

Akari Care Limited

Dene Park House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 and 5 October 2016 and the first day was unannounced. This means the provider did not know we were coming. We last inspected Dene Park House in December 2015. At that inspection we were following up on two breaches of regulations which had been found in our previous inspection in February 2015.

Dene Park House is a care home which provides nursing and residential care for older people, including people living with dementia. The home has 50 bedrooms over three separate floors. There were 38 people living in the home at the time of this inspection. The ground and the first floor were both fully occupied and we were informed the top floor had been re-opened a few weeks prior to the inspection following a number of emergency admissions.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to keep people safe from harm. Staff were aware of the different types of abuse people might experience and of their responsibility for recognising and reporting any potential signs of abuse.

Possible risks to the health and safety of people using the service were assessed and appropriate actions were taken to minimise any risks identified.

A new electronic system had recently been introduced for the management of medication. Although staff had been trained in the use of this system and daily reports were available to the registered manager to check people were receiving their medication as prescribed we found these were not always effective.

Staff were provided with the training and support in terms of both supervisions and appraisals required to assist them in performing their roles effectively.

People using the service told us they felt staffing levels were not sufficient. However we found staffing levels were appropriate based on people's dependency levels and expected staffing ratios for the completion of care tasks. Staff felt staffing levels were appropriate and our observations during the inspection were that there were sufficient staff to safely meet people's needs.

Care plans we viewed were evaluated by staff on a regular basis but people and their family members had not been involved in this process. Regular reviews had also not been taking place and formal consent to care and treatment had not been captured. The registered manager had already recognised that people and their relatives had not been provided with the opportunity to be involved in their care planning and we saw

evidence reviews had now started to take place. The registered manager also accepted consent to care and treatment had not been formally captured but gave assurances this would be addressed as part of the on-going work being undertaken to update people's care records.

People were supported to meet their health needs and access external healthcare services and we received positive feedback from an external healthcare professional about the staff team's response to advice and guidance.

Staff were described as kind and caring and we found they were knowledgeable about people's needs and preferences. Staff treated people as individuals and were aware of the importance of respecting people's privacy and dignity.

Systems were in place to obtain feedback from people using the service, their friends and family members and staff. The service had a complaints policy and procedure and information was on display throughout the service informing people how to complain. However records held in relation to complaints were variable and did not always provide details of whether the complaint had been resolved to the complainant's satisfaction. People and relatives we spoke with felt although complaints were accepted these were not always resolved to their satisfaction.

The service had a registered manager in post. People, relatives and staff knew who the registered manager was and told us they felt they were approachable.

The provider had a range of systems in place for monitoring and reviewing the quality of the service, however, we found these were not always fully effective. Record keeping around areas such as complaints and actions taken to resolve areas for improvement was poor.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to complaints and governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. A new electronic medication system had recently been introduced. Records reviewed at the time of the inspection did not document that people had received their medication as prescribed.

Although people raised concerns about staffing levels, particularly on a night, we found these had been calculated based on people's dependency levels and were subject to regular review. At the time of the inspection we concluded that staffing levels were appropriate.

Staff had received training in relation to safeguarding people from abuse and were aware of their responsibilities for recognising and reporting abuse in order to protect people from harm.

Risks to people, staff and visitors were assessed and appropriate measures put in place to keep people safe from harm.

Requires Improvement 

Is the service effective?

The service was not fully effective. Formal consent to care and treatment had not been captured.

People were encouraged to maintain a nutritious diet although the records in relation to people's food and fluid intake were not always fully completed.

Staff were provided with the training and support in terms of supervision and appraisal they required in order to carry out their jobs effectively.

People were supported to access other healthcare services and external healthcare professionals were complimentary about the staff team's response to advice and guidance provided.

Requires Improvement 

Is the service caring?

The service was caring. People and relatives spoke highly of the caring nature of staff.

Good 

People and their relatives had not been involved in their care planning. However people told us they were well cared for.

People's privacy and dignity were respected. Staff were knowledgeable about the people they cared for.

Is the service responsive?

The service was not always responsive.

The system for recording and responding to complaints was not effective. Records were incomplete and did not document whether matters had been resolved to the complainants satisfaction.

People's needs were assessed prior to them joining the service. These needs were then re-evaluated on a regular basis by the staff team but there was no evidence people had been involved in this process.

People were asked for their feedback and encouraged to be involved in the running of the service.

Requires Improvement ●

Is the service well-led?

The service was not well-led in all areas.

Systems were in place to monitor and develop the effectiveness of the service however these were not always effective. Documentation completed following audits was also not consistently completed

The service had a registered manager in post. People, relatives and staff spoke highly of the registered manager.

There was an open culture in the service and people, their relatives and staff were asked for the views and opinions of the service and encouraged to be involved in the running of the home.

Requires Improvement ●

Dene Park House

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 October 2016 and was unannounced. This inspection was undertaken by one adult social care inspector, one pharmacist 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 the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with 12 people who lived in the home and six visitors. We also spoke with 11 staff including the manager, regional manager, a Nurse, a senior carer, three care workers, the activities co-ordinator and three members of ancillary staff. We reviewed a sample of four people's care records, three staff personnel files and other records relating to the management of the service. We also undertook general observations in communal areas and during mealtimes. As part of the inspection we also sought feedback from five external healthcare professionals who worked with the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe. People told us they were able to make everyday choices and staff respected their wishes. People told us they could leave the home if they wanted to and that staff would provide them with support to achieve this; one person told us "I go to the pub with friends and go out with friends." People also told us they were encouraged to do things for themselves while still having support; for example one person told us "I'm encouraged to walk." The majority of the people and relatives we spoke with told us staff responded promptly, although they felt the service could benefit from more staff.

We looked at how the service managed people's medicines and found that records relating to medication were not completed correctly placing people at risk of medication errors. The provider had recently introduced a new system for recording medication administration and medication was supplied by a new pharmacy. This new system had not yet been fully embedded. Staff had been trained in the new system but the manager had not yet completed competency assessments for all staff administering medication.

Medication stocks were not properly recorded when medication was received into the home. This is necessary so accurate records of medication are available and care workers can monitor when further medication would need to be ordered. We also found that some recording errors were due to staff using incorrect codes when medication was not administered. When we checked a sample of medication alongside the medication records, we could not be sure if people were having their medication administered correctly.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We looked at the guidance information kept about medication that care staff and nurses administered 'when required'. Although arrangements for recording this information had been in place before the new medicine system was introduced it was not available on the first day of our visit. The provider had identified this issue and the manager had reintroduced this guidance by the second day. This information is necessary to ensure that staff give people their medication in a safe, consistent and appropriate way.

Two people were prescribed medication administered through a transdermal patch. This meant the medication was applied to their skin and is absorbed over time. A system was in place for recording the site of application; however, this was missing for one person and not fully completed for the other. This is necessary because the application site needs to be rotated to prevent side effects.

We looked at how the manager monitored and checked medication to make sure it was being handled properly and that systems were safe. We found that whilst a daily report was available it had not highlighted the issues we found so that appropriate action could be taken.

Following the inspection the service provided us with detailed information relating to the issues we had identified regarding the administration of medication. This highlighted the majority of issues were as a result of staff recording errors. The service took immediate action in response to this, arranging additional training for all staff, offering one to one support where appropriate and obtaining on-going support from the supplying pharmacy to assist in the embedding of the system. As such we concluded it was the management of the new system which had been ineffective.

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

The provider had a safeguarding policy and procedure in place. These documents provided details of the provider's responsibility for recognising and reporting abuse. Guidance was provided to staff on the different types of abuse and the signs and symptoms people being abused may display. Staff we spoke with told us they had received training in relation to safeguarding people from abuse and were aware of their responsibilities for reporting any concerns or suspicions of abuse.

We reviewed the service's safeguarding records. We found evidence safeguarding incidents were being reported to the local authority safeguarding adults' team as well as other external agencies such as the Police. Internal investigations were also conducted. We found the regional manager reviewed the service's safeguarding records as part of their regular quality monitoring visits. The registered manager also informed us they were in the process of introducing a safeguarding log to provide them with a better oversight of all safeguarding incidents and allow them to analyse these for patterns or trends.

The service had a whistleblowing policy and procedure and information in connection with this was on display throughout the home. Staff we spoke with told us they were aware of the policy and procedure and that if they had any concerns about another member of staff they would report these to the manager.

The service had a business continuity plan which covered the actions to be taken in order to continue the service in the event of an emergency. Plans were in place to respond to emergencies such as fire, evacuation of the building and the failure of essential services. Each person using the service had an emergency evacuation plan, a copy of which was kept in the service's emergency folder located in the dining room on the ground floor. We saw this was updated following new admissions to the service.

General risks to people, staff and visitors were assessed and control measures put in place to minimise identified risks. Care records we reviewed showed potential risks to people using the service were identified as part of the initial assessment of a person's needs. Where a risk was identified we found a corresponding care plan had been introduced to manage the risk.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting and water temperature and quality were undertaken. The service also had contracts in place for the routine maintenance and servicing of equipment to ensure it remained safe to use.

We reviewed the service's staffing levels. We found these were calculated based on people's dependency levels and expected staffing ratios. In the care records we reviewed we saw evidence people's dependency levels were reviewed on a monthly basis. This information was used to inform the monthly staffing risk assessment completed by the registered manager to determine whether staffing levels were appropriate. Staffing levels appeared appropriate based on people's dependency levels and our observations during the inspection. However, people we spoke with felt staffing levels were too low to safely meet their needs, particularly at night. People's comments included; "I think there could be a few more staff" and "There

should be more staff. Sometimes you have to wait if they are busy." One person explained how the staffing levels made them feel vulnerable. We when we asked them if they felt safe they told us; "Generally yes but some of the time no because of staffing."

The majority of staff we spoke with felt staffing levels were appropriate to safely meet people's needs. One staff member did however raise concerns about staffing levels on a night. They told us night staff were not sure who was responsible for the top floor on a night. The registered manager told us staffing levels on a night had been amended following a recent increase in occupancy. One carer was allocated to work on each floor in addition to one senior carer who was based on the ground floor and one Nurse who was based on the first floor. The registered manager told us they would speak to the night Nurses to ensure staff were being given specific instructions about which floor they were responsible for on a night.

Although people we spoke with told us they felt staffing levels were too low, with the exception of one person, they told us staff responded to requests for assistance in a reasonable time. One person said "They're usually pretty good" and another told us "They come as quickly as they can." Visitors we spoke with also felt staff responded promptly to call bells with one telling us "They are there straight away. If they are with someone else you have to wait but not for long." We observed staff responded to call bells promptly during the inspection.

We highlighted people's concerns about staffing levels to the registered manager. The registered manager showed us a copy of the latest staffing risk assessment which showed the service had provided slightly more staffing hours than was required based on people's dependency and expected staffing ratios. The registered manager told us this was usual practice within the home. Following the inspection the registered manager sent us copies of the staffing risk assessments for the previous three months. We saw these highlighted actual staffing levels were always slightly higher than required levels. The registered manager also told us the home had recently accepted a number of emergency placements and had therefore re-opened the top floor. Staffing levels had been reviewed and increased to reflect this increase in occupancy.

We looked at the service's recruitment practices to ensure they were safe. Overall we found these to be appropriate. Potential staff members were asked to provide details of their previous experience, qualifications and full employment history. Two references were sought to verify information provided by applicants. Checks were undertaken with the Disclosure and Barring Service (DBS) to establish whether potential staff members had a criminal record. Applicants were asked to complete a health questionnaire and their right to work in the UK was also verified. The service also had a system in place for checking professional registration where applicable.

Although we found recruitment practices to be safe we found documentation held in staff recruitment files was not always complete. For example, one of the files we reviewed did not contain an application form. The interview record in another file was not fully completed and did not state who had completed the interview. We highlighted this to the registered manager. The registered manager confirmed all staff were required to complete an application form and they would ensure a copy of this was added to the staff member's file. They also advised all staff recruitment files would be reviewed to ensure the appropriate documentation was present and complete.

Is the service effective?

Our findings

People and relatives we spoke with told us staff were skilled to meet their needs. One person told us "It seems every week they (staff) are training" and that they found this reassuring. People and their relatives informed us staff were "Very helpful" and that "They do their best." People told us staff always asked for their permission before providing care and one relative described how staff were discreet when supporting their family member. Although people and their relatives told us they received sufficient food we received mixed comments about the quality of the food. Although one person told us "Better foods are appearing." People told us they were assisted to access external healthcare professionals. One person told us "The GP visits every Thursday but if you are unwell they come out." Relatives we spoke with also confirmed their family members were assisted to access external healthcare professionals; "You just mention it and they get an appointment" and "[Relative] gets looked after – they come in quite often to check on them."

Systems were in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were assessed using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. Where a risk was identified a care plan was implemented in order to manage this risk. We saw evidence where appropriate, people's weight was being monitored on a regular basis and referrals were being made to relevant healthcare professionals, such as GP's and speech and language therapists where there were concerns about people's health.

We spoke with the head chef who confirmed they received a diet notification sheet for each person using the service. We were informed this contained details of the person's likes and dislikes as well as any specific dietary needs. Copies of these were kept in the kitchen for catering staff to refer to. The head chef informed us where there was a change in a person's needs, for example following a visit from the speech and language therapists they were provided with an updated diet notification sheet for the person. The service had a four week menu in place which the head chef informed us was subject to regular review. We received mixed comments from people we spoke with about the quality of the food they received. The service had recently introduced a food forum to obtain feedback from people and their relatives about the food provided. The head chef planned to use feedback from this forum to assist them in refining the menu.

During the inspection we noted people were regularly encouraged to stay hydrated. Food was available for people throughout the day and the head chef told us if people did not want what was on the menu, alternatives were always available to them.

We saw daily charts were available to record people's food and fluid intake where necessary. We viewed a selection of these and found they were not always fully completed. In particular, we found the daily records for a person using the service who received their food, fluids and medicines through a percutaneous endoscopic gastrostomy (P.E.G) feeding tube did not clearly indicate the person's daily intake target or whether these had been met. (P.E.G is for people who are unable to swallow or eat enough and need long term artificial feeding). We highlighted this to the registered manager. The registered manager told us staff had been reminded of the importance of completing this documentation accurately and in a timely manner.

Staff meeting minutes confirmed this to be the case. The registered manager told us they would speak to staff about this again and would remind the Nurses and senior carers of their responsibility for checking these charts and discussing any gaps with staff members immediately. The registered manager also informed us the deputy manager was in the process of introducing improved documentation to record daily intake for people with specific needs such as a P.E.G feeding tube. However, at the time of the inspection, we could not conclude that accurate records were being maintained of people's food and fluid intake.

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

We spoke to the registered manager about the training and support provided to staff. We were informed all new staff received an induction and that where appropriate they were also enrolled to complete the Care Certificate. This is a standardised approach to training for new staff working in health and social care which was introduced in April 2015. Staff then received a rolling programme of training in mandatory areas such as safeguarding and moving and handling. Staff were also supported to undertake additional qualifications and training relevant to their roles. The registered manager told us training had previously been an area for improvement for the service and that extensive work had been undertaken to ensure all staff were up to date in relation to training. We reviewed the staff training records and found overall compliance with training was at 96%. Staff we spoke with confirmed they had received an induction relevant to their role when they first started working for the service. Staff also told us they received training on a regular basis and that this was generally provided on-site by the providers own training staff. We saw training was planned on a regular basis and there was a system in place for identifying and notifying staff when they were required to attend training.

We asked the registered manager about the support provided to staff in terms of supervision and appraisal. We were informed the service was committed to providing staff with an annual appraisal and six supervision sessions per year. The registered manager had a supervision and appraisal planner in place which showed all staff were scheduled to receive the required number of supervisions and appraisal. We cross referenced two staff records against this planner and found supervisions and appraisals had been completed as scheduled. Staff we spoke with told us they received regular supervisions and were complimentary about these. Staff felt these sessions provided them with an opportunity to openly discuss work including any issues they may be facing, any support they required as well as to reflect on their performance.

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

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke to the registered manager about people subject of DoLS. We were informed there were approximately 10 people who were currently subject of DoLS. We reviewed the records the service kept of DoLS applications. We found these were being made to the relevant local authority where deemed appropriate. We saw evidence these were monitored and action taken to update these on an annual basis as required.

The registered manager informed us that as part of the pre-admission assessment either they or the deputy manager would assess a person's mental capacity to consent to care. In some of the records we reviewed we saw where there were concerns about a person's capacity to make a decision a referral had been made to the local authority. We saw evidence capacity assessments and best interests decisions had been made on people's behalf by their social workers or other healthcare professionals. We saw evidence people's family members were involved in this process.

Staff we spoke with were aware of the need to gain people's consent prior to providing care and treatment to them. People and relatives we spoke to told us staff always gained consent before providing them with assistance. One person said staff asked for permission and 'They explain before they do things.' Another person said 'They explain what they are doing, that's no problem.' However, in the care records we reviewed we saw people had not always formally consented to their care and treatment.

People's care records included details of visits from or contact with external healthcare professionals. We saw evidence people were supported to access a full range of healthcare services. Details of treatment or advice from external healthcare professionals were documented. One of the external healthcare professionals we contacted told us the service had worked with them to help a person regain the ability to live independently after they had expressed a wish to do so. We were informed the staff acted upon advice and guidance provided in order to assist and support the person to regain previously lost skills which meant they were subsequently able to return home and live independently.

Is the service caring?

Our findings

People and relatives described staff as caring. Comments about staff included; "They're helpful and good at picking up the signs (i.e. that you need help)," "We enjoy chatting together, we have a nice relationship," "They all take good care of me and are very nice" and "They look after people beautifully and that's what they're supposed to do - they are all good." A relative also told us staff made time to sit with their relative and another relative told us they had a good relationship with staff and were "confident that staff looked after [relative] when they were away." People told us they were happy with the care they received.

During the inspection, we noted a warm, inclusive atmosphere in the home. We observed staff were polite, friendly, patient and caring in their approach to people and their relatives. Staff we spoke with were knowledgeable about the people they cared for and were able to provide information about people's likes and dislikes as well as their life histories. Interactions between staff and people were positive with people and staff chatting to each other in a friendly manner. We observed people were relaxed and at ease in the presence of staff.

People we spoke with told us they were well cared for although they could not recall seeing their care plan or being involved in a review of their care and treatment. People told us if they had any concerns about their care and treatment they would discuss these with a member of staff.

We observed routines in the home were flexible. With the exception of mealtimes, we saw people's relatives were free to visit when they wanted and visitors we spoke with told us they were made to feel welcome. Throughout the day we observed people were offered choice. For example we saw people were asked what they would like to eat and drink. Comments from people and their relatives supported this with one relative telling us "Someone comes in and asks what you (their family member) want each day."

Staff we spoke with were aware of the importance of maintaining people's privacy and dignity and gave examples of how they would do this, for example through covering people and closing the door and curtains when providing personal care. We observed good practice throughout the inspection with staff members knocking on people's doors prior to entering their room. We observed assistance with personal care was provided in the privacy of people's own room. Care records were stored in a locked room on each floor so that only staff had access to these. People and relatives we spoke with told us staff treat people with dignity and respect. For example one person said "Staff don't talk about other residents in front of us" and a relative told us "All the staff speak nicely to [name], they treat them as an adult."

People were provided with a "service user guide" when they joined the service. We reviewed a copy of this and found this provided useful information to people about what they could expect from living at the service. A range of information was also displayed throughout the home for people and their relatives to refer to. This included details of how to make a complaint, posters for events in the service, copies of the monthly newsletter and dates of the various meetings that took place. We did however note that there was no information on display in the home about the weekly programme of activities that were available to people. We highlighted this to the registered manager following the inspection. The registered manager told

us they would ensure copies of the activities programme were displayed for people to refer to.

The service held regular residents and relatives meetings to encourage people and their friends and relatives to be involved in the running of the home. People and relatives we spoke with were aware these meetings took place.

People's care records contained information about their preferences and details of how they would like their care and support to be delivered. This showed important information about how people wanted to be cared for was available so staff could act on this. We also saw evidence people and their families had been consulted about end of life care and treatment, including their wishes in relation to being resuscitated.

Is the service responsive?

Our findings

People told us the service offered a variety of activities to help prevent people from becoming socially isolated. People were positive about the activities programme although one person felt the current arrangements "Were good for women but not so good for men." People and their relatives also told us there hadn't been much opportunity for people to go out into the community on organised trips. Comments included "No trips out since I came here" and "trips out, I've not seen any." However one person said "They are talking about taking us out somewhere. At Christmas we are going to a place for a pantomime." People told us they knew what to do if they had a complaint; "I would find one of the carers and tell them," and "I would go and see the gaffer (manager)." People and their relatives told us they felt able to raise concerns or complaints and were also provided with the opportunity to attend regular residents and relatives meetings where they could provide input into the running of the service. However people also told us they did not always feel action was taken to resolve matters to their satisfaction. With one person saying they could attend "Regular meetings where we can express our view" but adding "It doesn't necessarily change things."

We reviewed the provider's complaints file. We found records were kept of all complaints and concerns raised with the service. However we found the records held in relation to these were variable. For each complaint we saw a form had been completed documenting the nature of the complaint and the action taken by the service in response to the complaint. However, we saw no evidence that acknowledgement or outcome letters had been sent to any of the complainants and for one particular complaint there was no indication whether or not this had been resolved. We highlighted this to the registered manager and the regional manager. The regional manager confirmed this complaint had been forwarded to the previous regional manager but had not been logged and as such there was no evidence this had been resolved.

Information was on display throughout the home informing people of the process for making a complaint. Information was also contained in the 'service user guide' provided to people when they joined the service. People we spoke with were aware of the process for raising a complaint but did not always feel their concerns were acted upon. This supported our findings when reviewing the complaints records. We highlighted people's comments to the registered manager and regional manager. The registered manager told us complaints and concerns were taken seriously and investigated fully, although they accepted at present records held in relation to this needed to be improved. The registered manager also explained how they had introduced a suggestions box and the "you said", "we did" board to provide information to people and their relatives about the action the service had taken in response to people's complaints and comments. However at the time of the inspection we could not conclude that an effective system was in place for recording, handling and responding to complaints.

This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We spoke to the manager about the process for determining whether or not the service was able to meet a person's needs. We were informed either the registered manager or the deputy manager completed a pre-admission assessment in order to determine whether the service could safely meet a person's needs and whether any specific equipment or training was required prior to a person's admission. We saw copies of the

pre-admission assessment were present in the care records we reviewed, although we found not all areas of the assessment had been completed. We highlighted this to the registered manager who informed us the staff member who had completed this documentation no longer worked at the home. The registered manager also told us documentation was being checked as part of the care plan reviews the service was completing. The pre-admission assessment covered areas such as people's personal details, any known allergies, their medical history and a high level overview of the support they required including their ability to make decisions about their care and treatment.

Following a person's admission to the service we saw evidence a full admission assessment was then completed. This included the assessment of risks and the creation of care plans to meet people's individual needs. Care plans provided guidance to staff on people's preferences in relation to their care and treatment and details of any support they required. We saw evidence where there had been a change in a person's needs their care plans were updated to reflect this. For example in one of the records we reviewed we saw after the person became immobile a care plan was introduced in relation to maintaining their skin integrity.

We were informed the senior carers and Nurses were responsible for reviewing and evaluating people's care plans on a monthly basis to ensure they were still appropriate for the person's needs. The care records we reviewed showed evidence this process had been undertaken although there was no indication whether people or their relatives had been involved in this process. We also found six monthly reviews of people's care and treatment had not been taking place.

We saw daily progress records were maintained for each person using the service. Entries included details of any concerns or incidents involving people using the service. Handover documents were also completed at the end of each shift and provided an overview for each person using the service including details of any concerns.

We spoke to the activities co-ordinator about the support provided to people to help them avoid social isolation. We were informed the service had a weekly activities programme in place and saw evidence of this during the inspection. The activities co-ordinator also produced a monthly newsletter which was displayed throughout the service along with posters advertising special events. People we spoke with felt there weren't sufficient activities aimed at men living at the home. This was something the activities co-ordinator and registered manager were already aware of and they informed us of their plans to address this. We were informed these plans included the introduction of a "pie and peas" evening, better use of the service's bar and the introduction of themed nights. We also found people using the service were only provided with limited opportunities to go out into the community. This was something the activities co-ordinator was already aware of. They told us they were in the process of raising funds in order to facilitate trips to places such as Beamish and the seaside for people using the service.

We asked the registered manager about the process for obtaining feedback from people using the service and their relatives. We were informed on at least an annual basis people were asked to provide feedback through the completion of a questionnaire. In addition to this, people and their relatives were invited to attend regular resident and relatives meetings and a suggestion box had been installed near the front entrance for people to provide feedback. Minutes from resident and relatives meetings showed people were asked for their opinions and input in relation to different elements of the service including the menus and activities programme. We reviewed the feedback summary report for questionnaires issued to people, residents and staff in April 2016. Overall the results were largely positive and we saw evidence action had been taken to address those areas where negative comments had been received. For example we saw a newsletter had been introduced to keep people up to date with what was happening in the service and a "you said, we did" board had been introduced to provide information to people about the action taken in

response to complaints and comments about the service. Following the inspection the registered manager provided us with a copy of the summary report for questionnaires issued in September 2016. This showed an improvement on the results from the previous survey with the service receiving positive responses throughout.

Prior to the inspection we were informed Healthwatch were due to complete a visit in order to obtain feedback from people and relatives. We saw information on display in the service in connection with this at the time of the inspection.

Is the service well-led?

Our findings

People and relatives we spoke with felt the home was well managed. Comments included; "I think it's well run" and "The manager and staff are all approachable." People and their relatives knew who the manager was and one visitor told us they felt the home had improved stating; "It's a better run ship. They (the manager) are often on the floor." Another person told us they felt the registered manager was happy to "roll their sleeves up" and another person described the registered manager as "pleasant."

During the inspection we found documentation was not always in place or fully completed. For example in the staff files we reviewed we found one did not contain an application form and in another the interview record had not been fully completed meaning it was not possible to determine who had conducted the interview. Daily charts showing information about people's food and fluid intake, care interventions and regular checks to ensure people's safety were not always fully completed or signed off by the Nurses. We also found complaints records lacked detail and did not always indicate whether complaints had been resolved to the complainant's satisfaction. We highlighted these issues to the registered manager and the regional manager. The registered manager told us they were aware of a number of these issues, for example the fact documentation was not always being fully completed. The registered manager was able to provide evidence of the action they had taken to try and address these issues.

Care files we reviewed showed that although staff evaluated people's care and treatment on a monthly basis, people and their representatives were not involved in this process. We were informed reviews of people's care and treatment should also be taking place on a six monthly basis. We found this had not been happening and as such people had been provided with very little opportunity to be involved in their care and treatment. People had also not been asked to formally consent to their care and treatment. For example in one of the care records we reviewed we saw the client/representative agreement form had not been completed. In another record a relative had signed this agreement form on the person's behalf after decisions had been made in the person's best interests. However, there was no date recorded against the signatures captured on this agreement form. In addition to this we saw where signatures had been obtained these did not always cover all of the care plans in place for the person. As such, it was not clear whether people or their representatives had agreed to their care and treatment.

We highlighted these issues to the registered manager and the regional manager. The registered manager told us they were already aware people had not been provided with the opportunity to be involved in their care and treatment on a regular basis. We were informed this had already identified as an area for improvement and action taken to address this. We saw evidence six monthly reviews had started to take place with people and their relatives. The registered manager informed us these had been scheduled for all people using the service and once complete would then take place on at least a six monthly basis thereafter. We were also informed the service was in the process of reviewing and updating care documentation for all people using the service. As part of this process checks were being completed to ensure people had formally consented to their care and treatment. Records we reviewed also showed the registered manager had reminded all staff of the importance of ensuring care documentation was fully completed and kept up to date.

The provider had recently introduced a new electronic system for recording medication administration. All staff had received training in relation to this system and daily reports were provided to enable the registered manager to check medication was being managed safely and effectively. However we found not all staff were competent in the use of the system and these reports had failed to highlight a number of issues we identified during the inspection. Although the provider took immediate action to address these issues, arranging additional training and support for staff and obtaining weekly assistance from the supplying pharmacy to interrogate the daily reports, at the time of the inspection we could not conclude that medication was being administered safely and checks to ensure this had been ineffective.

The service had a range of systems in place for monitoring the quality of the service. These included the completion of monthly audits in areas such as health and safety, medication, infection control and hand hygiene. In addition to this regular quality monitoring visits were conducted by the regional manager. Reports were produced of the findings of these visits with actions set for the registered manager in relation to any areas for improvement identified. Feedback was also requested from people using the service and the registered manager had introduced daily checks of call bell response times and also aimed to complete a daily audit. We found this involved a general "walk around" check of the service during which the registered manager checked the following; staff levels, infection prevention and control, the general cleanliness of the service, moving and handling procedures, daily charts, medication and access to call bells. We saw evidence that issues or areas for improvement identified during audits were carried forward and action taken to resolve these. However, we found this was not always effective and that records documenting this were incomplete. For example, we found issues we identified during the inspection in relation to people's daily records not being fully completed or signed off by a Nurse had previously been identified and action taken to remind all staff of the importance of completing and checking this documentation. However as we found continued issues with the completion of this documentation during the inspection we concluded the actions taken had not been effective in addressing this issue.

We also found the service did not have a consistent approach for documenting issues and areas for improvement or the action taken to address these. For example we found some of the audits we reviewed contained an action plan. In some cases, for example the fire audit completed on 29 January 2016, we found this had been completed with the issues or areas for improvement identified during the audit. In other cases this action plan had not been completed but areas for improvement or issues had been captured on the home's development plan. Where action plans had been completed there was no evidence these had been updated to reflect actions taken to resolve the issues. As a result it was difficult to determine whether effective action was being taken to address issues or areas for improvement which had been identified.

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

The service had a registered manager in post who was supported in their role by a deputy manager, Nurses, senior carers and an administrator. The registered manager delegated responsibility in some areas to other staff members to assist them in the effective running of the service. For example we saw heads of department were responsible for conducting supervision meetings with staff from their departments. These were then reviewed and approved by the registered manager.

Records we reviewed showed the registered manager held a number of meetings with their staff team. These included senior and nurses meetings, heads of department meetings, flash meetings and all staff meetings. We found minutes were kept of these meetings and made available for staff to refer to. Minutes showed topics covered included areas for improvement, training, supervision and appraisal and feedback on good work. Staff we spoke with confirmed they had the opportunity to attend regular staff meetings. They told us these meetings provided them with an opportunity to openly discuss any concerns they may

have and obtain information about the service. Staff also explained how meetings could be used as an opportunity to discuss any concerns they may have about people using the service. For example if they felt there had been a change in a person's needs.

Staff we spoke with were very positive about the registered manager. They told us the registered manager was approachable and was committed to improving the service. A number of staff told us about the improvements the registered manager had made, for example we were told staff had not previously been provided with the necessary training to enable them to perform their roles effectively. The registered manager had worked to address that through arranging regular training session at the home and reminding staff of the importance of attending this training. Staff also told us the registered manager was very supportive and they felt confident approaching them if ever they had concerns or issues. Staff felt the registered manager took things seriously and dealt with matters promptly.

We found the registered manager had an open door policy. People and relatives we spoke with knew who the manager was and told us they would feel able to approach them if they needed to.

During the inspection we asked to review the provider's accident and incident policy and procedure and associated records. We found accidents or incidents were recorded in the home's accident record book. Records included details of the nature of each accident or incident, including who was involved, whether any injuries had been sustained as well as details of any action taken in response. For example we saw evidence first aid treatment had been administered or observations undertaken. The registered manager analysed these records on a monthly basis to establish whether further action was required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	17(2)(a) Systems or processes had not been established to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity.
Treatment of disease, disorder or injury	17(2)(c) The provider had not ensured accurate, complete and contemporaneous records were held in relation to each person using the service. 17(2)(e) The provider had not ensured feedback had been sought from relevant persons and acted upon.