Care Quality Commission

Care UK Community Partnerships Ltd

Hadrian Park

Inspection report

Marsh House Avenue, Billingham, TS23 3DF
Tel: 0333 4343036
Website: www.careuk.com/care-homes/hadrian-park-billingham

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 9 November 2015, 10 November 2015 and 12 November 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visits on 10 and 12 November 2015.

We last inspected the service in May 2014 and found that it was not in breach of any regulations at that time.

Hadrian Park is a purpose built care home in Billingham. The home is registered to provide care and accommodation for up to 73 older people and people with dementia. The home does not provide nursing care. At the time of our visit there were 67 people living at Hadrian Park. The property has been divided into three units across a ground and first floor, accessed by stairs and a lift. The Lilly unit provided residential care on the ground floor whilst the Chester unit, also on the ground floor provided care for people living with dementia. Upstairs the Poppy unit provided accommodation for those people who had greater levels of dependency. The home was clean, nicely decorated and had a well organised lay out with a variety of communal space.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 our inspection the registered manager had only been in post for six months. After the change in management a number of staff had left the service but new staff had been recently recruited to fill these vacancies.

People told us they felt there were sufficient staff on duty. The rota for the previous four weeks which appeared to show gaps caused by staff sickness but were also shown another document which evidenced extra staff had been deployed to fill these gaps. The rota had not been altered to reflect this. Whilst the staffing levels were adequate for the number of people using the service and their level of need, these figures included new staff who were not yet fully trained or competent to deliver care unsupervised. We have made a recommendation about this.

Staff had received some of the appropriate training and had the skills and knowledge to provide support to the people they cared for, however they had not received training on the correct way to deal with challenging behaviour. Some newer staff members were still undergoing induction training.

Medicines were stored correctly but record keeping was poor. There were gaps on the Medication and Administration Record (MAR) charts where staff should have signed to show medication was administered. We counted drugs and found the stock did not tally with the paper records. Poor record keeping such as this places people at risk of not receiving their medication correctly. We found that one person had not received one of their medicines for six consecutive days.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that individual risk assessments were in place and that they covered the key risks specific to the person. These included things such as risk of falls, pressure ulcers and eating and drinking.

We looked at care plans and found that they were written in a person centred way and the care records we viewed also showed us that people had appropriate access to health care professionals such as dentists and opticians. The care plans were held on an electronic system and contained all necessary information relating to the day to day care needs. Those we looked at were up to date and had been regularly reviewed. Paper files were also held for each person but the information on these was not consistent and did not always match the electronic records.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

We observed that people were encouraged to be independent and to participate in activities that were meaningful to them. People we spoke with were happy with the level and variety of activities available in the home.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. Staff had not been receiving regular supervision or yearly appraisals to monitor their performance however the new registered manager had recognised this. A programme of regular supervision had begun and we saw that a full schedule had been drawn up for future meetings.

We saw that there were policies in place in relation to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated an understanding of the requirements of the Act and we saw that the service had been applying the DoLS appropriately. However, we did not see evidence within care plans that capacity assessments or best interest decisions were being undertaken.

We saw that people were provided with a choice of food and drinks to help ensure their nutritional needs were met. We saw that there was a four week menu in place offering a variety of dishes and staff also demonstrated knowledge of people's likes, dislikes and special dietary requirements. We were told by people using the service,

Summary of findings

family members and staff that the food was not always of good quality and often not hot enough. A new chef was due to start shortly after our visit and the manager was going to work with them on improving standards.

There was a complaints procedure in place and this was clearly displayed in communal areas. We saw evidence that complaints had been dealt with appropriately and lessons learned passed on to staff.

There was a relaxed atmosphere in the home and we saw staff interacted with each other and people who used the service in a very friendly and respectful manner. Although the change in management had caused some unrest amongst staff this seemed to be settling down by the time we visited and staff told us they would feel confident raising any concerns or issues.

Staff meetings were held regularly and were seen as a robust method of communication.

Although there were systems in place to monitor and improve the quality of the service provided they were not effective. Clear ownership of responsibilities in respect of quality assurance was not apparent during our inspection and the quality of the records in a number of areas reflected this.

We found the provider was breaching four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the proper and safe management of medicines, staffing, the need for consent and monitoring and improving the quality and safety of the services provided. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Staff we spoke with knew how to recognise abuse and reported any concerns regarding the safety of people to senior staff.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were sufficient skilled and experienced staff on duty to meet people's needs but the rota was not always updated accurately and staff who were not yet fully trained were included in the numbers.

Medicines were stored correctly but record keeping was poor. There were gaps on the Medication and Administration Record (MAR) charts where staff should have signed to show medication was administered. We counted drugs and found the stock did not tally with the paper records.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had the knowledge and skills to support the people who used the service and their training was up to date. However, staff had not received specific training on behaviour that challenges.

Management and staff understood and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, however, care plans showed that capacity assessments were not always being undertaken and there was no evidence showing best interest decisions.

People were enabled to make choices in relation to their food and drink however we were told by staff, family members and people using the service that the quality of the food provided was poor.

Is the service caring?

Good

The service was caring.

People told us they were happy living in the home and with the care they received.

We observed staff interacting with people in a positive and friendly way and in a variety of situations.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People's care plans were tailored to meet each person's individual requirements and reviewed regularly. However the manner in which the records were generated led to the paper copies staff held being out of date.

Accurate records were not always kept and this had not been identified.

People who used the service and their relatives told us they were involved in decisions about their care and support needs.

There was a variety of activities taking place throughout the home and people were encouraged and supported to take part in those they enjoyed.

The service had a complaints procedure clearly displayed and people we spoke with knew how to make a complaint or raise a concern however none of them had felt the need to do so.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Staff meetings were held regularly and were seen as a robust method of communication.

The change in management had initially caused some unrest but staff we spoke with felt that things were improving and identified some positive changes.

Although there were systems in place to monitor and improve the quality of the service these were not always working effectively. The audits and reviews the provider and registered manager had used to assess the performance of the home had not identified the issues that we found.

Hadrian Park

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 9, 10 and 12 November 2015. The first day of the inspection was unannounced.

The inspection team consisted of two adult social care inspectors, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism linked to the service being inspected, such as a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider completed and returned a provider information return (PIR) on 6 July 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 17 people who used the service and seven family members. We also spoke with the regional director, the registered manager, deputy manager, six care workers, two senior carers, a team leader, an activities co-ordinator, the maintenance person, a housekeeper and the cook. We also spoke with one external healthcare professional and a visiting NVQ assessor.

We undertook general observations and reviewed relevant records. These included six people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen, laundry and communal areas.

Requires improvement

Is the service safe?

Our findings

We looked at the way in which medicines were stored, administered and recorded. The temperature of the room in which medication was stored was taken daily as per NICE guidelines Managing Medicines in Care Homes 1.12.2 and was within the recommended range. The room had been fitted with a cooling system to ensure that the temperature was maintained within safe storage limits. The medicines fridge did not have a lock at the time of our visit and we were told that they were awaiting a replacement. We saw that the fridge temperature was taken daily and was also within the recommended range. Controlled drugs were stored correctly and entered into an appropriate register.

We looked at the Medication and Administration Record (MAR) charts for three people and found that there were a number of errors. Record keeping was poor. There were gaps on the MAR charts where staff should have signed to show medication was administered. We counted drugs and found the stock did not tally with the paper records. We found that controlled drugs had been signed out of the controlled drug register but not recorded as administered on the MAR chart. We checked the stock of medication for two other people and again found that the drugs counted did not match the number recorded on the paperwork. Poor record keeping such as this places people at risk of not receiving their medication correctly.

We found that one person had not received medication for six consecutive days as stock had run out however staff had still been signing the MAR chart to indicate the medication had been administered. The registered manager made a safeguarding alert to the local authority during our visit as a result of this.

We saw the MAR chart of a person who was prescribed medication in transdermal patch form. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. We saw that there was no transdermal patch sheet accompanying the MAR chart to identify where patches had been placed. This record is important to ensure application is rotated between different sites to prevent skin irritation. There was also no reminder system on the MAR chart to highlight which day the patch should be changed.

We were told that the deputy manager audited five people's medication records every week and actions from this were given directly to the staff responsible. Overall actions were put on to the electronic Service Improvement Plan (SIP). We were shown a copy of the last audit which was undated meaning it was not possible to say for certain when it had been conducted. Issues that were identified were missing signatures and poor compliance with PRN documentation. Not all senior staff had signed the sheet to say they had seen these findings.

This was a breach of Regulation 12(1) (Safe Care and Treatment) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we were told that a full medication audit was to be carried out by the management team. The registered manager told us that they felt the biggest challenge currently facing them was medication, getting staff to understand their responsibilities and making sure records were accurate and up to date.

People told us they felt there were sufficient staff on duty. One person told us, "I think there are plenty of girls around, if you want anything then you just use your bell and someone comes very quickly." Another person said "Yes, I think there are plenty of staff – and nice staff too. We do chat when I am getting help and you never have to wait long for someone to come and help you when you need it." A relative we spoke with said "There always seems to be plenty of staff about."

The registered manager told us that a number of staff had recently left the service to work elsewhere and this had placed a strain on staffing resources which had resulted in the use of agency staff. A senior care worker told us, "the shortage of staff has been hard, I have sometimes been the only senior on night shift but things are slowly improving." New staff have now been recruited and with the support of bank staff if necessary, agency workers are no longer needed.

Our observations during the inspection showed that people were being supported by sufficient numbers of staff.

We looked at the dependency tool that was used by the service to calculate staffing levels and spoke with the registered manager and regional director about this. Whilst the staffing levels were adequate for the number of people using the service and their level of need, these figures included new staff who were not yet fully trained or

Is the service safe?

competent to deliver care unsupervised. On the day of our inspection we were told that there should be three support workers and one senior support worker on Chester unit. In fact there were only two support workers and one senior support worker as the third person was undertaking a shadow shift on their first day. The level of occupancy meant that staffing levels were still safe but the records were not accurate.

One staff member we spoke with told us, "I don't know what the minimum numbers are but one girl was left alone on the dementia unit during the daytime with a shadow shift only. She complained and they called in more staff."

We recommend that the registered manager refers to current best practice on the use of the dependency tool as it should not include staff who are shadowing a shift as part of their training.

We looked at the rota for the previous four weeks which appeared to show gaps caused by staff sickness but were also shown another document which evidenced extra staff had been deployed to fill these gaps. The rota had not been altered to reflect this and we discussed with the manager the importance of ensuring the rota was accurate and up to date.

Each person had a Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This information was kept in a separate file so that it could be easily handed to the emergency services if the need arose. Whilst most of these documents were seen to be fully completed and up to date some were not signed or dated which meant that it was not possible to know when they were last reviewed and whether they contained current information. One plan only gave details of which unit a person lived on rather than their room number which may have caused an unnecessary delay in an emergency. The emergency evacuation file also contained a client evacuation list which was not fully completed meaning in some instances it was not clear whether a person could walk unaided or required assistance. This was fed back to the registered manager during the visit who informed us that this would be addressed.

All of the people we spoke with who used the service told us they felt safe. One person told us, "Yes I am safe here and I love it. There is always somebody nearby and you get the help you need." Another person told us they felt "safe and looked after." A family member we spoke with told us, "I do feel Mam is safe in here. I could not manage her care and she agreed to come here. I checked to make sure it was a good home." Another said "I know my mother gets good care and attention, she is safe and happy and I am too."

The service had up to date safeguarding policies and procedures in place. There was information displayed on notice boards around the building informing people of what to do and who to contact with any safeguarding concerns. All staff had received safeguarding training or were in the process of completing this. Only three staff out of 78 were overdue their refresher training in safeguarding and in two instances this was by less than six weeks.

Staff we spoke with demonstrated a good understanding of safeguarding, including the different types of abuse and the signs to look for; they were also able to explain how they would escalate any concerns. One member of staff told us they currently had "no concerns about anything" but would feel confident in raising any issues with management and believe it would be acted on. Staff were aware of the whistle blowing procedure and had been given small cards to carry that had contact details for both safeguarding and whistleblowing.

The registered manager told us that they were building a good relationship with the local authority safeguarding team. They told us that when they came into post a number of safeguarding alerts had to be submitted retrospectively but that improvements had now been made to the way things were reported and handled.

The six care plans we looked at had individual risk assessments in place. Risk assessment tools were in use and where a person was identified as being at risk an associated care plan was developed and implemented. These included measures to be taken to reduce the risk of falls, to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. This enabled staff to have the guidance they needed to help keep people safe. We were told that risk assessments and care plans were reviewed on a monthly basis and all those we looked at were current and had been reviewed as planned.

We were told by people using the service and family members that one of the 'hot-locs' used to keep food hot once it left the kitchen was broken and a number of people

Requires improvement

Is the service safe?

complained to us that food was not hot. This was discussed with the registered manager during feedback and it was confirmed that new equipment had been ordered to replace this and that staff were probing food to ensure it was at a safe temperature before serving people.

We looked at maintenance records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the call system, fire alarm, fire extinguishers and gas safety. Hoists were also serviced regularly. Water temperatures were regularly recorded and were within safe limits. The service had been regularly tested for the presence of legionella bacteria in the water systems and no legionella bacteria were found.

During our visit we observed that fire exits were clearly signed and aids to assist movement of people were available. Fire extinguishers had been checked recently and there had been regular portable appliance testing (PAT) of electrical equipment. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Fire drills were regularly carried out and involved staff working both day and night shifts.

Accidents and incidents were recorded in the electronic care record. The registered manager told us that they reviewed and signed the form detailing any further action to be taken. We observed this was the case in all of the six care files we looked at. One incident had been referred for safeguarding and the details around this were well documented.

We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation such as application forms and interview records were present and we saw that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Requires improvement

Is the service effective?

Our findings

It was acknowledged by the registered manager that staff supervision had not been done regularly in the past. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A new rota for these meeting had been drawn up and we saw this was displayed in the office area used by staff. The meetings had initially been scheduled to take place every two or three months but the registered manager told us these would become more frequent if the need was identified.

One staff member told us, "X [deputy manager] did my one-to-one two weeks ago, it was my first one in years, it was a positive experience, I have not had an appraisal. The new management are going in the right direction." Another staff member said, "I have had no appraisal but my one-to-one is planned on the board."

Two members of staff we spoke with told us they had not received training in challenging behaviour. One staff member said, "we see lashing out, biting, spitting. One person is involved with ICLS (intensive community liaison service) and they give advice but we have never been trained how, we are seeing more challenges but are not taught how to release ourselves."

We discussed this with the registered manager and regional director who said they felt that training in breakaway techniques was not suitable when dealing with people who were frail or elderly. They shared details of the dementia training that was undertaken by staff and whilst it was a good training package on the subject it did not cover how to deal with behaviour that challenges. Hadrian Park's advertises as a service for people with dementia and often behaviours that challenge are associated with this condition. From our conversations it was evident that the registered manager and regional director believed the dementia training staff received sufficiently dealt with this and had therefore not researched further the range of training available in this area that would be suitable for use in care homes of older people.

We looked at the registered provider's policy on the 'management of challenging behaviour including violence and aggression' which stated that staff should receive adequate training in how to deal with any violent incident.

This was a breach of Regulation 18 (2) (a) (Staffing) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they thought that staff had received relevant training to meet their needs. One person said, "I know they do a lot of training because they have told me about it. They have to know a lot of things about infections, hygiene and keeping us all safe. I have to use a wheelchair and they know how to help me transfer from the chair and get in and out of bed." A family member told us, "I know my mother is helped with a hoist and the girls have been trained to use it."

We asked staff to tell us about the training they received. One member of staff told us, "We get trained to do all sorts of things, like mandatory training for example infection control, medicines, using the hoist etc. If we identify any training we feel would be helpful in our job then if we ask for it we get it. The manager is very good and encourages training."

Staff told us that a nurse comes in to the service to educate staff and deliver bespoke training whenever a need is highlighted. Staff told us that they are also advised and supported by other health professionals such as district nurses, diabetic nurses and the mental health liaison team.

A visiting NVQ assessor told us that the new deputy manager is very keen to encourage training. They told us, "things have really improved in the past six months; I come in here a lot now for training people." They also said' "X [deputy manager] does his own training and is very good, there is a real drive on it."

We were shown the training matrix for staff which showed all of the training undertaken and whether it was up to date. 87% of all training was up to date with some new members of staff still in the process of completing their induction. Over 90% of staff were up to date with mandatory training.

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.

Requires improvement

Is the service effective?

We saw evidence that consent was obtained from people using the service for things such as use of photographs, however the documentation we saw on one care file had not been reviewed regularly and was therefore not up to date.

All staff had received training in MCA and DoLS and demonstrated some understanding when we spoke with them. One staff member told us, "DoLS is to protect people in a safe environment." All staff had also been given a card to carry with them with prompts around both MCA and DoLS.

We found that although the registered manager was taking action to make sure staff adhered to the requirements of the Mental Capacity Act 2005 and the associated Code of Practice, the care records were not always compliant with the Mental Capacity Act 2005 requirements.

The care records we reviewed did not contain evidence that appropriate assessments had always been undertaken by staff to determine a person's capacity to make decisions. Care records also did not contain information about whether efforts had been made to establish the least restrictive option for people and we did not see appropriate recording of 'best interest' decisions.

We saw that one person was receiving medication covertly. Management told us that authorisation had been received from the person's GP however the documentation to support this could not be found. Staff told us that they have asked the GP to stop this medication as the covert administration has not been successful but a family member requested it continues. Whilst a mental capacity assessment had been completed there was no documentation to record any best interest decision making process being undertaken.

During our inspection we noticed that lots of people on the dementia unit were sleeping with the door to their room propped open. We questioned the staff and registered manager and we were told that consent had not been obtained from people to show that they agreed with this practice. The regional director told us that this preference was documented in their individual sleep assessments and whilst this would be sufficient for people who had capacity and were involved in the planning of their care, best interest decisions should have been in place for those people who lacked such capacity.

This was a breach of Regulation 11 (1) (Need for Consent) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw that the service had been applying the DoLS appropriately. A system was in place to know when DoLS applications were made, when authorisations were received and when they were due to expire.

We visited the main kitchen and saw that particular dietary restrictions and preferences were on a noticeboard, including diabetic, gluten free and one person's dislike of fish. We reviewed the intake record charts for people. These were kept in the dining room and completed at each mealtime to ensure people were eating and drinking well. People were being weighed regularly and the Malnutrition Universal Screening Tool (MUST) was used to identify those at risk. We also saw a care plan that had been completed with advice from a dietician advising high protein meal supplements.

There was a four week menu on display and staff were aware of people's individual preferences and patterns of eating and drinking. The dining rooms were very pleasant, clean and homely. Tables were nicely set with flowers, condiments and cutlery.

One person we spoke with told us, "If you could find better care anywhere else then I would like to see it. We get attended at all times. Regular cups of tea and fruit juice, nice biscuits or pieces of cake between meals. Kind girls helping you. What more could you want?"

People are able to make their own drinks and snacks at the beverage bays in the dining room. We spoke to one person who was making tea with the support of staff and they told us, "this is like home from home."

The majority of people we spoke with told us that although they did get choice at mealtimes the food was not good. On person said, "Everything is good in here except the food. Hot food sometimes turns out to be cold. It is all to do with the oven. One oven [Hot-Loc] has broken down and so the

Requires improvement

Is the service effective?

food suffers. This has been going on for weeks." Another person told us, "the real cook has been off work for a few months. The ones we have now do their best, but it should be better than it is."

A family member told us, "the food is terrible. Chips are awful. Sometimes it's cold. It is about time they got the Hot-Loc renewed, it has been out of service for months now." Staff members also told us that there was not enough food options and the quality was poor. One staff member told us, "sometimes I wouldn't give it to the dog."

We fed this back to the registered manager who explained that staffing in the kitchen had been an issue and they were addressing this. They were going to work with the new cook to improve the menu and quality of food provided.

The building had a well organised layout. It was clean, well maintained and nicely decorated. There was a variety of communal space including a lounge bar and a well-equipped reminiscence room with memory items from across the decades. The activities co-ordinator we spoke with told us that the reminiscence room was frequently used by people and their families. We saw that people had personal items in their rooms but on the majority of doors there was no personalisation to identify whose room it was, often not even a name plate.

During our visit there was ongoing decoration and refurbishment in the Chester's unit. This is the unit for people who are living with dementia and it was noted that the doors to people's rooms were all being painted in subtly different shades of blue which may make it difficult for people to recognise their own room. We spoke with the registered manager who said they were hoping to incorporate memory joggers and tactile activities into the redecoration. They also said that it was important to tailor these to people's own history and respect the male/female balance on the unit.

Good

Is the service caring?

Our findings

All of the people we spoke with who used the service were very happy with their care. Family members also felt the same. People told us, "I get wonderful care from very caring staff, there is not a bad one amongst them" and "I am very well cared for, in fact I would even say they spoil us a bit. They will do anything I ask them to do. They are indeed very kind and compassionate."

A family member we spoke with told us, "The care is first class. I know that my mam is very happy and very well cared for in here."

The atmosphere in the home was relaxed and jovial. We observed staff interacting with people in a positive and friendly way and in a variety of situations. Three members of staff were leading a sing-a-long with a group of people with dementia and there were lots of smiles and evident enjoyment.

During the morning a gentleman living with dementia was asking for his razor and was concerned he had lost it, he was unshaven at the time. Later in the day we saw that staff had responded to him as he was clean shaven and relaxed in his chair.

One staff member told us, "I think this is a fantastic service and I'm very lucky to work in a home like this." Another staff member said, "I love my job. The best thing about the place is the residents, they have all got they own personalities."

We asked staff how they maintained people's privacy and dignity. One staff member told us, "I always keep the bedroom door shut and use towels to cover people….I believe personal care should be one-to-one and only get a second person to help when needed." Another staff member said, "Dignity is important to everybody and we always make sure our people are happy with what we do for them. Asking their permission before doing anything is key." We saw that care staff and housekeeping staff respected people's privacy when delivering laundry by knocking on doors and asking if it was alright for them to enter.

People are encouraged to be involved in their care. Staff told us that they spend time with people completing a 'life story'. One member of staff said, "residents know what is in their plans – some make changes by asking for additions and families have input too." This helped to ensure that people received their care in the way they wanted. One person told us, "Yes I am involved. They don't do anything without asking me if it's alright."

One person we spoke with told us, "I have always been an independent person…I do whatever I can for myself, staff are aware of it and support me as and when necessary." We asked staff how they promote people's independence. One member of staff told us, "they do as much as they can themselves, I wait to be asked and only help if requested."

We saw from people's care plans that they have access to a range of health professionals such as dentists, opticians, chiropodists and diabetic nurses. They are also seen by GPs and district nurses when required. People are escorted to appointments in the community where possible and others are seen within the home.

A visiting district nurse said she had seen great improvements in the service in recent months and told us, "the staff are lovely."

Although there was information on display about advocacy services that were available locally this was only in the entrance to the building. We pointed this out during our visit and saw that posters have been placed in other communal areas around the building before we left.

At the time of our visit there was nobody on the end of life pathway. In some of the care plans we reviewed we saw end of life preferences that had been completed in detail in consultation with the person and their next of kin.

Requires improvement

Is the service responsive?

Our findings

Activities were taking place regularly but they did not seem to occur in all areas of the home. A family member told us that the conservatory was no longer used for activities and said that their relative did not join in as much now because of this. Their room was close to the conservatory and because of limited mobility they were reluctant to go to other areas of the home to take part. Staff working on the dementia unit also told us that no activities were currently taking place in that area.

Although there are a number of activities taking place some people had chosen to stay in their rooms and we did not see any evidence that people's risk of social isolation was being monitored or effectively addressed. Staff told us, "Sometimes you can't help that they are, we try to find things that they like." If staff do not regularly record the social stimulation and activities people have been involved in it is difficult to monitor and review this. Staff told us, "we log activities in the daily notes but we can only do this if there is a care plan for it and some people don't have that."

We looked at the care plans of six people. These were held electronically, with a paper file also in place for each person. Each care record had a current photograph of the person and an 'About Me' section written in the person's own words. The care plans we looked at were person centred and holistic and covered areas such as spiritual and psychological needs as well as basic physical care needs.

We were informed that the care plans were reviewed on a monthly basis by senior care staff and in each of the six plans we looked at we found that the information was current and had been recently reviewed. We saw minutes of a staff meeting held on 17 September 2015 which stated that staff should involve people in the development of their care plans. Further guidance within the minutes said that once the care plans were written they should be printed so that the person could sign to say that they had been involved and agreed with the content, the hard copy should then be stored on the paper file. There was no evidence that this had been implemented at the time of our visit and there was no way to tell from the electronic version alone whether or not care plans had been completed in conjunction or agreement with the person themselves, family members or advocates.

We viewed the paper files that corresponded to the electronic records we had seen and found that there was no consistency or standardisation within these paper records. In some instances they seemed to serve the purpose of a file for documents that could not be stored electronically and in others they contained handwritten care plans that bore no similarity to those on the e-system. Whilst the e-system that was in use appeared to be a good care records system it was not clear what needed to be recorded on paper and the content of the paper files varied from unit to unit.

We had also found errors in medicine records and emergency evacuation plans. These inconsistencies and omissions in the records kept by the service meant that they were not fit for purpose.

This was a breach of Regulation 17(1) (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt involved in the planning and review of their care. One person told us, "My son came in when the manager was in and we talked about the care I needed. Everything was fine. I did not need any changes." A family member we spoke with said, "Dad's care plan was done before he came in. He has had a couple since then. Everything is fine. He is happy with the help he gets and so am I."

We saw evidence of good practice with progress notes being updated as often as four times a day. Liaison with other health professionals was also regularly recorded.

People we spoke with said there were lots of activities going on and told us they enjoyed them. One person said, "there is always something going on to keep us occupied. I enjoy doing activities very much, it keeps the old brain working."

The home has two part time activities co-ordinators one working five days a week and another providing support on three days. A variety of activities is offered to ensure people have choice and the activities co-ordinator we spoke with during our visit was very enthusiastic about her role. One person we spoke with said, "they are doing bingo upstairs, we are doing crafts down here. I can't be bothered with bingo I like to see an end product." Another person told us "I go to the bingo and enjoy that because we have a good natter after each game."

Requires improvement

Is the service responsive?

People told us they felt able to maintain their own friendships and interests. One person said, "I have my old neighbour come to see me every week. We always got on very well together. My family don't visit me but she is made so welcome by staff she enjoys coming."

People were also given choices around what they wear and what they would like to eat. We saw a hearing impaired person being assisted to the tea trolley and encouraged to choose visually and we heard other people being asked what they would like. The registered manager confirmed that the home encouraged people's independence and told us, "we can't strip them of their ability to make their own decisions once they come into care."

Hadrian Park has a website that encourages feedback comments via email or webform. Conventional written or verbal comments can be submitted and this is promoted on noticeboards around the building. We saw the complaints procedure for the service, a copy of which was on display in the reception area and also viewed the 'comments, compliments and complaints' file. There were nine concerns/complaints held on file that had all been resolved satisfactorily. The response to each complaint and a record of the outcome was clearly documented. We saw that feedback was also given at staff meetings to ensure complaints were learnt from.

Staff we spoke with told us they were aware of the complaints procedure and should anyone raise a concern they would inform the deputy manager or registered manager at the earliest opportunity and document everything. None of the people we spoke with had made a complaint over the previous 12 months but everyone told us they knew how to complain and would do so if they felt it necessary. One person said, "I would make a complaint if I was unhappy about something but I am not and can't see that I ever will be."

Requires improvement

Is the service well-led?

Our findings

There had been a recent change in the management team of the home. The registered manager had been in post for six months and the deputy manager had been in post for only three months at the time of our visit.

The service used an electronic dashboard system called 'i-perform' to monitor performance in terms of bed occupancy, task completion and care plan completion and this information is tracked on a weekly basis by the manager. Administration staff and management were very open and transparent and granted us independent access to the system. The report for the day of our visit showed a 98% task completion figure.

We saw that there was a monthly audit programme carried out by the deputy manager and in the three months prior to our visit a care plan audit, activities audit and maintenance audit had all been carried out. Audit findings were fed back to staff at monthly staff meetings and evidence of this was seen in the minutes.

The new management team seemed very keen to make good governance and improving the service a priority. There were systems and arrangements in place for quality assurance and governance however they had not picked up on some of the issues we found during our visit.

The registered manager told us the system was effective in the way it flagged up areas needing attention but also said they were still learning the system and had now delegated some of the quality management. Clear ownership of responsibilities in respect of quality assurance was not apparent during our inspection and the quality of the records in a number of areas reflected this.

The registered manager acknowledged that at present improvements were needed to ensure action was taken to rectify the issues identified during the inspection. For example the paper care plans were not at an acceptable standard yet care plan audits had been carried out and had not identified this. Record keeping in respect of medication was inadequate but again had not been picked up on such as documentation relating to the covert administration of medication being missing and MAR charts being incorrect.

We found that the audits and reviews the provider and registered manager had undertaken to assess the performance of the home had not identified the issues we found during our inspection so no actions had been taken to make improvements.

This was a breach of Regulation 17(1) (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.**

The registered manager told us that the new management team had initially caused apprehension and concern amongst staff and a number of staff had subsequently moved to work at another service. Staff we spoke with confirmed that this had been the case. One staff member told us, "it has been unsettling recently due to all the changes but that end result will be worth it." New staff had been recruited and the registered manager told us they were keen to build good working relationships and increase staff confidence, they said, "plans are worthless without the team behind you."

The change in management had been seen as positive by most of the staff we spoke with. We were told, "things are not getting pushed under the carpet. The new manager is doing things properly and that's how it should be" and, "I think the new manager is good, there's a lot more structure now." A visiting health professional also told us, "there have been great improvements here in recent months." However there was also some concern expressed about the changes that had been implemented with some staff feeling there had been too much change all at once. One staff member said, "change that is too much at once has a knock on effect with care staff, we can't be open and honest because there is no relationship there yet. I have broken a few barriers with [deputy manager] in my one to one though."

There was evidence of good managerial support in place with a manager from another home visiting the service once or twice a week to work with the registered manager in a mentoring capacity until they were more settled in their post. There was a similar arrangement in place to provide regular support to the deputy manager. The regional director was present during our visit and the registered manager told us they were very supportive.

The registered manager told us they were keen to promote an open door policy for staff, people who used the service and their relatives. An informal open evening for relatives had recently been held and another was planned for

Requires improvement

Is the service well-led?

December 2015. The registered manager also planned to hold a surgery once a week to be available to relatives who were not able to attend meetings. We saw a poster in the reception area advertising the next relatives and residents meeting however one family member we spoke to was not aware that these meetings were taking place. When we fed this back to the registered manager they told us they would look at better ways of publicising future events.

We saw that staff meetings were held regularly. These meetings were also held for night staff. One member of the night staff told us, "we had a meeting last night, We have a strong supportive night team but it's a good opportunity to see the manager." Another member of staff we spoke with told us the meetings made them feel involved and that their opinions mattered. We reviewed the minutes of several meetings and the content showed this to be a robust method of communication. Staff who were not able to attend were given access to the minutes and signed to say that they had read them.

Staff we spoke with were positive about the culture within the home, one staff member told us, "I love my job" and another said, "this is a great place to work and it's getting better."

One person who used the service told us, "The manager is pretty new but she is a nice person, she always has a word for you and I think she would listen if you had a problem."

The registered manager told us they promoted best practice by leading by example. They told us, "I can't criticise the team if I don't work in the correct way myself." They said that they observed staff carrying out their duties and highlighted any areas which needed improving. We were told by the registered manager that they ensure they are aware of any changes in legislation and any changes the company wish to introduce and that they then work to take these changes forward within the home.

The registered manager told us that since coming in to post they had built positive relationships with health professionals and the local authority but felt they had not had time to focus on developing community links. They told us that one of the activities co-ordinators did have lots of local links and this was something they hoped to work on in the future. There were plans for a Christmas fair and garden fete.

At the time of our visit a recent staff survey had been carried out. The results of this were being analysed with an action plan being drawn up within the next six weeks.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service were not protected against the risks of inappropriate or unsafe care because effective quality assurance of the service was not taking place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who used the service were not protected against the risks of unsafe or ineffective care because staff were not receiving all of the appropriate support and training necessary to handle incidents of challenging behaviour.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who used the service were not protected against the risks associated with receiving care and treatment they had not consented to or which had not been agreed in a best interest forum.

This section is primarily information for the provider

Enforcement actions

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