

Mark Jonathan Gilbert and Luke William Gilbert

Argyle Park Nursing Home

Inspection report

9 Park Road
Southport
Merseyside
PR9 9JB

Tel: 01704539001






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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?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

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

This was an unannounced inspection which took place on 9 and 10 November 2016. The service was last inspected in June 2016 and we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's care planning lacked sufficient detail to help ensure their care needs were being effectively monitored and evaluated. Care monitoring records such as diet, fluid and positioning charts were not completed which meant that an accurate evaluation of care needs could not be made. We served a statutory Warning Notice.

This was a comprehensive inspection and we found the service had met the Warning Notice. Care plans were being reviewed and people's monitoring charts were [mostly] being completed.

We found further breaches of regulations, however, regarding people's nursing care, staff recruitment and the overall management and governance of the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager advised us they would be applying for registration.

We found the home did not always support people to provide effective outcomes for their health and wellbeing. We were concerned that for two people there had not been adequate monitoring and referral for medical review when they had lost excessive weight.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw not all of the required checks had been to help ensure staff employed were 'fit' to work with vulnerable people.

The manager was not able to evidence a full range of quality assurance processes and audits carried out internally and externally from visiting senior managers for the provider. We found the management systems for the provider were not developed and embedded to ensure the most effective monitoring.

You can see what action we told the provider to take at the back of the full version of the report.

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

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

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

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

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

There were two people being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The two people had been assessed and placed on a standard authorisation from the local authority and these were being monitored by the manager of the home.

We saw people's dietary needs were managed with reference to individual preferences and choice. Meal time was seen to be a relaxed and sociable occasion.

People we spoke with said they were happy living at Argyle park. They spoke about the nursing and care staff positively. People felt the general atmosphere in the home had improved over the past six months. When we observed staff interacting with people living at Argyle park they showed a caring nature with appropriate interventions to support people. People told us their privacy was respected and staff were careful to ensure people's dignity was maintained. We observed staff interacting with the people they supported. We saw how staff communicated and supported people. Staff were able to explain each person's care needs on an individual basis and how they communicated these needs. People we spoke with and their relatives felt staff had the skills and approach needed to ensure people were receiving the right care.

We found there were sufficient staff to meet people's care needs.

We asked people how their care was managed to meet their personal preferences and needs. Most people were satisfied with living in the home and felt the care offered met their care needs. Most people we spoke with said they were consulted about the care planning and we saw some of the care plans were signed or showed evidence of people's input. The new manager was gradually auditing all of the care files to ensure people had had their care reviewed.

Social activities were organised in the home. People said there were now more social activities and this helped contribute to the overall feeling of wellbeing for people.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw there were good records of complaints made and the manager had

provided a response to these.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff had been not been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

We found there were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

There were enough staff on duty at all times to help ensure people's care needs were consistently met.

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

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

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found the home did not always support people to provide effective outcomes for their health and wellbeing.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

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

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

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

When interacting with people staff showed a caring nature with appropriate interventions to support people. Staff told us they had time to spend with people and engage with them.

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

People told us they felt involved in their care and could have some input into the running of the home.

Is the service responsive?

Good ●

The service was responsive.

Care plans were being reviewed and monitoring of people's care had improved which evidenced a more individual approach to care.

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

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

Is the service well-led?

Inadequate ●

The service was not well led.

The manager in post had not yet applied for registration with the Commission.

There was a continued failure to meet regulatory requirements. Some of the improvements around management structure and systems seen at the previous inspection had not been maintained. The operational culture was one of 'fire fighting' rather than effective planning; this meant improvement was not always embedded or effective.

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

Argyle Park Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 9 and 10 November 2016. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we collated information we had about the service and contacted the social service contracting team to get their opinions. We also reviewed other information we held about the service.

During the visit we were able to meet and speak with six of the people who were staying at the home. We spoke with five visiting family members. As part of the inspection we also spoke with, and received feedback from two health care professionals who were visiting the home and who were able to give us some information regarding how the service supported people.

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

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

Is the service safe?

Our findings

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at two staff files of staff recently employed and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. One file was for a staff member who had previously been briefly employed but then left a number of months previous to work for another provider and had recently returned to the home. The manager explained that initial checks had been made at the first time of employment but there had been no checks with the staff member's most recent employer before returning to the home.

The second recruitment file we saw contained all other required recruitment checks such as police check and confirmation of the staff's identity but only one written reference. There was no explanation as why there was only one reference.

We saw a copy of the provider's recruitment policy which specified checks would cover; 'A minimum of two references, one of which must be from their current or last previous employer'. This would also include, 'Verification of the reason for leaving previous employment'.

It is important that robust recruitment checks were made to help ensure staff employed were 'fit' to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed.

When we visited the home we checked to see if there was sufficient staff to carry out care in a timely and effective manner. During the morning we made observations in the day area/lounge and spoke with people who were living at the home. We saw that people received care on time and were not left for long periods. We spoke with a person who told us they liked living in the home and thought staff were very attentive; "Yes, they look after me well." A relative, who visited regularly, told us, "Staffing is more consistent. It's a totally different atmosphere [than previous] – definitely better overall."

We spent time with one person and spoke with them in their bedroom. They had occasion to call staff on the call system. We saw that two staff attended in a short space of time to assist the person.

A staff member we spoke with said "It's calm now and better managed. We have more time for the residents." When we spoke with other care staff on the days of our inspection we were told that they enjoyed working in the home and felt there was a good atmosphere and good team work. Care staff we spoke with conformed there had been six care staff on each morning and this was sufficient to make sure peoples personal care was carried out. These staffing numbers were consistently maintained. The manager explained they were now 'supernumerary' and this had created more time to plan the running of the home on a daily basis.

Over the two full days of our inspection the home had 27 people in residence. Most people were highly dependent on staff for their care. On both days of the inspection we saw the manager, a nurse and six care staff on duty during the day. We also saw two domestic staff, laundry staff, kitchen staff as well as maintenance staff.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training within the last year. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available. The manager was able to talk through a recent investigation undertaken by the safeguarding team involving an alleged medication error. There had been effective liaison with the local authority regarding this.

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

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. The plans took account of people's behaviours and communication needs. We spot checked other safety certificates for electrical safety, gas safety and fire safety equipment and these were up to date. This showed good attention to detail with regards to ensuring safety in the home and ongoing maintenance.

We looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were being managed safely.

Medicines were stored securely in a clinical room when not in use and people at the home had their medicines administered by the staff. People had a plan of care which set out their care and support needs for their medicines.

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

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

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

We saw that people's medicines were reviewed on a regular basis and records confirmed this.

Staff informed us that no one had requested to administer their own medicines at this time. There were also no people having medicines given 'covertly' [without their knowledge in their best interest].

We looked at the way external medicines [creams] were administered and found care staff administered [applied] most creams and these were recorded on a chart to show the time applied and by which staff.

There were some minor issues which we pointed out to the nurse at the time. For example Medication Administration Records (MAR) did not contain reference to one person's thickener for drinks and another person's dressings on the MAR was not signed for although we saw evidence on the person's wound care chart that dressings had been applied.

There had been no recent medication audit carried out. These were normally carried out on a weekly basis; the nurse we spoke with told us this was to be carried out that week. The manager showed medicine audits that had been completed in the summer.

It is important that regular audits of medicines are carried out to help ensure safe standards are being maintained.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails. We saw some of these assessments had not been reviewed regularly following the last registered manager leaving. These were now being up dated and reviewed to ensure any change in people's needs was assessed to allow appropriate measures to be put in place.

When we looked round the home we found it to be clean. Staff had access to personal protective equipment (PPE), such as aprons and gloves and we saw they used this when providing care. This meant that appropriate action was taken to ensure the home was clean and the risk of infections or contamination limited. On inspection of the clinical room we found work surfaces to be dirty and tiles behind the sink were broken and in need of repair. We brought this to the attention of the manager during our inspection. They informed us of the action they would take to address this.

Is the service effective?

Our findings

During our inspection we reviewed the care of seven people living at Argyle Park in more depth. We found that two people's care had failed to be properly monitored so that they had not received effective referral to, and liaison with, external health care professionals when required. With one of these people there had also been a failure to effectively monitor their fluid intake as they were need of having their fluids thickened as they had difficulty swallowing and were at risk of choking.

One person had lost an excessive amount of weight. This had initially been recorded in January 2016 and had been in excess of 3kg loss over a month [from the previous weight recording]. There had been no referral to health professionals for further assessment of this. There was also no evidence of the person's care plan reflecting this change. There had then been no further monitoring of the person's weight until September 2016 when a 'girth' measurement had been used as the person was being nursed in bed and could not access / use weighing scales. In November there was a weight recorded which showed a further loss of 8kg in weight since January 2016.

The person's care plan dated 21 August 2016 stated; 'I have a nutritional assessment score of five'. The actions on the care plan stated; 'to receive regular reviews by the dietician.' We saw the nutritional assessment which indicated a 'high risk' score and requiring of a 'review with the GP and dietician at least monthly'. None of this had been actioned. The manager said they would review this urgently and make the necessary referral for medical review.

In a second example we found a person's care plan had recently been reviewed and the nutritional care plan stated; 'weight loss will be reported to the community dietician and their advice sought', the person had lost 7kg over a three month period. There had been no referral made. The manager said this would be immediately actioned and did so during the inspection.

The manager's referral also included a review by the Speech and Language Therapist (SALT) team as we found some confusion over the amount of fluid thickener the same person was prescribed. There was a discrepancy between what we were told by nursing and care staff and what was prescribed on a SALT assessment previously carried out; there was no record of any review of the initial assessment and prescription. The person's fluid chart to monitor and record the fluid thickener could not be found at the time of the inspection. A new chart was put in place during the inspection. It is important to clarify the correct fluid thickener as giving people with swallowing difficulties fluid which is the incorrect consistency can place a person at significant risk of choking; accurate monitoring is therefore very important.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

We reviewed the care of people who had pressure ulcers that needed monitoring. We spoke with a visiting tissue viability nurse who told us the home were generally good at monitoring people's wound care and managed dressings well so that healing was promoted. However, we could see from care records

maintained by staff that it was difficult to monitor the progress of some people's pressure ulcers as the wound care plan and charts did not always contain easily accessible and clear information. We discussed this with the manager who showed us a new wound care chart which could help if implemented.

On the second day of our inspection both nurses [manager and second nurse] were Registered Mental Nurses (RMN). We discussed this with the manager in the context of Argyle park being a nursing home for people with both on-going and acute general nursing care needs. The manager advised us that all other nurse were general nurse qualified (RN) and felt this was an appropriate skill mix overall. The risk to clinical care was compounded by the fact that less than 50% of care staff were currently not qualified at NVQ / Diploma level

We would recommend that pressure ulcer monitoring is reviewed and nurse competencies are checked and updated as necessary in line with best clinical practice.

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

The manager was able to discuss examples where people had been supported and included to make key decisions regarding their care.

For example, we saw care files where people had consented to their plan of care and consent was evidence in some instances by the person's signature. We saw examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made. We could see the person involved had been consulted and agreed the decision.

There was also some evidence to show that staff understood when people lacked capacity to consent to care and treatment and they required a 'best interest meeting' to establish the best course of action. One person was unable to consent to their care and had a legal representative and advocate to act in their best interest. We also saw that the person's mental capacity had been assessed by staff using an appropriate assessment tool.

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

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs. People we spoke with, relatives and a health care professional told us they felt confident staff had the skills and approach needed to ensure people were receiving the right care with respect to maintaining their health. This was mainly due to a more consistent care staff base in the home who knew people well.

We looked at the training and support in place for staff. The manager supplied a copy of a staff training

calendar and records for training undertaken and planned. This had been updated over the past six weeks since the new manager had been in post and reflected a series of 'mandatory' training sessions for staff. We saw training had been carried out in subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

The registered manager told us that many staff had a qualification in care such as QCF (Qualifications and Certificates Framework) and this was confirmed by records we saw. We saw, however, that the percentage of staff with these qualifications had reduced since the last inspection from early 70% of care staff having attained a qualification to less than 50% on this inspection. The manager explained there had been some on-going staff movement but new staff were currently being signed up for training courses. We spoke with the training officer for the provider's 'Academy' who confirmed this.

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions. We asked about staff meetings and we were told that issues were discussed at daily handover but there were no formal staff meetings arranged on a regular basis. We discussed this with the manager as a possible development to provide a formal process for staff feedback and communication [this had been discussed at the previous inspection in June 2016]. Staff reported they were asked their opinions and felt the manager did their best to act on feedback they gave and this helped them feel acknowledged and supported. This was particularly so with the new manager.

Throughout our inspection we saw meals and drinks being provided for people on a regular basis. We spoke with people in their bedrooms who told us there was no problem with the provision of food and drinks and our observations confirmed this. People we spoke with told us that the meals were good and they were generally satisfied with meals provided; one person commented, "The food is lovely." We saw the cook going round and talking to people about their preferences. We were also shown recent survey undertaken where people's food preferences and opinions had been sought.

People could choose where to eat their meal, either in the dining room or in their bedroom. In the dining room most people were sat in lounge chairs with a table in front of them where they had their meals. We were told by staff that if people preferred they could sit at a communal table. These tables were laid with cutlery and were nicely presented. We saw staff assisting some people to eat and this was conducted in a sociable manner and was well paced.

Is the service caring?

Our findings

We asked people living at the care home if they thought staff were kind, caring and treated them with respect. We received positive responses from everybody we spoke with. Comments included: "Staff are lovely and look after me well", "The manager and all the staff are very friendly", "The staff seem more settled of late and spend more time with us" and "I've no complaints – staff are good." We saw visitors welcomed by staff and offered a drink when they arrived. A visiting relative told us that the atmosphere in the home had improved 'dramatically' over the last few months and "Staff are very attentive and patient."

People we spoke with told us they were content living at Argyle Park. A person who was being nursed in bed confirmed the staff were attentive and always ensured their comfort when their position was changed or they were offered a drink.

People living at the home told us they were listened to and their views taken into account when deciding how to spend their day. One person told us "My condition is getting worse but the staff really try and keep me involved and spend the time to help me."

We saw that staff knew people well and knew how to care for them. We observed staff providing care and support; this was carried out in a respectful, calm, unhurried manner. For people who needed equipment to help them move, the use of the hoist was explained by staff prior to the equipment being used. Staff made sure people's dignity was not compromised when people were transferred from one area to another; a blanket was placed over their legs to maintain their dignity. Staff checked to make sure people were comfortable with their change of position before leaving them to support someone else.

We saw staff knocked on people's doors before they entered their rooms and used the preferred form of address when talking with people.

Throughout the day we witnessed positive communication between the staff and people they supported. There was plenty of chatter and laughter and a pleasant relaxed atmosphere ensued. At lunch we saw particular attention was paid to supporting people who needed help with eating and drinking. This was carried out in a discreet manner and staff positioned themselves at the correct height to maintain eye contact.

The manager informed us that people's care documents were being reviewed to ensure they were more individualised. In respect of the care files we looked at we saw care documents recorded information regarding personal preferences and choices. For example, preferred routine and meals. We saw information was recorded in people's care files around building positive relationships between staff and people living at the home.

For people who had no family or friends to represent them, local advocacy service details were available and placed on display during the inspection for people to access. For one person who had an advocate the manager informed us they would contact them to ask them to attend a best interest meeting in respect of

decisions around future care planning for the individual they represented.

Is the service responsive?

Our findings

We previously visited the service in June 2016 and found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of people's care needs not being effectively monitored and evaluated. Care monitoring charts such as, diet and fluid and positional charts were also not completed which meant an accurate evaluation of care needs could not be made. We served the provider with a statutory Warning Notice regarding this breach.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met and we found improvements had been made to meet necessary requirements. This breach had been met.

We looked at seven care files of people living at the home. People had a plan of care to identify their care needs. A nursing care plan provides direction on the type of care an individual may need following their needs assessment. The care plans we saw recorded information regarding people's individual needs. This included areas such as, skin integrity, constipation, nutrition, personal hygiene, medicines, sleep, mobility, personal hygiene, mental health, physical health and social wellbeing. Care records also held an assessment of people's needs, including specific assessments of areas such as, nutrition, health and mobility. Staff completed a daily evaluation of care to evidence the care provision.

Care monitoring charts were in place for staff to record aspect of care. For example, fluids and diet, positional changes and urinary output to help provide an accurate evaluation of care. The care monitoring charts seen [apart from one] were completed to a satisfactory standard. These included charts used to record whether people's external applications [creams] were monitored.

The manager told us that people's care documents were now being reviewed over a period of time. Senior managers employed by the provider were working in the home to help conduct these reviews. We saw this was work in progress. People and relatives we spoke with told us they were involved with the care; this included taking part in care reviews and day to day discussions around how they wish to be supported. One relative commented, "I was involved in a review not so long ago – I feel I'm up to date." The care files we viewed had been subject to a care review and we saw evidence of people and their relatives being involved with this process and on-going care.

Staff demonstrated a good knowledge of people's care needs and how they wish to be supported. This was in accordance with people's plan of care. For example we asked one member of the care staff about a person cared for in bed. They gave us a complete report on the person's wellbeing and the plan of care in place including an explanation of all of the monitoring charts in use.

People told us staff were responsive to their needs. We observed call bells being answered promptly by the staff during our visit which meant no one was left waiting for support. For people who were nursed in bed they had a call bell within reach.

People told us they could choose what meals they had and how to spend their day. A number of people chose to sit in the lounge for the duration of the day and to take their meals there as well. The hairdresser was visiting and people were escorted to the hairdressing salon. This appeared to be enjoyed by everyone who attended.

We asked about activities in the home and how these were organised. People told us there were now more social activities arranged by the staff and that regular trips out from the home were now arranged. People told us about a recent trip to Blackpool to see the lights and also to a local garden centre for coffee and cake which they enjoyed. An activities plan was displayed in the porch and this showed a range of social events for people to join in with. People we spoke with told us there had been increased input from staff providing activities. A relative said, "I came one day last week and everybody was having a sing along in the lounge. It was a lovey atmosphere."

The provider had a complaints policy in place and information about how to raise a complaint was available in the home. We looked at two more recent complaints and how these were managed. One was still on-going. The other had been managed with liaison with the local authority safeguarding team. We saw there had been an appropriate response with one person being engaged in verbal feedback.

Is the service well-led?

Our findings

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence some auditing and quality assurance processes carried out internally since their appointment six weeks ago although the manager, or senior manager present at the inspection, could not evidence any audits completed by senior managers for the provider.

There was no registered manager in post. The previous registered manager had resigned following the last inspection in June 2016. There was a new manager in place at the inspection and told us they were going to apply for registration.

We found supporting management systems fractured and inconsistent. The new manager had had little support or clarity for her role. For example, the manager reported they had not received any formal supervision from a senior manager for the provider in the six weeks of their appointment. The manager was not sure of the management structure of the organisation and which senior manager was responsible for their supervision. A senior manager previously supporting the home manager role had been moved to manage another service in the group. It was unclear whether another senior home manager was being appointed to support the manager.

We found a lack of auditing and monitoring of the service using systems in the organisation. At the inspection in June 2016 there were signs of greater stability and a clearer management structure in the company but there had been changes since that had affected consistency. For example, we were told in June 2016 there were clear auditing tools that would be embedded across all services in the group so managers could be consistent in their application and source of feedback to support them in their role. In June 2016 we were shown a new auditing tool and how this had been used by a senior manager to provide an in-depth audit of the home; this had not been used at Argyle Park since. In June 2016 we were shown a dependency assessment tool to be used regularly to assess dependency levels and meet staffing requirements; this, the manager informed us, also was no longer in use.

We found other examples on this inspection of key indicators for safe management that were not being currently checked / audited by the manager including a lack of any accident / incident analysis [although very low incidence recorded], auditing of staff files (we found anomalies with these) and lack of regular medicine audit.

The lack of clear management structure around the home manager and the lack of systems embedded in the organisation to support them makes it hard for new managers to fit into the organisation, be confident about their role and to ensure a consistent approach.

Further evidence of the lack of support systems in place and fragmentation of the service came from discussions with the home manager and senior manager present. The senior manager had been called to 'five homes' over the last week to have some input which had meant it had been difficult to concentrate on

any one area – "I kept getting phone calls." The home manager reported management meetings were inconsistent and they didn't really know the other managers in the organisation which could be "A bit isolating". We found the culture of the organisation to be one of 'fire fighting' rather than effective planning. This meant improvements, good practice and governance processes and systems across the organisation were not always embedded or effective.

At the last inspection we were told by the [then] registered manager and senior manager that there were monthly managers meetings. These involved managers for the provider's services meeting to discuss and share experiences so that learning could take place across the organisation. On this inspection we found formal communication systems such as meetings were not held frequently; for example the last senior managers meeting was 5 August 2016 and the last staff meeting at Argyle Park was April 2016. The minutes of the meeting in August 2016 lacked any clear action points – therefore there was a risk issues not being fed up and down the organisation. The minutes of managers meeting from August 2016 stated; "New QA system will generate action plans" but this was not evidenced at our inspection.

Formal feedback processes for people living at Argyle Park were also inconsistent. The new manager had instigated a recent food survey; otherwise there had been no resident / relative meetings or other mechanisms for getting feedback since our last inspection.

The provider was receptive to inspector's feedback at the end of the inspection. They made the point that they were doing their best to respond to the management difficulties across the organisation and stated, "We are developing."

There was an on-going failure on-going to meet regulatory requirements. We found the service had met a previous warning notice but were now in breach of three other regulations.

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

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

Although systems needed further development and embedding we saw that the manager had carried out some auditing themselves. For example commencing care plan audits, reviewing training for staff and working through recommendations on audit by the local Clinical Commissioning Group (CCG). This had helped the manager to focus on some immediate issues for improvement.

The manager had been in post only a short while [although was not new to the organisation having worked in another management role previously] and we received positive feedback from people regarding the manager, from both staff and people living at the home. The manager was seen as somebody who was approachable and well organised. We saw that the manager interacted politely with people who lived at the home and people responded well. The manager had been able to sustain a fairly settled care staff team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We found the home did not always support people to provide effective outcomes for their health and wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a continued failure to meet regulatory requirements. Some of the improvements around management structure and systems seen at the previous inspection had not been maintained. The management systems needed further development to ensure more effective monitoring of key issues.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Staff had been not been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.