

M J Flynn

# Parkfield House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 20 April 2016 and was unannounced. At the last inspection on 17 and 19 November and 2 December 2015 we rated the service as 'Inadequate' and in 'Special Measures'. We identified eleven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we took enforcement action. The commissioners at the Local Authority and Clinical Commissioning Group (CCG) were made aware of our concerns and placements at the home were suspended. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Parkfield House Care Home provides nursing and personal care for up to 24 older people, some of who are living with dementia. There were 19 people using the service when we visited in April 2016. Accommodation is provided over two floors. There are nine single rooms and eight shared rooms. There is a large conservatory and lounge areas on the ground floor and a small sitting area on the first floor.

The home does not have a registered manager. The registered manager left in 2014 and the current manager is not registered with the commission. 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.

Overall we found significant improvements had been made in the home since our last inspection, although there were still areas where further improvement was required.

People told us they felt safe and we found there were enough staff on duty to meet people's needs. Robust recruitment procedures were in place which helped ensure staff were suitable to work in the care service.

Staff understood how to identify abuse and were aware of the action to take if abuse was suspected or reported. We saw safeguarding procedures had been followed when incidents had occurred. Risks to people were assessed and managed to ensure people's safety and well-being.

We found improvements in the way people's medicines were managed which meant people received their medicines when they needed them. However, documentation relating to prescribed creams and 'as required' medicines needed to be more robust. We also found action had not been taken to ensure medicines kept in the fridge were at the correct temperature.

An ongoing refurbishment programme which was implemented following the last inspection meant the premises were brighter, cleaner and better maintained than when we last visited.

A significant amount of staff training had taken place however there were still gaps where staff had not

received training or updates in certain areas such as first aid, infection control and food hygiene.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

People told us they enjoyed the food. Lunchtime was a pleasant experience with people offered choices and given the support they required from staff. People's weights were monitored to ensure they received enough to eat and drink.

People and relatives praised the staff who they described as 'good' and 'kind'. We saw staff treated people with respect and ensured their privacy and dignity was maintained.

We saw improvements in the care records which provide more detailed and up to date information about people's care needs, although we found some information was missing or required updating.

We saw in the last few months people had enjoyed activities, which included entertainers and a trip out to a 1940s café. We found activities were limited, however an activity co-ordinator was due to start in post at the end of April 2016 which should mean better activity provision for people.

Leadership and management of the home had improved and staff praised the manager who they credited with making the improvements in the home. The manager was described by staff as supportive and approachable. Staff felt teamwork had improved which they felt had benefitted the people who used the service. Relatives we spoke with happy with the care provided.

However, quality assurance systems were not fully implemented or effective which meant systems were not in place to monitor and review progress and ensure continuous service improvement. We need to be assured that the provider will continue to provide the manager with the necessary support to ensure that the improvements made will be sustained and developed further to make sure people consistently receive high quality care.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Overall medicines were managed safely. However, the documentation relating to prescribed creams, 'as required' medicines and monitoring of fridge temperatures needed to improve.

People told us they felt safe. Staff understood and followed safeguarding procedures. Risks to people were well managed.

There were sufficient staff to meet people's needs and staff recruitment processes ensured staff were suitable to work in the care service.

Improvements had been made in the premises which were secure, clean and well maintained.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff training had improved although there were still gaps where staff had not received training updates.

People enjoyed the food, were offered a choice, mealtimes were better organised and a more sociable occasion. Weights and nutritional needs were monitored.

Staff had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been submitted.

People had access to healthcare services.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People spoke highly of the staff who were described as 'good' and 'kind'.

**Good** ●

We saw staff were caring and compassionate and treated people with respect.

People's privacy and dignity was maintained.

### **Is the service responsive?**

The service was not always responsive.

Although care plans were more detailed and person-centred we found some information was missing or required updating which meant there was a risk people would not receive the required care.

We saw people enjoying activities, although these were limited. However, the appointment of an activities co-ordinator should result in better activity provision.

A system was in place to record, investigate and respond to complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Improvements had been made to address many of the issues identified at the previous inspection and the leadership and management of the home has improved.

However, quality assurance systems were not embedded and we would need to see evidence of sustainability and continued improvements before we could conclude the service was well-led.

**Requires Improvement** ●

# Parkfield House Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 April 2016 and was unannounced. The inspection was carried out by two inspectors

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We spoke with five people who were living in the home, two relatives, two care staff, a nurse, the clinical lead nurse, the cook, the manager and the quality assurance manager.

We looked at four people's care records, four staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

# Is the service safe?

## Our findings

At the last inspection in November and December 2015 we found there were insufficient staff deployed to meet people's needs. At this inspection the number of people living in the home had reduced from 23 to 19 and we found overall there were enough staff to meet people's needs. The manager told us the current staffing levels were one nurse and five care staff throughout the day and one nurse and two care staff at night. Duty rotas we looked at showed consistency with these staffing levels. We saw staff were available in communal areas and worked well together ensuring there was a staff presence and that people's requests for assistance were dealt with promptly. We saw the nurses worked alongside the care staff directing and supporting them. Staff we spoke with said there were enough staff and felt there had been improvements in the way staff worked together as a team.

At the last inspection we found inconsistencies in the recruitment procedures which placed people at risk of harm as staff had not been thoroughly vetted to determine their suitability to work safely in the service. At this inspection we looked at four staff files and found a robust recruitment procedure had been followed. We saw checks had been completed which included two written references and a criminal record check through the Disclosure and Barring Service (DBS). Any gaps in employment were checked. Prospective staff were interviewed and when all documentation had been reviewed a decision was made about employment. This meant staff were suitably checked and should be safe to work with vulnerable adults.

At the last inspection we identified concerns in relation to safeguarding. We found staff training had not been updated and staff lacked knowledge in recognising and reporting abuse. Safeguarding incidents had not been identified or dealt with appropriately. At this inspection we found improvements had been made.

People told us they felt safe. One of the senior staff had completed the local authority's safeguarding training course for managers. Three of the four staff we spoke with confirmed they had completed safeguarding training. Our discussions with staff showed they were aware of how to identify the different types of abuse and knew the reporting systems. There was a safeguarding policy and local authority procedure displayed to guide staff in how to report safeguarding concerns with contact numbers for the safeguarding unit. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. Two staff members we spoke with said, "I am aware of safeguarding issues and I would use the whistle blowing policy. If it was the manager I would contact the owner, the safeguarding team or the CQC" and "I would be prepared to report any safeguarding."

We looked at the last seven safeguarding concerns, which had been referred to the local authority safeguarding team and notified to the Commission. We saw the manager had audited the incidents and reported on what the service had done to minimise future risks. This included having a one to one supervision with a staff member around a minor medication incident and, following a best interest meeting with family members, a new piece of equipment was provided to prevent a recurrence and further protect the person from harm.

At the previous inspection we found discrepancies in the financial records for people's personal allowance.

At this inspection we checked the records and money of two people. All transactions were recorded correctly and the balances matched the money held.

We found individual risks to people were identified in the care records we reviewed. For example, with regard to the use of bed rails, prevention of pressure ulcers, nutrition, moving and handling and falls. We saw the risk assessments included information about the actions being taken to manage or reduce the risk. We noted specialised equipment had been arranged where a risk had been identified which included pressure relieving cushions and air mattresses. There was also information recorded to assist emergency services if a person went missing and a personal emergency evacuation plan to help people evacuate the home in the event of an emergency such as a fire.

At the last inspection we identified a number of concerns regarding the management of medicines. This included a lack of protocols for 'as required' medicines, people not receiving their medicines as prescribed and medicines running out of stock. At this inspection we found people were receiving their medicines as prescribed and when they needed them. However, we found some areas required further improvement.

Medicines were stored safely and securely. We saw the temperatures of the treatment room and medicines fridge were recorded daily. However, the medicine fridge temperatures throughout April 2016 exceeded the recommended maximum temperature with records of 12°C and 13°C. Medicines requiring refrigeration can be very sensitive to temperature fluctuation and therefore must be maintained between 2°C and 8°C. The clinical lead nurse told us this would be addressed straightaway. However, we saw this issue had been identified in a review visit undertaken by the clinical commissioning group and local authority on 22 March 2016. We were concerned that four weeks later this issue had still not been addressed.

Prescribed topical medicines such as creams and lotions were recorded on the MARs but the administration was documented on topical medicines administration records (TMAR) which were completed by the care staff who applied the cream. While we found no evidence people were not receiving their topical medicines as prescribed the recording was inconsistent. For example, one TMAR showed where to apply the prescribed cream but did not record how often. When we asked the nurse they said the cream should be applied daily yet the administration record had not been signed daily. We found there were no systems in place for the formal review of the TMARs to check people were receiving topical medicines on a regular basis.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. However, we found more detail was required on some of the protocols. For example, one person was prescribed a sedative and the protocol stated to be given 'for agitation'. Although the nurse was able to describe the specific signs this person would display which would indicate the medicine was required, this level of detail was not recorded on the protocol. The lack of detail may result in inconsistencies in the administration of this medicine.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drugs were stored securely and records were accurately maintained. Records showed twice daily stock counts of controlled drugs were carried out by two nurses.

The clinical lead nurse told us no one received their medicines covertly. We observed medicines being administered and saw nursing staff were patient and compassionate with people and took great care when administering medicines. We reviewed the medicine administration records (MAR) and found these were well completed. We saw there was information about allergies and any special instructions for how people liked to take their medicines was recorded. We saw there was a system in place for checking the MARs and

when recording errors had been identified action had been taken to address this. We found suitable arrangements were in place to make sure people received time-specific medicines at the right time. For example, medicines prescribed with particular instructions about when they should be taken in relation to food.

We found staff responsible for the administration of medicines had received training since the last inspection in November and December 2015. The clinical lead nurse told us they were introducing competency checks for all the nurses. We saw medicine audits were being carried out at regular intervals and any issues were being dealt with as they arose. We met with the pharmacist who supplied medicines to the home. They told us of meetings that had taken place with the senior nurses and audits they had carried out since the last inspection. They told us communication had improved and they felt significant improvements had been made in the management of medicines.

At the last inspection we found the premises were not well maintained. We found some shared rooms had no screens to ensure privacy, some radiators were unguarded, areas of the home were cold and there was a lack of security. At this inspection we found improvements had been made to the environment.

We looked round the building with the manager. All areas of the home were clean and there were no malodours. Issues we had identified at the last inspection had been addressed. We saw privacy curtains were present in all shared rooms and the manager told us additional screening curtains were being fitted around wash basins in these rooms. Radiator guards were in place which ensured people were protected from hot surfaces. We saw many areas of the home had been redecorated and the manager told us there was an ongoing refurbishment plan. One bathroom was out of use as it was being upgraded although we saw people had access to a shower room whilst these works were being completed. We saw the treatment room had a large discoloured damp patch down one wall which the quality assurance manager told us was due to a recent leak from the roof which had been repaired. They said once the damp patch had dried out the room would be redecorated. A new call bell system had been installed. Thermal curtains had been fitted in the conservatory which made the room look more homely as well as helping to maintain a comfortable temperature for people. We found the home was warm throughout and although the radiator in the small lounge was only lukewarm when we arrived in the morning, the thermostat was adjusted and the temperature increased. Communal areas were bright with pictures, books and memorabilia to stimulate and interest people. New chairs were delivered for one of the lounges during the inspection.

## Is the service effective?

### Our findings

At the last inspection in November and December 2015 we found staff were not receiving the induction, training and support they required to fulfil their roles. At this inspection we found improvements had been made, although there were still some staff who had not completed all the necessary training that was required for their roles and to meet people's needs.

We looked at the training files for four recently recruited staff and saw evidence of an induction. Part of the induction process was for experienced staff to support new employees to familiarise themselves with the building, understand the fire procedures and go through key policies and procedures. We saw the staff member and their mentor had signed the form when they had completed the induction. They were then enrolled on a 'skills for care' based induction and we saw booklets which showed they were competent to perform tasks such as using the hoisting equipment. The manager told us they had enrolled with a training company so staff could complete the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards.

We looked at the training matrix and saw a significant amount of training had been completed since the last inspection. This was with the exception of food safety, infection control and first aid. The person cooking on the day of the inspection was up to date with their food hygiene training. We saw training was still required for some staff in health and safety, moving and handling, safeguarding, infection control, first aid, the mental capacity act and deprivation of liberty safeguards (DoLS), fire awareness and the care of people with dementia. We spoke with the manager who showed us evidence that four staff were enrolled on infection control training and six staff on safeguarding training. We also saw some staff had completed training for the prevention of pressure sores, how to safely manage behaviours that challenge, bereavement and equality and diversity.

Two staff members told us, "I completed an induction when I started. Lately I have completed more training than I have ever done and enrolled on safeguarding training next" and "I asked to do a diabetes course and I was on a course in a week. I am signed up for safeguarding and infection control training in the next couple of weeks." Some staff had completed training necessary to meet the needs of people who used the service. However, until all staff have completed the training as detailed on the training matrix there may be gaps in their knowledge and people who used the service may be at risk.

Staff were also encouraged to undertake a relevant qualification in health and social care such as a diploma or NVQ. There were six staff with level two, six staff with level three and one member of staff completing level five.

Two staff members told us, "I have had supervision lately. If I have anything to say the manager will take note of it" and "I have had two supervisions since the new manager took over although one was disrupted. You can bring up your training or any other needs." We saw from looking at staff files that supervision was ongoing and staff had either had an appraisal or had completed documentation prior to their appraisal. Supervisions and appraisals gave staff the chance to discuss their training or work related needs and

management the opportunity to discuss staff performance to help improve the service.

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 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.

At the last inspection we found staff lacked understanding of MCA and DoLS and were not meeting conditions applied to an authorisation. At this inspection staff we spoke with had an understanding of the legislation and confirmed they had received training in MCA and DoLS.

The manager had made appropriate DoLS referrals for some people who lacked capacity to consent to their care and treatment and were subject to a high level of supervision and control by staff. At the time of the inspection there were two DoLS authorisations in place, with 11 authorisations applied for which were with the local authority awaiting assessment. The manager understood the correct process to follow, which provided assurance that the service would continue to act appropriately within the legal framework.

Part of the care planning process was to assess the mental capacity of each person who used the service. For the people who did not have the mental capacity to sign an agreement to their care and treatment we saw staff had made an application to the relevant authorities for a DoLS assessment to ensure any care and treatment was in their best interest. We also observed staff asking people's permission for any task they undertook to ensure it was what the person wanted or needed.

When we inspected last time we found the dining experience for people was poor with a lack of choice of meals and little engagement between staff and people who used the service. At this inspection we found improvements had been made.

People told us they liked the food. One person said, "I like the food here particularly the porridge and eggs." In the morning we saw people were offered breakfast as they got up, although the nurse told us people could have their breakfast in bed if they wanted. We saw one staff member assisted those who needed help with their meal and this was done in a caring and patient manner.

We observed the lunchtime meal. The menu was displayed in the conservatory with a choice of two main courses. Most people came into the conservatory for lunch and were offered a choice of cold drinks. Lunch arrived shortly after everyone was seated and we saw staff served the food from a heated trolley. Each person was asked what they would like and the meal was brought to them covered and on a tray. We saw some people needed to have their food blended. This was presented in a way that kept the meal attractive by blending each component part so people could tell what was meat or vegetables. We saw staff who assisted people with their meals sat with them and chatted to them and others who were sat at the table which made it a sociable occasion. People were offered seconds and hot drinks at the end of the meal. There were enough staff around to provide assistance and encouragement to those who needed it.

The kitchen was clean, tidy and equipment was in good working order. The environmental health department had recently inspected the home and awarded the service a five star very good rating. This

meant the preparation, storage, cooking and service of food was safe. There was a record of meals taken and the cook knew who required a special diet or if their food needed to be blended. At the current time all the people who had diabetes were diet controlled. The cook told us they used sweeteners for some of the meals to assist with the control of diabetes. The cook was aware of allergens and how to look at any 'ready meals' to ensure they did not give someone a product they could not tolerate. However, the cook also said they did not use many prepared products and cooked most meals themselves. This would ensure the service knew what they were providing to each individual. We asked the cooks how they knew what people liked. They said in the past they relied on staff to tell them but showed us a food and drink preference form they were going to send out to be completed for each person, which would show the preferences of people who used the service. They also said they could judge what people liked by what they didn't eat and amend the menu accordingly.

At the last inspection we had concerns about how staff monitored people's weight and ensured their nutritional intake was sufficient. At this inspection we saw people had a nutritional assessment and advice was sought from the relevant professionals if they were at risk of being malnourished. We saw that people had their weight recorded regularly to ensure they were not gaining or losing too much weight.

There was a record in the kitchen from a speech and language therapist (SALT) around the use of thickeners. These products are used for people who are at risk of choking, mainly on fluids. There was clear guidance about the different levels of thickener to use which would help protect the health and welfare of people who needed to take their fluids in this way.

Care records showed people had access to healthcare services with evidence of input from GPs, speech and language therapist (SALT), district nurses, chiropodist and optician. We saw people's care files contained a 'hospital passport' which would give other organisations sufficient information to understand the needs of a person who used the service.

## Is the service caring?

### Our findings

At the last inspection we found some staff did not engage with people and observed practices which showed a lack of respect for people's privacy and dignity. At this inspection we found improvements in all these areas.

People we met spoke positively about the staff. One person told us, "I'm looked after well here. The staff are good." When we asked another person what they thought of the staff they said, "They're kind to me." Another person said, "The staff? Oh they're alright, especially that one (pointing at one of the care staff)." A further person said, "I like them. We can have a laugh. It's important to laugh."

Relatives we spoke with were also complimentary about the staff. One relative said, "I'm happy with everything here. The staff are very good." Another relative said, "(My relative) seems settled. They're good with her."

Staff told us the improvements made in the home meant they would be happy for their relatives to be cared for in the home. One staff member said, "I would have the confidence to let a relative live here now. I wouldn't have before the improvements and change of staff." Another staff member said, "I would let my mother live here but not before the changes. It's small enough to care."

We saw people's privacy and dignity was respected. People were clean, well groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required. We saw some ladies had their nails painted and one person said they were very pleased as their nails matched the colour of the clothes they were wearing. We saw staff knocked on people's doors before entering and ensured any personal care was carried out in private. The manager told us they were in the process of appointing dignity champions and we saw information about this was displayed in the home.

People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff took time to sit and chat with people. One staff member said, "There is enough staff to sit and talk to people and enjoy a few minutes together."

Staff were kind, compassionate and considerate in their interactions with people and we saw they dealt with difficult situations calmly and professionally. For example, one person became unsettled in the lounge and was shouting very loudly and throwing things which was upsetting other people who were in the lounge. Staff responded by reassuring and comforting other people in the room while at the same time calming the person who was shouting.

## Is the service responsive?

### Our findings

At the last inspection we found care was not planned or delivered to meet people's individual needs. At this inspection we found overall improvements had been made to the care documentation which was now more detailed and person-centred. Care plans we looked at showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff should support them to reach the desired outcome. The plans contained sufficient details for staff to deliver effective care, which we observed during the inspection. The plans were reviewed regularly to keep staff up to date with people's needs.

However, we found there were some gaps in the care records. For example, in two people's care files the records for documenting visits from GPs and other professionals and contact with family were blank. One person we spoke with was concerned as they had no dentures. Staff told us these had gone missing and their relative was sorting out new dentures. There was no reference to this in the person's care records or information to show what action had been taken. The personal hygiene charts showed the dentures had been lost since 11 April 2016. We discussed this with the manager who told us they would address this straightaway.

We also found one person's care plan summary was only partially completed. Their care plan also needed updating as it referred to them having continuous one-to-one support during the day and night, when staff confirmed this level of support was only provided during the day. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw information in people's care plans about their life histories, hobbies and interests, which had not been in place at the last inspection. People's daily records reflected some activities people had enjoyed such as listening to music and visits from family.

On the day of the inspection we saw people sat out on the patio chatting and singing with staff. Where people sat there were window boxes filled with flowers and staff told us one person had chosen and planted these flowers and was responsible for looking after them. We saw people were offered a drink of beer if they wanted one and one person enjoyed having a Baileys and lemonade. We saw some ladies having their nails painted and they enjoyed testing and choosing the colour of their choice.

Other activities the service provided included music for health, a monthly activity provided by entertainers, skittles, dominoes, board games and exercise with balls. We saw photographic records of a recent trip out to a 1940s café in Keighley. The staff member who had had gone on the trip told us how much people had enjoyed it and described how the memorabilia on display had generated much discussion with people reminiscing about their past. The home had also organised a 1960s day where staff dressed up and played music from the decade. There were further entertainers planned with an Elvis Presley impersonator booked for May Day. The staff discussed other plans they had to further engage people in the garden by filling and looking after hanging baskets.

We found routine day to day activities were limited, however the manager told us they had recruited an activities co-ordinator who was due to start at the end of April 2016 and they felt this would improve the range and frequency of activities provided.

The complaints procedure was displayed in the home and informed people how and who to complain to and the timescales in which the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission, local authority safeguarding department, the provider and local government ombudsman if the complainant wished to take matters further. The records showed there had been one complaint since the last inspection. We saw the manager had taken appropriate action in response to the concerns raised although there was no record to show how this had been communicated to the complainant.

## Is the service well-led?

### Our findings

It was evident from our observations and feedback from people, relatives and staff that many improvements had been made since the last inspection. However, we found quality assurance systems were in their infancy and were not yet fully embedded to ensure continuous improvement of the service. Before we can conclude the service is well-led we need to be assured that the provider will continue to provide support to the management of the home and fully implement effective quality assurance systems to ensure any improvements will be sustained and developed further to make sure people consistently receive high quality care.

The home has not had a registered manager since 2014. Following the last inspection a new manager was appointed and at this inspection we received positive feedback from staff about the leadership and management of the home. One staff member said, "Things have changed. People are more settled and there is more interaction with residents. The new manager is very good, more approachable and she is on the floor much more. I like working here now. It is much happier." Another staff member said, "I like it now. I did not like it when I first came. I have got used to it but everything has changed for the better. It is more structured. The manager is very approachable and you can talk to her. She is always around. We get good support to do the job." Staff told us they were encouraged to make suggestions about improvements and felt their views were listened to by the management.

A staffing guidance tool had been implemented following the last inspection to determine safe staffing levels by assessing people's dependencies. We asked the manager and quality assurance manager to show us how the current staffing levels had been determined using this tool. Although they were able to show us a list of people's dependencies they acknowledged there was no information to show how this information had been used to calculate the staffing levels. Although we were satisfied the staffing levels were sufficient to meet the needs of people currently accommodated in the home, any increase in occupancy or dependency would necessitate the use of the staffing tool.

Although people weights were recorded and monitored individually in their care records, there was no overall system in place to audit weights to ensure that any variations were identified promptly and acted upon. For example, the manager gave us a weight list dated 18 April 2016 which showed one person's weight was 43.30kgs. When we looked at previous weights for this person the records indicated the person's weight had fluctuated by 5kgs in six days which had not been identified. The manager acknowledged the rapid change in weight was unlikely. However, an effective audit system would help the manager identify these anomalies when they occurred so action could be taken to resolve them.

The quality manager told us they had started to put an audit system in place from 1 April 2016 and showed us the audit file. We saw an infection control audit had been completed on 14 April 2016 which identified some actions to be taken. However it was not clear if the actions had been completed or who had completed the audit as it was not signed. We saw evidence of four other audits completed in April 2016 which included two care plan audits, a kitchen and nutrition audit and a wellbeing audit. All other audits in the file had not been completed.

A new fire panel had been installed in January 2016, however no fire tests had been completed since the new system had been installed. The quality assurance manager arranged for tests to be completed on the day of the inspection, however this had not been identified until we asked to see the fire check records.

We saw accidents and incidents were audited monthly. The audits listed the date of the incident, the name of the person, whether it involved staff, client or a visitor, if an investigation had been undertaken and the closed date. We found the audits were limited as they did not identify patterns or themes, there was no evidence to show any analysis had been undertaken or used to look at 'lessons learnt'. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw the rating for the service was displayed in the home as required.

We saw minutes of meetings held with staff and relatives since our last inspection. These showed the inspection report and rating had been discussed as well as improvements the provider was making to address the concerns raised in the report. We saw forthcoming meetings for residents and staff were advertised in the home. The manager told us they had received positive verbal feedback from relatives about the improvements that had been made in the home. The relatives we spoke with during the inspection told us they were happy with everything.

The manager and quality assurance manager were committed to further improvement of the service, through refining audit systems and processes. Further improvements were planned. For example, the introduction of champions in dementia care, infection control, health and safety and falls prevention to further improve quality in these areas. The quality assurance manager told us the provider had introduced clinical governance meetings the first of which was held on 7 April 2016. The quality assurance manager told us these meetings were to share best practice between the managers and senior staff in all the homes the provider was involved with.

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 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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. An accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment was not maintained. Regulation 17 (1) (2) (a) (b) (c)
Treatment of disease, disorder or injury	