Mr & Mrs K Khistria

Breckside Park Residential Home

Inspection report

10 Breckside Park
Anfield
Liverpool
Merseyside
L6 4DL

Tel: 01512606491

Date of inspection visit:
28 April 2016

Date of publication:
10 June 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 28 April 2016 and was unannounced.

Breckside Park is a care home providing personal care for up to 26 older people. The home is situated in a residential area of Anfield in Liverpool. It is close to local shops and public transport links. Accommodation is provided over three floors and a passenger lift is available for people to access all floors. During the inspection, there were 22 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the systems in place for managing medicines in the home and found that systems were not in place to ensure people could receive their medicines when they needed them as night staff were not trained to administer medicines.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We found however, that not all risks had been assessed appropriately, such as whether people could self-administer medicines safely. Other risk assessments had not been reviewed as people's needs changed.

We found that the environment was not maintained sufficiently to ensure people's safety and wellbeing. Broken window restrictors, fire doors being wedged open and faulty equipment all posed risks to people living in the home. We observed some areas of the home and equipment that required cleaning.

Most people we spoke with told us they felt safe living in Breckside Park. Staff we spoke with had a good understanding of safeguarding and told us they would not hesitate to raise any concerns.

We found that there was a system in place to ensure staff were recruited safely. We looked at how the home was staffed and received mixed feedback. Relatives we spoke with did not have any concerns regarding the number of staff on duty, but people living in the home and staff, told us they did not feel there were sufficient numbers of staff on duty at all times.

Deprivation of liberty safeguards (DoLS) were applied for appropriately and we found that consent was sought in line with the principles of the mental capacity act 2005.

Staff were supported in their role through induction, training, supervision and appraisal and staff told us they felt well supported by the registered manager. This helped to ensure that staff had the knowledge and skills to meet people's needs and help ensure their safety and wellbeing.

People told us they had a choice of meals and we found that dietary needs were catered for within the home.

People told us staff were kind and caring and treated them with respect. One person told us, "They are very good; I get on very well with the staff." People we spoke with agreed their dignity was maintained by staff and that staff always knocked on their doors and ensured bathroom doors remained closed.

Most care plans we viewed showed that people and their families had been involved in the creation of care plans. Care plans were written in a way to promote independence and staff we spoke with told us they encouraged people to do as much for themselves as possible.

We observed care plans to be in place, providing information and preferences regarding people's health and social care needs. We found that not all care plans contained current information regarding people's needs, though staff were aware of the support people required.

People told us entertainers came to the home every few weeks, but we found there was a lack of activities available. One person told us, "I get bored."

Processes were in place to gather feedback from people, such as quality assurance surveys and resident meetings. People told us they felt able to raise any concerns they had with the staff and registered manager. People had access to a complaints procedure and this was displayed on a notice board within the home.

The audit systems in place did not identify the issues we highlighted during the inspection, such as those relating to care plans, risk management and environmental concerns. This meant that systems in place to monitor the quality and safety of the service were not effective.

The registered manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notifications.

We asked people their views of how the home was managed and feedback was positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

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 always safe.

Medicines were not managed to ensure people's needs were met at all times.

Risks were not always assessed fully or reviewed when people's needs changed.

The environment was not maintained sufficiently to ensure people's safety and wellbeing.

Staff had a good understanding of safeguarding and told us they would not hesitate to raise concerns.

We found there was insufficient staff on duty to enable all of people's needs to be met.

People we spoke with told us they felt safe living in Breckside Park.

Is the service effective?

Good

The service was effective.

Deprivation of liberty safeguards (DoLS) were applied for appropriately and consent was sought in line with the principles of the mental capacity act 2005.

Staff were supported in their role through induction, training, supervision and appraisal.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People told us they had a choice of meals and we found that dietary needs were catered for within the home.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring, treated them with respect and ensured their dignity was maintained.

Care plans were written in a way to promote independence and most people had been involved in the creation of their care plans.

Staff knew the people they were caring for well, including their needs and preferences.

Relatives were able to visit their family members at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found there was a lack of activities available within the home.

Care plans provided information regarding people's needs and preferences but not all contained accurate information regarding people's needs.

Processes were in place to gather feedback from people. People felt able to raise any concerns they had with the staff and registered manager.

Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing.

There was a complaints procedure available and this was displayed on a notice board within the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place to monitor the quality and safety of the service were not effective.

The registered manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notifications.

We asked people their views of how the home was managed and feedback was positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Breckside Park Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 April 2016 and was unannounced. The inspection team included an adult social care inspector 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 care service.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission (CQC) had received from the service and we spoke with the commissioners of the service.

During the inspection we spoke with the registered manager, five people living in the home, four members of the care team, four relatives and the chef.

We looked at the care files of six people receiving support from the service, three staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available for staff and included guidance on areas, such as actions to take in the event of a medicine error, self-administration, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink), though this form of administration was not in use at the time of the inspection. The policy was not dated and did not refer to relevant legislation, such as the Mental Capacity Act 2005 in relation to administration of covert medicines. This meant that there was a possibility staff would not have access to current legislative guidance.

Staff told us and records we viewed confirmed, that day staff had completed training in relation to safe medicine administration, however there were no staff on nights that had been trained to administer medicines. The registered manager told us that people did not receive medicines overnight. Most people living in the home told us they received their medications when needed, however one person did tell us they had been unable to access pain relief overnight when required and had had to wait until morning. This meant that people's needs were not being met with regards to medicines. The registered manager and a staff member told us if they anticipated people would require paracetamol overnight, it would be dispensed into a named medicine pot and locked in a door that night staff could access. This is not in line with safe practice or current guidance.

The registered manager told us they assessed staff's competency to administer medicines each year, however they did not record these assessments.

Medicines, including controlled medicines, were stored securely. We observed the MAR charts and found that there were checks in place to count the stock balance of medicines and those we checked during the inspection were accurate. We found that medicines were booked in and signed for appropriately when administered.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place, such as regular weight monitoring or pressure relieving equipment. We also viewed risk assessments relating to people's specific needs, such as the use of oxygen. This helped to ensure people's safety. We found however, that not all risks had been assessed appropriately. For instance, one person was self-administering a medicine and a risk assessment had not been completed to establish whether the person was safe to do this, despite this process being included within the home's medicine policy.

Another person's mobility assessment had not been updated since their needs had changed. This meant that staff may not have information and guidance regarding the person's needs and risks.

People who lived at the home had a PEEP (personal emergency evacuation plan) which provided guidance on support each person would require to evacuate the home in an emergency. The PEEP's however, did not give sufficient information to enable staff to evacuate people safely. For instance, one person's PEEP advised they would require assistance to transfer into a wheelchair in the event of an emergency, however their room was on the second floor and there was no information as to how the person would be supported to the ground floor.

This meant that people were exposed to potential harm as risks had not been fully assessed. Since the inspection, the registered manager has provided a copy of a completed risk assessment regarding self-administration of medicines and an updated risk assessment regarding the person's current mobility needs. The registered manager told us that all PEEP's would be reviewed to ensure they contained information to advise staff how to support people to evacuate the home safely.

We looked at the environment of the home and found that corridors were narrow and one staff member we spoke with told us the environment could be restrictive at times, especially when using hoists. We observed window restrictors on the upper floors that were not adequate and some had been broken or bypassed. This meant that windows were not safely restricted and people could be at risk from falls from height. We also found a number of fire doors to be wedged open which meant that in the event of a fire, these doors would not close and people would be placed at risk. Toiletries and razors were observed to be stored in a communal bathroom which presented risks to people who may be confused and these should be stored securely. At the end of the inspection, it was noted that these items had been removed. We also observed a broken serving trolley in the dining room which was used to heat food and plates during meal times. We observed one of the doors fall off twice during lunch and this posed risks to both staff and people living in the home, who could be injured should the door fall on them. We found some parts of the building to be a little cold, particularly the small lounge, dining room and conservatory. One person told us the dining room was sometimes cold and staff opened the doors of the heated food trolley to warm the room.

The registered manager told us the home had not had a maintenance person in post for a number of months but that they were currently recruiting and felt this would assist in ensuring the safe maintenance of the home. The registered manager told us some improvements had been made recently, including new carpets and furniture. After the inspection, the registered manager told us that the provider was looking into the purchase of magnetic door closures, new window restrictors and a new serving trolley.

This was a breach of Regulation 12 (2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

External safety checks had been completed to help ensure the safety of the building and equipment. We saw certificates for areas such as emergency lighting and maintenance of fire fighting equipment. After the inspection, the registered manager provided copies of certificates in areas such as gas, electricity and passenger lift maintenance and these were in date. Regular water temperature checks were completed by the provider, however the registered manager told us external legionella checks were overdue. Following the inspection the registered manager told us an external inspection was being scheduled and provided records to show this.

We looked at how the home was staffed. On the first day of inspection there was a deputy manager, one senior carer and one carer supporting 22 people, along with a cook and two domestic staff. Relatives we

spoke with did not have any concerns regarding the number of staff on duty. Most people we spoke with who lived in the home however, told us they did not feel there were enough staff. One person told us, "It's not too bad, they could do with another couple, they're a bit overworked". When asked if there was enough staff to meet their needs, another person told us, "No, all you get off [staff] is 'in a minute' and they have to do all the washing".

All staff we spoke with told us they felt they were short staffed at times but that people's needs were met. One staff member told us people did have to wait for support at times but not for long. Staff were clear in telling us that people's needs were their priority and although care staff were expected to complete the laundry, they did this once they had met people's needs. We heard one staff member inform the registered manager they would attend to the laundry during their break. Our observations showed that staff were busy but when supporting people, did not rush.

People living in the home also told us that staff came in on their days off in order to provide activities and trips out as there was nobody else to provide them. The registered manager confirmed this and told us they felt additional staff were required to support with activities and laundry. No dependency assessments or staffing analysis tool was used to help inform the number of staff required to support people. The registered manager advised us the provider dictates the staffing levels.

This was a breach of Regulation 18 (1) of The health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with told us they felt safe living in Breckside Park. One person told us, "I've got a room on my own and there are staff available" and another person said, "There's nothing to be unsafe about". One person however did tell us that they felt unsafe when accessing the bathroom as they were small. Relatives we spoke with agreed that people were safe.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. Staff we spoke with had a good understanding of safeguarding and were able to explain different types of abuse, potential signs of abuse and how they would report any concerns. Records showed that staff had completed safeguarding training. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the office. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home. We looked at three personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. A recruitment policy was in place to help ensure people were recruited safely.

We looked at accident and incident reporting within the home and found that accidents were reported appropriately. Although accident audits were not recorded, the registered manager reviewed individual incidents to establish whether any further measures could be implemented to maximise people's safety, such as referrals to physiotherapist or manual handling advisor.

Most people we spoke to did not raise any concerns regarding the cleanliness of the home, however our observations showed that there were areas of the home that required improvement. For instance, the dining room floor was visibly dirty throughout the day and we viewed bathing equipment that was dirty and

required cleaning. One person told us, "It's an old building, but the place is clean enough." The registered manager informed us after the inspection that this had been addressed with all staff through a team meeting and identified areas had been cleaned. Cleaning schedules were in place and people we spoke with told us their rooms were clean and well maintained.

Good

Is the service effective?

Our findings

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that one authorised DoLS was in place and that they were waiting to speak to people's family members before making other applications. There was a procedure in place regarding DoLS applications and this included a system to monitor expiry dates. Staff we spoke with were aware of whom DoLS applied to within the home and there was clear recording of the authorised DoLS within the person's care file.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit. For instance, before entering a person's bedroom and providing support at lunch time. People we spoke with all confirmed that staff sought their consent. Care files we viewed showed that people's consent was gained in areas such as medicine administration and when able, people signed their care plans to consent to the planned care.

When people were unable to provide consent, mental capacity assessments were completed. We viewed one care file for a person that had required medicines to be provided covertly (hidden in food or drinks), but had recently had their medicines discontinued and the plan had been updated to reflect this. The file contained clear information that the person's GP had assessed their capacity regarding medicines and other relevant people were involved in the best interest decision making process. Pre admission assessments included mental capacity assessments to establish whether people could consent to living in Breckside Park. We found that consent was gained in line with the principles of the MCA 2005.

We looked at staff personnel files to establish how staff were inducted into their job role. We found that staff received a basic induction to their role, covering areas such as the home's policies and procedures, health and safety information, emergency procedures, handover processes and DoLS. The registered manager told us the induction had recently been updated to ensure it is in line with the requirements of the care certificate. The care certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

We looked at on going staff training and support. Staff told us they felt well supported and records showed that they received regular supervisions and an annual appraisal to help support them in their role. The registered manager told us that new staff received more regular supervisions and that they schedule supervisions using a diary system. Staff told us they could raise any issues with the manager at any time.

Staff told us they had access to regular training, including courses in the mental capacity act, safeguarding, medicines management and moving and handling. Training had been provided face to face until recently and was now consisted of eLearning courses in areas such as fire safety, infection control, first aid, food hygiene and safeguarding. The registered manager told us and records showed, that staff were up to date with courses the company considered mandatory and that all staff were enrolled on a national vocational qualification in care when employed if they had not already achieved one. This helped to ensure that staff had the knowledge and skills to meet people's needs and ensure their safety and wellbeing.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the community matron, physiotherapist, G.P, speech and language therapist, optician, chiropodist and district nurses. One person told us that staff accompanied them to their health appointments and all people told us staff would arrange for a G.P to visit if they were unwell.

We observed the lunch time meal in the dining room. We found that people were able to choose where to have their lunch and some people chose to sit together in the dining room. There was a choice of meal available to people. We observed that there were no vegetables served with the main meal of chicken and mushroom with rice or chips; however a salad was available with the jacket potato. The home catered to people's specific dietary requirements, such as a diabetic or low salt diet. The chef was aware of people's dietary needs and preferences and care plans we viewed contained information regarding people likes and dislikes in relation to meals and drinks. The chef told us the provider created the menu's and provided the shopping. Meat and vegetables were mainly frozen and we were told fresh vegetables were available occasionally.

When asked about the food one person told us, "The foods alright, I get a choice and you get enough. You can ask for anything you want." Another person told us, "I have no fault with the food" and another person said, "It's great." Some relatives we spoke with told us their family members did not like the food very much and one relative told us they brought all food in for their loved one.

Good

Is the service caring?

Our findings

People living at the home told us staff were kind and caring and treated them with respect. One person told us, "They are very good, I get on very well with the staff" and other people described the staff as, "Kind" and "Great." Relatives we spoke with agreed and one relative told us, "They [staff] are lovely and friendly and kind" and another relative told us "They're very good here, you couldn't ask for better." Staff we spoke with enjoyed working at Breckside Park and one staff member told us the best part of their job was to see "resident's smile each day".

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms. Personal care activities were carried out in private and people did not have to wait long if they needed support. People were given plenty of time to eat their meals; they were not rushed in any way. Interactions between staff and people living in the home were warm and caring. People we spoke with agreed their dignity was maintained by staff and that staff always knocked on their doors and ensured bathroom doors remained closed.

People we spoke with could not all remember seeing their plan of care, however most care plans we viewed showed that people and their families had been involved in the creation of care plans. This was evident through people, or their relatives signing their care plans to show their agreement to the planned care recorded within them. Relatives we spoke with told us they had been involved in care planning and that they were kept informed if there were any changes to their family members care.

Staff we spoke with told us they always promoted people's independence by encouraging people to do as much for themselves as possible and people we spoke with agreed. One person told us staff encouraged him to be, "As independent as I can be" and relatives agreed. One relative told us staff had been supporting their family member to walk as much as possible and another relative told us staff enabled their family member to do things for themselves.

Care files we viewed were written in such a way as to promote people's independence. For example, one care file we viewed recorded that a person could at times require support with their nutritional intake, but guided staff to encourage the person to eat independently, provide foods the person would be able to manage easily and then if required, provide support to eat.

Care files were stored securely in the registered manager's office in order to maintain people's confidentiality.

We found on discussion, that staff knew the people they were caring for well, including their needs and preferences and one staff member told us that was what they liked about working at Breckside Park; that staff were able to get to know people really well.

The registered manager told us there were no people living in the home who currently had any specific needs in relation to their religion or culture. We were told that a member of the local clergy used to visit the

home regularly to provide holy communion but had not been for a number of months and the registered manager was looking into that. People we spoke with told us staff respected their values and beliefs.

We observed relatives visiting throughout the inspection. The manager told us there were no restrictions in visiting, encouraging relationships to be maintained. People we spoke with all agreed their friends and family were welcome to visit at any time and one person told us they could have visitors in private as relatives could sit in their room or in the conservatory. Relatives we spoke with agreed and one relative told us, "I come in anytime and you can go anywhere."

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home and there was a policy in place to help guide staff. One care file we viewed showed that an advocate had been involved in a decision making process on a person's behalf, however people we spoke with were not aware that advocacy services were available. The registered manager agreed to discuss this with people to ensure they were aware of the advocacy service.

Requires Improvement

Is the service responsive?

Our findings

All care plans we viewed had been reviewed regularly, however we found that not all contained current information regarding people's care needs. For instance, one person's care plan advised that they were mobile with support from staff and a walking aid, however the person's needs had changed and they were only able to transfer with support from two staff and were no longer able to walk. Staff we spoke with were aware of the change in the person's needs. The manager told us they would update the care plans to ensure they provided current information regarding people's needs. Another person's file showed that they required support from staff and a slide sheet to reposition overnight, but no records were in place to evidence this support was provided. We discussed this with the manager who told us the person was able to move themselves in bed and would ensure the care plan was updated to reflect this. This meant that staff may not have access to accurate information regarding people's needs.

This was a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were involved in their care planning and found that when able, people signed to show their agreement with their planned care. One person's care file we viewed recorded that the person was unable to participate in care planning and their family member had been consulted and had signed to show their agreement with the care plans in place.

We observed care plans in areas such as personal care, breathing, mobility, nutrition, medicines, socialising and activities. There were also plans in place to provide staff with information and guidance on people's medical conditions. For instance, we viewed a care plan regarding a person's diabetes. This provided staff with information about the condition, the person's needs, such as a low sugar diet and regular blood sugar monitoring and also gave advice regarding signs and symptoms of possible complications and actions that staff should take if the person displayed any of the signs. This helped to ensure that staff had information on how to meet people's needs.

We viewed a number of care files that contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission. Care plans were specific to the individual person and most were detailed and informative.

Care files included information regarding people's preferences in areas such as meals, drinks, daily routines and social activities. People we spoke with also told us they had a choice about the gender of staff that provided their personal care. Comments included, "You can choose" and "I just ask." Care plans prompted staff to ask people their preferences when supporting them with personal care.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files. Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing.

We asked people to tell us about the social aspects of the home and people told us there were not many activities available. Comments included, "I stay in my room and watch telly apart from my meals", "I watch the telly in my room and have a sleep" and "I sit here and chill out." People told us entertainers come in and sing occasionally and that there used to be trips out but the home no longer had access to a minibus so people did not go out. Another person told us, "I get bored." Relatives we spoke with agreed and told us that other than the singers, they were not aware of any activities. The registered manager told us that no other activities were offered within the home at present, unless staff came in on their days off to take people out. This was due to not having a dedicated person to provide activities and staff we spoke with told us they did not always have time to provide activities. The registered manager told us they were aware activities needed improving and had discussed this with the provider.

We looked at processes in place to gather feedback from people and listen to their views and records we viewed showed that quality assurance surveys had been completed regularly during provider visits. In March 2016, ten questionnaires had been completed. Most people and relatives we spoke with however, told us they had not been asked for their views regarding the home and had not completed any surveys. People told us they felt able to raise any concerns they had with the staff and registered manager.

Records we viewed showed that resident meetings had taken place every few months up to December 2015, but none had been recorded since then. The registered manager told us they had an open door policy and people could raise any issues with them at any time and that a resident meeting would be scheduled in the near future.

People had access to a complaints procedure and this was displayed on a notice board within the home and details were also available within the service user guide provided to people when they moved into the home. One complaint had been made recently and the registered manager was in the process of responding to this, so we were unable to establish whether the complainant was satisfied with the response. No previous complaints had been made but the registered manager told us they follow the complaints procedure and respond within set timescales. People we spoke with were aware of how to raise any concerns they may have.

Requires Improvement

Is the service well-led?

Our findings

During the visit we looked at how the registered manager and provider ensured the quality and safety of the service provided. Records showed that the registered provider visited the home and completed a report every couple of months. The report showed that the provider had discussions with people living in the home and staff and requested people to complete quality assurance surveys. It also included observations and plans for on going development of the service. For instance, the report from a visit in March 2016 recorded the provider was looking into installing magnetic door releases.

We viewed completed audits which included a checklist of areas within the home such as MAR charts, complaints, recruitment, maintenance, staff requirements, care practice and menu's. The form included brief comments regarding these areas, such as, "Sufficient staffing levels" and "one care file reviewed." It did not record how it was established that there were sufficient staffing levels or what was reviewed within the care file and whether any actions were required following the review. Medicine audits were observed, but these had not been completed since December 2014. There were no other audits completed within the home.

The systems in place did not identify the issues we highlighted during the inspection, such as those relating to care plans, risk management and environmental concerns such as window restrictors, doors being wedged open and cleanliness of equipment. This meant that systems in place to monitor the quality and safety of the service were not effective.

We looked at processes in place to gather feedback from people and listen to their views. There were staff meetings held to ensure views were gathered from staff and the last meeting had been held in December 2015. Records showed the meeting covered areas such as training and DoLS.

Views were gathered from people living in the home and their relatives through meetings and completion of quality assurance surveys. Records showed that comments had been raised in September 2015 regarding people not having access to a fruit bowl and the records for the next meeting in December 2015, showed that a fruit bowl had been made accessible to people. On the day of inspection however, there was no fruit bowl available. Comments had also been raised regarding the lack of activities and staffing levels and we found that no action had been taken regarding these issues.

This was a breach of Regulation 17 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had notified the CQC of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Breckside Park.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. Two people described the registered manager as, "Approachable" and staff we

spoke with agreed. A staff member also told us that the providers were approachable and they could raise any concerns with them. When asked about how the home was managed, a relative told us, "Great, can't fault them. We can't thank them enough."

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's needs were not met overnight with regards to medicines management. People using the service were not protected from the risks relating to medicines as safe administration practice was not always followed. People using the service were not protected from risks relating to the environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People did not always have accurate records in place regarding there care and treatment needs. Systems in place to monitor the safety and quality of the service were not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Adequate numbers of staff were not employed to provide all support, care and treatment needs for people living in the home.