst others told us more staff were required. Comments included, "If I press the buzzer they come fairly quick. They do very well," "I don't usually have to wait long" and "I think there's enough [staff] but I feel that they could do with more."

Staff were consistent in their feedback, and told us that more staff were required. They told us that staffing often dropped below the set number for the home, due to staff sickness. They said attempts were made to cover shifts by telephoning staff who weren't scheduled to work, however this often proved difficult. On the first day of our inspection there were seven care staff rather than eight because one was unable to work due to sickness. One member of staff said, "It's not very often we are fully staffed. There are meant to be four [care staff] on this floor, but normally there are only two or three of us." Staff rotas showed there were a number of times when staffing levels were not maintained.

We saw that some staff spent time spent time talking amongst themselves, rather than engaging with people. We considered that more direction from senior staff could help staff deployment.

We recommend that staff deployment is kept under review to ensure sufficient staff are deployed at all times.

Following our inspection, the provider sent us an action plan which stated how and when, the above omissions and shortfalls relating to safeguarding, recruitment, the premises and staffing would be addressed.

People received their medicines as prescribed. People told us they received their medicines on time and that staff stayed with them whilst they took them. Sufficient information was available to staff about people's individual medicines routines. Medicines were usually administered by nursing staff who had received appropriate training and had their competency assessed. One member of staff told us they had not undertaken any training in medicines but had administered medicines to people. They told us they had been asked to do this when the home was short staffed. We informed the regional manager of this feedback.

Records relating to administered medicines were well kept. We checked a random sample of medicines and found stocks corresponded accurately to medicines administration records. Medicines administered were recorded on an electronic system. Nursing staff explained there were sometimes technical issues which meant they could not access people's records. They said they printed off paper records on a weekly basis so they had details of the medicines people were prescribed. Records were completed with no gaps. Topical medicines records, such as those for creams or ointments, clearly documented where these should be

applied. Medicines were stored appropriately. Temperatures of fridges used to store medicines were regularly checked.

We checked infection control procedures at the service. The home was clean and tidy, with no unpleasant odours. Prior to the inspection, we received an anonymous concern about pest control. We saw evidence the provider was taking steps to address this issue.

We saw a number of personal toiletries including disposable razors had been left in a communal bathroom. This was a health and safety and infection control risk if they were consumed or shared between people who used the service. We removed these items to ensure people's safety and informed the regional manager. She told us that she would speak with staff about this issue.

Staff had access to and used personal protective equipment such as gloves and aprons. We observed that some staff were wearing false nails. This could pose an infection control risk. We viewed supervision records and noted that the manager had instructed staff that these should not be worn at work.

Housekeeping staff were knowledgeable about infection control and the systems in place, such as colour coded mops for specific areas of the home, to minimise infection control risks.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection in September 2017, we rated this key question as requires improvement. People were brought to the dining room some time before meals were served which caused some people anxiety. During this inspection, we found that improvements had been made to the dining experience; however, we identified new concerns relating to staff training and support and the Mental Capacity Act 2005.

Training records were not well maintained. Two training matrix records in place. These were not up to date. Some staff named had left the employment and new staff were not recorded. This made it difficult to establish whether staff had undertaken training which the provider had deemed mandatory to meet people's needs and keep them safe. In addition, the training matrixes did not record the clinical competencies and skills of nursing staff.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

We received mixed feedback from staff about training. Some staff told us there was sufficient training available. However, others told us they had not completed certain training.

We identified concerns in certain staff practices, such as safeguarding and moving and handling. Records showed 33% of the staff team had not completed safeguarding training and 24% had not completed moving and assisting training. We spoke with one member of staff who told us this was their first job within the care sector. They told us they had worked at the home for over six months before they received any training in moving and handling people safely.

Some staff raised concerns about induction procedures. One staff member told us, "New staff are put straight on the floor – just one day of shadowing and no training." An induction day was provided to new staff which included a brief overview of the organisational procedures relating to general health and safety. Not all staff, where necessary, had been enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours necessary for staff. We found that one member of staff who had commenced employment a year ago had started the Care Certificate. However, five other staff who had commenced employment since November 2017 had not yet been signed up for this training. The regional manager stated this would be arranged immediately.

Some staff informed us that they did not always feel supported. One staff member said, "I don't feel supported. I have had supervision about four months ago. I don't think I've had an appraisal."

The deputy manager told us the organisational expectation was that each staff member would have six supervision sessions a year with a supervisor and an annual appraisal. Supervisions give staff an opportunity to discuss any training and development needs, as well as any concerns or issues. However, the supervision planner and diary for 2017 and 2018 indicated that some staff had not had any supervision sessions since

August 2017 and many had only had one supervision session this year. Some staff who had worked at the home for over a year had not had an appraisal.

These issues constituted a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staffing.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS applications had been submitted to the local authority in respect of eight people who lived at the home. However, staff had not always followed the principles of MCA. One person was administered a medicine covertly [hidden in food or drink]. There was a document which indicated that this form of administration had been agreed with the GP, pharmacist and a family member. However, there was no assessment to determine whether the person had capacity to make a decision about this.

There were inconsistencies in other people's care files regarding mental capacity. One person's care plan stated the person had agreed to reduce their alcohol intake. However, two staff stated that the person was not aware of the reduction plan, so their intake was being reduced covertly. Another person's care file contained a mental capacity assessment which was not decision-specific.

These issues constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We checked how people's dietary needs were met. We spoke with one cook who told us that no one at the home had any specific dietary needs. However, another cook told us that eight people had diabetes and nine people were described as requiring a 'soft' diet.

We checked people's care plans and noted that information about people's dietary needs was not always recorded. One person's nutrition and hydration care plan did not state that the person had diet controlled diabetes. People who required a 'soft textured diet' were offered soft-type foods at lunchtime and sandwiches at each teatime meal. The cook stated they could also be offered soup. However, this was the only other option available and was dependent upon staff offering it. This meant the people who required a 'soft' diet were not offered the same variety as other people.

There was a lack of evidence to demonstrate that there was effective communication between catering and care staff. One of the cooks said they were provided with a copy of the monthly weights records. However, copies of weight records in the kitchen related to 2016 and 2017 and did not reflect the current people who lived there. One of the cooks also stated they would make fortified drinks if people were at risk of losing weight but could not state which people this might be. We noticed that everyone was offered fortified milkshakes from the tea trolley even if they had a high body mass index.

Food and fluid intake records were recorded for everyone, regardless of whether they were at risk of poor

hydration or nutrition. We saw fluid charts were recorded and daily amounts totalled up, but there were no target amounts so staff did not know if people had reached their set amounts. Care staff told us this meant they had to complete a lot of unnecessary records. One staff member commented, "I don't think food charts are always accurate as there are so many to fill in, it becomes difficult to say the specific amounts [each person has] eaten."

We viewed the home's menus. We noticed that teatime menus lacked variety and fresh foods. For example, the menu for the week of the inspection showed that chips were offered on four teatime meals and potato fritters were also offered on two other days. Care staff told us there was supposed to be fresh fruit on the tea trolley but said this rarely happened.

We considered that an effective system to assess, manage and monitor people's nutritional needs was not fully in place.

These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following our inspection, the provider sent us an action plan which stated how and when, the above omissions and shortfalls relating to training and support, people's dietary needs and MCA would be addressed.

We received mixed feedback from people about the meals. Comments included, "alright", "nice" or "hitty-missy". During the lunchtime meal we saw people were encouraged to enjoy their meal and were offered suitable support where appropriate. Some people did not eat their meal. Care staff told us they would try to offer them a snack later. There were kitchenettes in the dining rooms supplied with some basic provisions such as bread and butter so people could be offered toast outside of mealtimes.

People were supported with their health care needs. Care records contained details of referrals and input from health care professionals. These included GPs, district nurses, occupational therapists, podiatry and optician services. A nurse from the home told us they had a positive working relationship and received good support from the neighbouring GP practice. They described how the GP visited at least twice weekly and more often if people's health was declining. A visiting health care professional told us, "The nurses are very approachable. They work well with us and are informative."

There were some adaptations for people living with physical disabilities or dementia. These included an assisted bath, coloured crockery and picture signs of the toilets and bathrooms. People had limited access to outdoor space as there was no secure enclosed garden space. There was a smoking area at the front of the home with tables and chairs, and a seating area at the back. On the third day of our inspection it was a very warm day. No one was outside. One staff member explained the seating area was under-utilised as it was accessed via a door which was unable to be left open. They said there was not usually enough staff to be able to support people outside.

Requires Improvement

Is the service caring?

Our findings

At our last comprehensive inspection in September 2017, we rated this key question as requires improvement. We found that the service had not always delivered care in a manner which was caring, since they had not ensured that risks associated with people's skin care were reasonably mitigated.

During this inspection, concerns were highlighted about how people were treated. Several people raised safeguarding allegations of a physical and psychological nature. Two staff informed us of their concerns about how certain staff spoke with people. We passed this information to the regional manager who notified the local authority's safeguarding adults team and the police.

Staff and some of the people who used the service, described a negative culture on the upstairs floor of the home caused by specific staff members. One staff member told us, "There is a difference in the culture upstairs…I have heard attitude from staff in the rooms and the corridors." Comments from people included, "I think some have an attitude, although you don't know what some have had to do – it's just their manner," "They just shout and say, "Do this and do that" when I'm being a nuisance" and "I can usually tell the shift who comes in whether [specific personal care] will get done. Not naming any names but some don't want to it. I can't do it myself. It should get done every day, but I would say it was done about three times in a week." We considered that this negative culture and attitude of certain staff exposed people to the risk of psychological ill being.

We received positive feedback from other people and relatives about the caring nature of staff. Comments included, "It's been good. The staff are really, really nice here. I couldn't fault them," "The carers and the nurses are very nice. They are all pretty jovial, they try to keep our spirits up" and "Staff are very nice and patient – I can hear. In here there are a lot of patients with dementia and I can hear them [staff] talking and they are always laughing. I don't know how [staff] are so patient."
We spoke with two relatives whose family member had recently died. They were very complimentary about the caring nature of staff. They told us, "Our experience has been very positive. They deserve people to know how lovely they are - how kind they are, and supportive to the family - not just the resident….There were times when I've been upset and they have been lovely to me" and "It was the little things they did. They had a laugh and a joke with them and fussed around them, making sure their hair was all right and made sure they were comfortable. They were kind and if they got upset they would come and sit and hold their hand."

Observations of staff interactions with people were varied. We saw some staff were very friendly and chatted with people whilst they supported them. During a mealtime, we observed care staff offered people choices and took time to encourage people with their meal. A nurse who was administering medicines also spoke with people in a reassuring and comforting manner. They made sure each person had a drink of their choice before giving them their medicines.

However, we observed that other staff spent time talking amongst themselves, rather than engaging with people. We saw one member of staff watching television in silence for 10 minutes before they were prompted by the regional manager to interact with people. Some staff told us they would like to be able to

spend more time with people to meet their emotional needs. However, due to staffing levels this was not always possible.

Information was not always available in alternative formats to meet people's individual needs. The menu boards in both dining rooms had a written menu displayed. However, we noted that the wrong meal choices for that day were recorded. Staff explained that the choices had been written in a permanent marker and had not been changed for several weeks. This could be confusing for people. Another person whose first language was not English had a care plan that stated staff would use picture cards to support their communication. Staff stated this did not take place.

We received mixed feedback about how staff promoted privacy and dignity. Due to ongoing issues with the showers and baths, people and relatives explained that people had to use the ground floor bathing facilities to bathe. One relative told us, "My [family member] didn't have a shower for weeks. They were advised to go downstairs for one, but they wouldn't because of their dignity. I mentioned it for weeks to the manager but nothing got done."

Some of the language used by staff did not promote people's dignity. Some staff used other words such as "doubles" to describe people who required two people to support them. We read the minutes of a recent staff meeting which was held on 29 May 2018. The minutes contained several references to 'rezzies' meaning people who used the home. These terms did not promote the dignity of people who lived at the home.

These issues constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

Following our inspection, the provider sent us an action plan which stated how and when, the above concerns relating to privacy and dignity would be addressed.

People were supported to retain independence. For example, some people went out to local shops and one person made their own hot drinks in the kitchenette. Some people used double-handed beakers to support their dexterity and one person used a spoon and a non-slip tray so they could eat their meal independently. Dining room tables were set out with condiments and sauces so that people could help themselves.

People and their relatives were supported to express their views about the care provided and the service in general. Some people had signed their care plans to demonstrate that they had been involved in discussions about their care. People and relatives were invited to discuss their care annually during reviews of care and could give their feedback through meetings and surveys.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection in September 2017, we rated this key question as requires improvement. We found that some care plans lacked detail about how people needed to be cared for and people were not always meaningfully engaged during the day.

At this inspection, we found continuing concerns in these areas. We found there was a lack of evidence that people's social, spiritual and cultural needs were assessed or supported. In the care files we viewed, there were forms for recording people's preferences, lifestyle and religious needs but in most cases these forms had not been completed. In addition, information regarding one person's cultural dietary needs had not been passed to catering staff.

We checked how people's social needs were met. We received mixed feedback about activities provision from people and relatives. One relative told us, "[Name of person] doesn't like living here, he used to be an active man prior to living here and enjoyed football but he doesn't get the opportunity to go out and watch a football game now. Activities here are mainly for women so he is bored." Other comments included, "They don't come in and spend time talking, they don't have time" and "I don't get bored – I have my tablet [hand held computer], TV and crosswords. The days and weeks flyby."

The service employed a full-time activities coordinator who worked from Monday to Friday. Another activities coordinator was also employed; however they were currently not at work and their shifts had not been covered. We were told that activities such as bingo, mini golf, hula hoops, darts, board games, movie sessions and quizzes were organised and carried out. Other activities and social events were arranged and a Royal wedding party had just taken place which we were told people and their relatives enjoyed.

However, during the inspection we saw that people were not engaged in any meaningful activity during the day. Staff in the lounge did not always engage people in conversation and a number of people were left sleeping in chairs throughout the day. Some people preferred to stay in their rooms and not join in with group activity sessions.

'Residents' meetings' had been held which offered people an opportunity to make suggestions and comments about activities. We read the minutes from the latest meeting which was held in April 2018. People offered a number of ideas about outings and social events. However, staff told us people did not go out because there were not enough staff to support them.

We looked at how the provider managed complaints. There was a complaints procedure in place. However, complaints had not always been recorded or fully investigated. People, relatives and staff told us about complaints they had raised but these were not recorded within the complaints file and in most cases, there was no evidence of any investigation or action that had taken place. One person told us, "We didn't know who the manager was and had to hunt her out. I never got any feedback from my complaint".

These issues constituted a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. Receiving and acting on complaints.

Following our inspection, the provider sent us an action plan which stated how and when, the above omissions and shortfalls relating to care planning and complaints would be addressed.

The service provided palliative care. We spoke with one person who was receiving palliative care. They told us, "I am receiving palliative care here." They also said, "They,[staff] do everything for me, they are good." The person explained they felt involved in decisions about her care and support. We spoke with two relatives whose family member had recently died at the home. They told us, "The care here was excellent, especially at the end" and "At the end they were more frail. They [staff] knew what they were doing and they did it well."

Inadequate

Is the service well-led?

Our findings

At our last comprehensive inspection in September 2017, we rated this key question as requires improvement. The provider was in breach of the regulation relating to good governance. The provider's quality assurance system had not identified all of the concerns we found during the inspection. In addition, the provider had not responded to repeated requests from the registered manager in relation to premises issues.

During this inspection, we found continuing serious concerns and shortfalls relating to the governance of the service.

There had been a number of changes in the management of the service. There had been four registered managers since 2014. A new manager had been appointed in October 2017. They were applying to register with CQC as a registered manager. They were not present during or immediately following our inspection. Many staff raised concerns about the management of the service during the inspection. We passed these concerns to the regional manager for their information.

We identified shortfalls and omissions in many areas of the service. Safeguarding procedures were not always followed and an effective system to ensure that safeguarding notifications were submitted to CQC was not fully in place. Complaints had not always been fully investigated and there had been a failure to link themes between complaints and safeguarding. Training records were not well maintained. It was unclear which training staff had completed or needed to undertake.

Some omissions had been identified by the provider's own quality assurance systems. However, there was a lack of evidence to demonstrate that action was taken to address the concerns raised. Safe recruitment procedures had not been followed for the manager. This had been highlighted by the provider's human resources department in December 2017. However, there was no evidence that this had been acted upon and addressed.

Where gaps or shortfalls were identified, these had not been clearly communicated to staff for their action. The manager held periodic quality and clinical governance meetings with the heads of department. The meeting minutes for January and April 2018 were identical and both included the same action points. There was no update regarding any of the action points.

Care record audits had been carried out on three people's care files in the past five months. A number of gaps and shortfalls had been identified. There was no action plan or timescales for when these should be addressed. Monthly infection control audits had been carried out. These did not include an action plan for the identified shortfalls to be addressed, so it was not demonstrable that remedial work had been carried out.

Action to address the concerns regarding the environment had not been taken in a timely manner. 'Monthly' health and safety audits had only been carried out twice in the previous nine months. The audit in May 2018

stated, "Bathrooms still not fixed yet reported in April – passed to Estates."

There was a lack of evidence to demonstrate what action had been taken in response to feedback from people. We viewed the latest 'residents' survey' results which was carried out in 2017. People had indicated dissatisfaction with the availability of drinks available at night, menus and lack of outdoor access. The results of the survey were displayed on a notice board under the heading, 'You Said, We Did'. However, there was no information under the heading 'We Did' and no action plan or update about how these issues were acted upon.

Accidents and incidents were recorded. However, there was a lack of evidence that these were analysed to minimise any reoccurrence and identify any trends or themes. The falls analysis documentation for 2018 was blank.

These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following our inspection, the provider sent us an action plan which stated how and when, the above omissions and shortfalls relating to the governance of the service would be addressed.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005. Regulation 11 (1)(2)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed or action taken to reduce the risk of harm. Action to ensure the premises were safe was not taken in a timely manner. There were ongoing shortfalls with the plumbing. Regulation 12 (1)(2)(a)(b)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints An effective system was not fully in place for identifying, receiving, recording, handling and responding to complaints. Regulation 16 (1)(2).

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

An effective system was not fully in place to ensure that staff received appropriate training, support and appraisal to enable them to carry out their duties they were employed to perform. Regulation 18 (1)(a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective systems were not fully in place to protect people from the risk of abuse. Regulation 13 (1)(2)(3)(6)(b)(c)(d).

The enforcement action we took:

We imposed conditions upon the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

We imposed conditions upon the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure only suitable staff were employed who had the necessary competence, skills and experience. Regulation 19 (1)(a)(b)(2)(a)(3)(a).

The enforcement action we took:

We imposed conditions upon the provider's registration.