

## Parklands Care Services Limited

# The Parklands 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection included two visits to the home, which took place 18 and 19 July 2017. The first of these visits was unannounced. The last inspection took place on 28 November, and 5 and 9 December 2016. The service was rated Requires Improvement. The areas identified as requiring improvement at that time were in relation to deployment and support of staff, the effectiveness of the quality audit, and redecoration and repair of the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Parklands Care Home' on our website at '[www.cqc.org.uk](http://www.cqc.org.uk)'.

The Parklands Care Home provides accommodation for up to 40 older people, some who are living with dementia. The home has two distinct areas, the main area of the home and a smaller area where people had a higher level of need and were living with dementia. The smaller area is referred to as unit 2 by the staff and visitors to the home. The home is situated in the Thorne area of Doncaster. At the time of the inspection 27 people were using the service.

The service did not have a registered manager in post at the time of our inspection. 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 previous registered manager had recently left the service and the registered provider had recruited a new manager. A team leader was running the home on a day to day basis until the new manager came into post.

Although staff worked well as a team, most told us they were not always able to respond to people's needs, because there were not always enough staff around to enable them to do so. People's relatives also expressed concern about the numbers of staff available.

We saw that medicines were not always managed in a safe manner.

Not all risks associated with people's care had been identified and action had not always been taken to reduce these risks.

For the most part, people were supported to make decisions about their care and their choices were respected. Care plans included information about people's likes and dislikes.

Staff received support and supervision to help them meet people's needs. Staff completed training and received periodic refresher sessions, although there was a need to provide training to staff in caring for people at the end of their life and some staff needed further training in the Mental Capacity Act (MCA).

People were supported to maintain good health and received on-going healthcare support. Overall, people received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

We observed staff interacting with people who used the service and found they were respectful and caring and very committed to people's welfare. People we spoke with liked the staff and got on well with them.

A good range of social activities were provided in the home and there was an activity co-ordinator who had built particularly positive relationships with people.

There was a complaints procedure and people we spoke with told us they would talk to the manager or staff if they had a complaint.

People who used the service were involved in the development of the home and were able to contribute ideas. We saw audits took place to ensure policies and procedures were being followed, although the registered provider had not always responded in a timely way when repairs were identified as needed.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of governance, staffing and the management of medication. You can see what action we told the registered provider to take at the end of this 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.

Medicines were not always managed safely.

There were not always enough staff to ensure that people were safe and their needs were met.

Staff were appropriately checked for their suitability before they started working in the home.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The service was not always meeting the requirements of the Mental Capacity Act (2005) (MCA) and associated guidance.

In most cases, appropriate training was provided to staff, but there was a need to provide further training to staff in end of life care and the Mental Capacity Act and DoLS.

People had access to appropriate healthcare services, such as GPs, district nursing and dietetic services.

In most cases, suitable arrangements were in place to support people to maintain a healthy intake of food and drink and people's preferences were taken into consideration.

Steps had been taken to implement environmental improvements, to help to make it suitable for the people living with dementia who lived in the home.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Most people we spoke with, their relatives and other, external professionals said the staff were caring and we saw staff being gentle and kind.

We saw lots of positive interaction between people living at the

**Good** ●

home and staff.

People's privacy and dignity were promoted.

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

The service was responsive.

People received care which was generally responsive to their needs because staff knew people well.

There were activities on offer and a good level of engagement and stimulation for people.

The service had a complaints procedure and people and their relatives were confident to complain if needed. .

**Good** ●

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

The service was not always well led.

There was no registered manager in post and a team leader was running the home on a day to day basis at the time of inspection.

Systems for monitoring the quality and safety of the service were not always effective enough to identify and address shortfalls or mitigate risks.

People who used the service and their relatives told us they felt consulted about the care, but they had not been asked to comment on the general quality and running of the service by the new registered provider.

**Requires Improvement** ●

# The Parklands 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 registered 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 took place on 18 and 19 July 2017 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed all the information we held about the home. We spoke with representatives of the local authority to gain further information about the service.

During the inspection, we spoke with seven people using the service, five relatives, two senior carers, seven care staff, a cook, the team leader and the registered provider. The deputy manager and the head of care from another home owned by the registered provider also came in to the home to help out, on the first day of the inspection. We also spoke with three external health care professionals during the inspection, including district nurses.

On this occasion we did not ask the registered provider to complete a provider information return (PIR) before our visit, as the inspection was brought forward due to information of concern we received. A PIR is a document that asks the registered provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

We observed care and support in communal areas and looked at the kitchen, laundry and the majority of the bedrooms. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. We looked at the written records for five people. This included looking at care records, risk assessments, food and fluid records, daily records, diary records, menus, medication administration records and care plans. We looked

at a variety of staff records including rotas, training, induction and supervision for all staff and recruitment records for two staff employed at the home. We looked at other records, including the quality assurance and safety audits.

## Is the service safe?

### Our findings

All of the people we spoke with who used the service said they felt safe within the home and that the staff had a good understanding of the care they needed.

Most people we spoke with who used the service said they thought there were enough staff on duty. One of the people we spoke with did mention that there were times when they had to wait before staff could attend to their needs. They added, "Other people here need a lot of attention, so you have to wait because [staff] can't leave them."

One visiting relative said they had noticed a lack of staff most afternoons in unit 2. On both days of the inspection we observed there was some difficulty with staff providing assistance to people in a timely way. One person was readmitted to unit 2 after a period in hospital. They were very frail and were upstairs in bed. One member of care staff was on duty on this unit. The staff member told us the person needed changing, but they were unable to leave the other people living in the unit unsupervised. It took an hour and a half for sufficient staff to become available, to enable the person to receive the care they needed. This was distressing and uncomfortable for the person and increased the risk of them developing pressure sores.

One relative told us that when they had needed assistance for their family member they could not find any staff. They said, "This happens a lot and it can be frightening." We also spoke with two relatives of one person who used the service. They said that staff cared and tried their best, but that there were not enough staff to meet the high level of need of the people who were living in unit 2.

The team leader told us one member of care staff and one member of senior staff were usually on duty in unit 2. We observed on both days of the inspection that the senior staff member's time was taken up with other essential duties and they spent very limited periods providing care on the unit. This left one staff member to support nine people, at least three of whom required one to one support with their meals and two to one support with their personal care.

No dependency tool was in use to analyse the staffing required, based on the numbers of people using the service and their needs. Although, the registered provider and team leader told us the previous registered manager had used such a tool to calculate the staffing levels required, none was available at the time of the inspection.

We saw evidence that people's needs had been assessed for the purpose of calculating the staffing support needed. However, the assessments had become out of date and had not kept pace with people's changing needs. We also saw one assessment that had been completed wrongly, 2, had a level of dependency that was significantly lower than the actual evidence and assessment indicated.

On the second day of the inspection we observed that this person repeatedly stood up from their chair and started towards the door. They were very unsteady on their feet, despite using a walking aid. The lone staff member who was on duty in unit 2 was not able to support the person adequately and this put both the

person and the staff member at risk. We discussed this concern with the management team of the home and the funding authority. Since our inspection we have checked that action had been taken in respect of this and found that staffing had been reviewed and a deputy manager recruited. This freed up the senior members of staff to support the care on the unit, helping to reduce potential risk.

The registered provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18 Staffing.

We reviewed the risk assessments and care plan for one person who was at risk of falls. The records indicated the person had also experienced some falls in recent months, but the assessments and care plan had not been updated and did not adequately describe the risks that we observed, or provide guidance for staff in how to support the person to move around safely. We discussed the urgent need for the person's needs and risk assessments to be updated and for a referral to be made to specialist healthcare services to address the risks. Since our inspection we checked that action had been taken in respect of this and found that appropriate referrals had been made and reviews undertaken by specialist health care services, to help reduce potential risk.

The registered provider had not always ensured that people's care was managed safely. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment.

We looked at the procedures for recruiting staff. We checked two staff records and they contained the documents required by regulation. Each contained an application form detailing employment history, references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at the way medicines were managed and stored. We reviewed three people's medication administration records (MAR) and observed part of the morning administration of medicines. We observed the staff member give medicines to six people. We saw that they provided a drink for each person and was patient, gently encouraging people to take their medicines.

Information about medicines was available along with a copy of the medication policy. The staff we spoke with had received medication training and they confirmed they had updates. We saw an up to date record of staff who administered medications.

The home used a monitored dosage system. This meant that tablets were dispensed by the pharmacy in separate 28 day, 'bubble' packs. Each person's medicine record included information about any allergies they had, and photographic identification.

In most cases, there was an effective system of ordering medication. This ensured the correct medicines were available for people. However, a visiting healthcare professional told us that staff in the home had failed to reorder one person's insulin that week and it had ran out. Consequently, it was administered late on one particular day. The evidence we saw indicated that there were no lasting ill effects for the person receiving their insulin late. The team leader told us they would put arrangements in place with the visiting district nurses, who administered the medication, to prevent any reoccurrence in the future.

Although medicines were stored appropriately in locked cupboards, in a locked room, there was limited cupboard space in the room and some liquid medicines were not locked in cupboards.

Some people were taking medication on an 'as required' basis (PRN), for such things as pain relief. These included indications for use, such as 'for pain'. However, they did not include details of how people expressed pain for people who relied on non-verbal communication, to help staff know when people might need pain relief.

The registered provider had not always ensured that medication was managed safely. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment.

Regular checks of the building were carried out to keep people safe and the home well maintained. However, there were areas of water damage on the ceiling in the main lounge.

We saw that an internal safety inspection was carried out on 24 May 2017 to identify and mitigate any risks in relation to fire. We also found policy and procedures were in place for infection control. Training records showed all staff were provided with training in this area. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon.

We found the home was generally clean. However, when entering the building and in a small number of bedrooms there was an odour of urine. We also found that fabric chairs in the communal lounge had blackened arm rests from general use. We discussed our concerns with the registered providers. They told us the chairs were regularly steam cleaned and they were awaiting delivery of ten new chairs, which were non-fabric and easier to keep clean.

## Is the service effective?

### Our findings

The people we spoke with who use the service and the visitors told us they thought that all the staff were trained and able to meet people's needs. One person said, "I look at all the staff as friends. I can ask for any favours and if they can, they will get it"

We spoke with several staff about the support they received. They confirmed they had not been receiving opportunities for formal supervision at the usual frequency of one every two months. We also looked at two staff files to see if they were receiving regular supervisions. In both cases staff had not received supervision in over twelve months. The team leader told us that she had recently commenced supervisions with staff and completed these on a new format. We looked at the four supervisions which the team leader had completed and found these to be of a higher quality.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. Staff we spoke with said they undertook induction and refresher training to maintain and update their skills and knowledge. We looked at the training matrix for all staff which illustrated what training staff had completed. However, we noted that the training matrix did not include a date when training had been completed or a date when training is due for renewal. This meant that we were unable to determine whether training was up to date.

Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided via an online 'learning portal'. We looked at staff files, which showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, dementia awareness training. Staff we spoke with commented favourably on the training they had been provided with. One staff member told us that they found the online training to be, "Very good because it also had videos." They said this suited their learning style. However, a small number of staff told us they were providing care to people at the end of their lives, but did not feel as confident as they would like. They said they would benefit from more training in providing end of life care. We spoke with senior staff who confirmed that there was a need for further training in this area and that training was being arranged.

On the first day of the inspection we observed lunch in the main dining area and in unit 2. The food was well presented and smelled appetising, and the lunchtime experience was pleasant for people in the main dining area. However, there were not enough staff in unit 2 to effectively assist the number of people who required assistance. The staff member was able to meet people's basic needs, but did not have time to properly promote people's choices. For instance, we were aware that there were two main meals to choose from at lunch. However, in unit 2 we did not see staff offer the different choices to people or use the pictorial menu to help people to see what was available.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. We saw a food allergen labelling system in place to clearly display what allergens are contained in a particular food item. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff.

The cook was able to tell us about people's nutritional needs and how these were being managed, including fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people received a well-balanced diet and were supported with their nutritional needs.

We looked at the care records for four people who used the service and there was evidence that people were consulted about how they wanted to receive their care and their consent was gained. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

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. This legislation is used to protect people who might not be able to make informed decisions on their own. In most cases there were records available to identify if any powers of attorney were in place. However, this was not always the case. Powers of attorney confirm who has legal authority to make specific decisions on a person's behalf when they cannot do so for themselves. These may be in place for financial affairs and, or care and welfare needs. It is important that staff have this knowledge to make sure only those with the right authority make decisions on people's behalf.

We found the registered provider was working to the principles of the MCA and DoLS in most cases and several applications had been made to the supervisory body and were awaiting decisions. However, there was one person who repeatedly stated that they wanted to go home and although a DoLS application had been made in respect of this person, there was no record of the best interest process being followed when deciding the interventions staff should use to keep the person safe. For instance, staff repeatedly persuaded them to sit down, when they attempted to get up and walk around. Although this was done with the best of intentions, with the risk of the person falling in mind, it had the consequence of significantly restricting their freedom. This was happening with such frequency that the effect was a form of restraint.

Most staff we spoke with during our inspection had received training about the Mental Capacity Act (MCA). Staff members' understanding of the MCA was inconsistent, with most staff being able to explain how to support people, whilst others demonstrated a limited understanding, particularly in relation to people living with dementia.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided over two floors and the service had two communal lounges. The home had two enclosed gardens provided with a variety of seating that people could enjoy. We saw that the wooden decking in the rear communal garden had been changed to stone paving to minimise the risk of people slipping. This made this area more accessible to people with mobility issues. We saw that some of the bedrooms had 'memory boxes' on the exterior wall. A memory box is a display case for personal possessions that are specific to that individual and often used to help individuals maintain their identity or to help them

find their own room. The registered providers told us that there was a refurbishment plan in place and it was their intention to replace existing carpets and paint internal walls to improve the appearance of the home.

## Is the service caring?

### Our findings

We saw staff showed kindness and respect towards the people who used the service. For instance, one of the people we spoke with said, "I had a chance to move to somewhere closer to my family, but I said no. I like it here. The staff are so kind." Another of the people we spoke with said "I really like it here. Lovely carers. The food is nice and plenty of it. Yes, I feel safe." One visitor said they were, "Very, very happy with the care and attention [my family member] received." They added, "I don't think that [my family member] would be with us today, if it wasn't for them [the staff]."

Overall, the staff we observed were kind and compassionate and we did see some warm interaction between staff and people who used the service. People we spoke with said their visitors were welcomed into the home, and as people's visitors were coming in and out, we saw that staff knew them and that they were made welcome. One person's relatives we spoke with said they were pleased with the way the person had settled in the home.

Most staff we spoke with had been working in the home for some time and knew people well. They came across as very close to people and very committed to their welfare. Some of the written information on display was in an accessible format and had pictures to assist with people's engagement and understanding. People told us they were involved in the overall planning of their care.

People told us that they could get up and go to bed when they wanted. All the people we spoke with had appropriate clothing on and looked well presented. Observations showed us that people were addressed appropriately. We saw and heard some staff and people using the service chatting and laughing together. This indicated that people felt comfortable with the staff on duty.

People and their relatives told us that they were happy with the way the staff delivered end of life care. Care and support records demonstrated that people were asked about their religious or cultural needs. This meant staff could act in a way that was sensitive to the person's wishes regarding their religious beliefs.

People told us the staff were polite and protected their privacy. Personal care was undertaken behind closed doors in order to preserve people's dignity and staff knocked on doors before entering.

## Is the service responsive?

### Our findings

We saw that the home provided a range of scheduled activities. There was an activity co-ordinator who worked five days each week. They started work early in the morning and helped with breakfast. Throughout the inspection we saw that the relationship between people who used the service and the activity co-ordinator was very positive.

There was a monthly newsletter. The newsletter included details of upcoming events in the month and birthdays of people who used the service and staff. Planned activities included a trip to Cleethorpes, film afternoon and bingo. The activity coordinator told us that they were preparing the home for a summer fair at the weekend, which family and friends were invited to attend. The service promoted the event by using brightly coloured and striking posters around the home. The activity coordinator told us that there would be food, refreshments, games, a petting zoo, cake sales, face painting and more. People who used the service were involved in the preparations. This showed that the service was committed to maintaining community links for people who live at the home. Maintaining community links is important in order to preserve a person's social identity and promote social inclusion.

The activities co-ordinator said people liked playing bingo, dominos, cards, skittles and doing crafts. They said, "Sometimes people will join in, but other times they just like to sit and watch." We saw that three people who used the service were enjoying sitting out in the garden. Later, two people were supported by the activities co-ordinator with putting plants into the raised flower beds.

There were outside entertainers coming in to sing once a month and outings are organised on a regular basis. There was a hair salon used by the hairdresser, who we were told visited the home twice a week.

The people who used the service we spoke to said they were happy with the care they were receiving and felt their needs were being met. The visiting relatives we spoke to said they had not seen or contributed to a care plan. Some relatives were happy with the care and the home, but others were less happy. This was related to the numbers of staff on duty, rather than the quality of care provided by the staff members.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain when they moved into the service. This showed people were provided with important information to promote their rights and choices.

A complaints record was available to record action taken in response to complaints and the outcomes. We looked at three complaints raised from the beginning of 2017. We found that the registered provider had responded to the complainants in a reasonable time scale and acted appropriately. However, we saw one complaint where the previous registered manager had acknowledged receipt in writing, which said that they would respond to the complainant within 28 days in line with their complaints policy. We saw that the 28 day period had expired, this particular manager had left, and we were unable to find evidence that the complainant had been provided with a response. We discussed this with the registered provider and they

assured us they would contact the complainant to ensure that procedure was followed.

We looked at how the service assured that information held about people who used the service was treated confidentially. We saw that people's sensitive information was kept in locked rooms which were only accessed by certain staff. Staff demonstrated good practice when sharing confidential information. For example, we observed that staff only shared confidential information in private areas and to staff or professionals who required this information in the performance of their roles. We found that the service had systems in place to make sure that people's possessions were kept securely. We saw that the home's entrance was key coded and records of people visiting the home were being kept. This demonstrated that the service had systems in place to ensure that people's possessions and confidential information were kept securely.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the home has a registered manager in place. 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. At the time of the inspection there was no registered manager in post.

The previous registered manager had recently left and the management team consisted of a team leader and senior care staff. The team leader was very responsive and committed. They were not on duty when we arrived for the first day of the inspection. They came in to support the inspection process, despite having completed a night-time shift the previous night. They had worked at the Parklands for 17 years. They told us they were committed to delivering high quality care and making sure that the service did well. A deputy manager and a head of care from a nearby care service within the same provider group visited the home to support the team leader during the inspection. The two directors of the company also attended the service during our inspection. The registered providers told us that they had recruited a suitable new manager, who was undergoing recruitment checks and was available to start work in the home in August 2017.

Staff spoke positively of the team leader and current management team. One staff member told us that the registered providers were, "Very approachable and you can ring them at any time." Another staff member, who had started in post recently, told us that the management team, "Made me feel welcome as soon as I walked through the door." Staff told us that they felt well-supported by the management team in the performance of their roles. We saw that the management team were working hard to maintain the smooth running of the service without a full-time registered manager in post. However, the team leader and senior care staff had never managed a service before and told us they did not always feel confident in their role and were unsure about their responsibilities for meeting regulations. The registered providers made a commitment to ensuring that extra support was put in place for the senior team, until the new manager commenced in post.

Staff told us that they felt confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. This demonstrated that the management team were committed to person-centred care to ensure that people's physical needs were being met.

The team leader and registered providers made themselves available on the day of our inspection. Throughout our inspection we saw the registered providers greet people by name indicating they knew them well. We saw that people living at the home; their relatives and staff freely approached the manager to speak with them. We found that the atmosphere in the home was friendly and we saw positive interactions between people using the service, their family and staff. We saw an inclusive culture in the home. All staff said they were part of a good team, could contribute and felt listened to. They told us they enjoyed their jobs.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff could be kept fully up to date with current legislation and guidance.

We saw monthly checks and audits had been undertaken by the team leader and senior staff at the home. Those seen included care plan, deprivation of liberty, quality assurance visits, and safeguarding, medication, health and safety and infection control audits. We saw that there was a monitoring system in place for service certificates and tests and checks were being carried out at the designated frequency. For example, we saw that the next landlord's gas and boiler service was due in September 2017. The provider told us that the legionella testing had been completed very recently with no concerns.

We saw that the registered providers carried out regular visits to the home. We looked at the 'provider visit' in June 2017. These recorded what people living at the home had told them, what improvements were required and what action was needed. For example, we saw that the registered provider had identified that improvements were required in the kitchen and the extractor fan needed replacing. The extractor fan had been replaced and the outcome had been recorded. However, the concerns that we identified at this inspection, regarding staffing, risk assessment and medication had not been identified by the registered provider's existing quality monitoring systems and the risks had not been recognised or mitigated, as described under the Safe section in this report.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. Where an increase or pattern in falls had been identified, we saw records to show that in most instances, relevant consultations and referrals had taken place with health care professionals to support and improve the person's well-being. We saw that a fire risk assessment and personal emergency evacuation plans were in place.

Although people's assessments and plans had been reviewed monthly, this was not always effective, as there were instances when it was not picked up that people's needs had changed, or that certain other assessments and plans needed to be put in place.

Most people we spoke with said that they had met and spoken to the new proprietors and they had been reassured that there was going to be a new manager starting in post soon. However, some relatives told us they had not been involved in reviews about their family member's care, for some time. They had not been asked to complete questionnaires or to comment on the overall quality and running of the service. Neither had they been invited to meetings for this purpose.

What we were told and observed showed that the registered provider did not have systems that were effective to assess, monitor and improve the quality and safety of services. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 Good Governance.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not always ensured that people's care was managed safely.</p> <p>The registered provider had not always ensured that medication was managed safely.</p> <p>This is a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have systems that were effective to assess, monitor and improve the quality and safety of services.</p> <p>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not provided sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.</p> <p>This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)</p>

Regulations 2014.