Prestige Care Limited

Parkville Care Centre

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**

Overall summary

We inspected Parkville Care Centre on 30 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. At the last inspection in May 2015 we found the home did not meet the regulations related to care and welfare and ensuring staff were appropriately trained. The provider sent us an action plan that detailed how they intended to take action to ensure compliance with these two regulations.

Parkville Care Centre is a residential and nursing care home that can accommodate up to 94 people. The service is divided into two buildings and both have two floors. One building supports older people with general care needs. The other building supports older people with dementia care needs, which includes providing nursing care on the top floor of the unit.

The home has not had a registered manager in place since July 2014. 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. Since the registered manager left in July 2014, three managers have been in post with the latest manager coming into post the week we commenced the inspection.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were unclear about the requirements of the Act. We found that there was no information to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finances. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which were needed if people lack capacity to make decisions and these types of restrictions are made.

We found that the senior staff felt the guidance from the supervisory body instructed them to complete DoLS applications for all of the people who used the service, irrespective of whether the person lacked the capacity to make a decision. This was an incorrect interpretation of the MCA and DoLS authorisations can only be made for people who have a mental disorder or impairment of the brain, which has led to them being unable to make decisions about the care and treatment they receive. The registered manager recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

We found that many areas of the building were in need of refurbishment. For instance the shower rooms flooring was coming away from the tiles and the drains were not covered, paintwork was in a poor state of repair; the baths were too low to enable staff to bathe the residents in a safe position; and the environment was not conducive to supporting people living with dementia. Checks of the building and maintenance systems were undertaken to ensure health and safety but these needed to ensure bath thermometers were available and staff checked the bath water prior to bathing every person.

We saw that assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to support plans for people to follow whilst they used the service. We found that staff needed to ensure these were updated and altered as people's needs changed. At times staff were not recording the review of people's needs that they had completed. Staff were able to discuss in-depth the support each person needed and how they worked with people.

Albeit the provider had systems for monitoring and assessing the service due to the number of changes in management over the last few months these had not been effectively implemented. We also found that the performance monitoring tools in place did not capture information about monitoring water temperatures and ensuring care records were accurately maintained.

We visited from the early hours of the morning and spent time with people in each of the units. We found that people required varying levels of support. We saw that staff provided people with support to manage their day-to-day care needs and on the whole staff had taken appropriate steps to ensure people received care and support, which was tailored to their needs.

However, we noted that on one unit the night staff routinely assisted most people to get up before the day staff started work. These people were assisted to have a shower when rising, which meant they could be bathed anywhere from 5 am. None of the care records we reviewed showed any reason why the person would want to do this or what time they preferred to rise. One person told us they got up early because every hour the staff went into their room and this disturbed their sleep. We ensured this matter was dealt with as a safeguarding concern. We also noted that although seven people on this unit were up when we arrived at 5.30 am no one was offered a drink until 6.45 am whereas on the other units very few people were up and all had been offered a number of drinks. We discussed this with the operational director and manager who took appropriate action.

Throughout the day on all the units we observed the care and support people received and saw that they were treated with respect and dignity.

People we met were able to tell us their experiences of the service. They were complementary about the staff and found that home met their needs. People told us that

Summary of findings

they felt the staff had their best interests at heart and if they ever had a problem staff helped them to sort this out. They told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

People told us they were offered plenty to eat and were assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that individual's preference was catered for and people were supported to manage their weight and nutritional needs. We saw that people living at Parkville Care Centre were supported to maintain good health.

We saw there were systems and processes in place to protect people from the risk of harm.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. The deputy manager, a nurse, head of care, three senior care staff and ten care staff were on duty during the day and a nurse, three senior care staff and four staff on duty overnight. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who had diabetes. We found that the staff had the skills and knowledge to provide support to the people who used the service.

We found that all relevant infection control procedures were followed by the staff at the home.

We found the provider was breaching four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to adhering to the requirements of the Mental Capacity Act 2005, assessing the performance of the home, maintenance of the building and the records. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff knew what to look for as signs of potential abuse and how to report any concerns. Staff were able to assess situations and take action to reduce potential risks.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines.

The maintenance of the building needed to be improved.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual's requirements but needed to be more detailed and reviewed on a regular basis.

Staff needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

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

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the care plans remained appropriate.

People, who were able, were involved in a wide range of everyday activities. People were encouraged and supported to develop their skills.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

No registered manager was in post. The provider had appointed a new manager and they had just commenced working in the home.

The provider had taken steps to improve the service provided at the home. The performance monitoring systems had just been implemented but previously systems had not identified the concerns. It was too early to tell if the new system would be effective in the long-term.

We found that the new manager was very conscientious. They were ensuring that action continued to be taken to make the necessary changes.

Parkville Care Centre

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 planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors, a specialist advisor who was an occupational therapist 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. The expert by experience who formed a part of the team specialised in the care of older people.

Before the inspection we reviewed all the information we held about the home and discussed the service with the local commissioners.

The provider was not asked to complete 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.

During the inspection we met and spoke with 16 people who used the service, seven relatives. We also spoke with the operational manager, manager, deputy manager, two nurses, five senior carers, ten care staff, the cook and a domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at 12 people's care records, seven recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the whole of the home.

Requires Improvement

Is the service safe?

Our findings

Throughout the home the paintwork, carpets and décor needed renewal. We heard that there was an expectation that work would be completed to join the two buildings and refurbishment would occur. However it was unclear when this would occur and worked was needed to improve the environment. We found that many of the baths were very low and their height would require staff to kneel down to assist people to bathe. Also we saw on the dementia unit some work had been done to make the environment dementia friendly with a small wall on both units housing a shop front. However this was the only work completed and perspex covering the shop fronts meant people could not actually use the items. No appropriate signage was in place or use of contrasting colours to assist people to independently find their way around. Also on the downstairs unit staff locked off the dining room so only one communal area was available for people.

A risk assessment of the building in terms of ensuring the safety of the staff and others had not been developed.

The operational manager and new manager told us they had identified these issues during a walk around the building the day before our inspection. We heard they were in the process of formulating a refurbishment plan and costings for the provider.

No action had been taken to ensure each bathroom had a working thermometer and that staff routinely monitored the temperature of the bath water prior to immersing a person in it. Although thermostatic valves were in place to regulate the hot water and this were checked each month these can fail. Therefore staff need to check the water every time they go to bathe someone to make sure it is not too hot or conversely too cold.

This was a breach of Regulation 15 (1) (Safety and suitability of the premises), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they liked living at the home. People told us that they found the staff supported them well and they felt safe.

People said, “The night staff are lovely and they keep popping in to check on me and offer cups of tea.” And, “The staff are very nice. They let me get myself into bed then check on me and will offer me a hot drink.” And, “I hope to live here for the rest of my life.” And, “I’m well looked after, the staff are nice.”

People and the staff we spoke with told us that there were enough staff on duty to meet people’s needs. They found the staff worked very hard and were always busy supporting people. The deputy manager, a nurse, head of care, three senior care staff and ten care staff were on duty during the day and a nurse, three senior care staff and four staff on duty overnight. We found information about people’s needs had been used to determine that this number of staff could meet people’s needs. Additional staff such as two activity coordinators, the cook, kitchen assistant, domestic and laundry staff were on duty during the day. During the week days the manager and an administrator were also on duty.

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training and plans were in place for them to complete refresher training on this topic. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies and these had been reviewed.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including accidents and medical emergencies. We found that a qualified first aider was on duty throughout the 24 hour period.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to

Requires Improvement

Is the service safe?

provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment.

We spoke with one of the domestic who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely. The domestic staff completed the deep cleaning and ensured infection control measures were in place.

We reviewed 18 people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had covered areas such as pressure care, falls and going out independently. This ensured staff had the guidance needed to help people to remain safe whilst using the service. Staff we spoke with discussed why measures were in place. For instance, we heard how staff assessed people's mobility to ensure they were keep people safe when using the service.

The seven staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.

We found that information was available in the medicine folder, which informed staff about each person's protocol for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

The staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. We found that there were no records in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. Relatives made decisions for people but the care records did not to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves.

We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which were needed if people lack capacity to make decisions and these types of restrictions are made. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The deputy manager told us that seven DoLS authorisations were in place but they were working with the local authority to ensure that they were obtained for all the people who used the service, including those who went out on their own. DoLS authorisations can only be used if the person has a mental disorder; lacks capacity to make decisions; the choices they wish to make would put them at risk of harm; and they cannot agree to their liberty being restricted. It was unclear why everyone would need a DoLS authorisation as a number of people we spoke with did not have a mental disorder and could make decisions about the care they received. The deputy manager explained that a letter from the local authority had stated authorisations were needed if they used keypads to restrict access and exit from the service. We explained that the MCA requires that staff presume that people have the capacity to make decisions and they can agree to restriction unless an appropriate mental capacity assessment shows otherwise. Where people do not lack capacity a DoLS authorisation cannot be used.

We saw that DNACPR forms (these indicate that staff would not attempt to revive the person if they went into cardiac arrest) were in place for nine people and the form recorded that these people lacked the capacity to make decisions. No capacity assessments had been undertaken and no 'best interest' decisions were recorded for this plan. DNACPR should only be in place when people are at imminent risk of cardiac failure and it is unlikely that they would successfully be revived. Staff were unaware that if people had previously decided that they did not want life preserving treatment this should be recorded on an advanced directive not a DNACPR.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had difficulty communicating, managing behaviours that may challenge and various conditions such as diabetes. We confirmed from our review of records that staff had completed mandatory training such as fire, infection control, first aid, medicines administration, food hygiene and other course such as nutrition and dementia care. We also found that the provider completed regular refresher training for these courses. We found that the staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records were in place to confirm that supervision had taken place. We found that all of the staff had an annual

Requires Improvement

Is the service effective?

appraisal. Staff told us that the new manager had held meetings with them and outlined what they would be doing to make changes to the home. The new manager showed us the minutes from the meeting.

People said, "Not only is the care good but the food is really nice and I get plenty choice. I had a full breakfast of egg, bacon, black pudding and some toast." And, "The food is good and you get plenty." And, "The cakes are always lovely and if you want more you can have more."

When we started the inspection we found that on three units, people who were up had been given cups of tea and jugs of juice were available. We saw staff on these units frequently offer people drinks. On the fourth unit we found that when we first went there was no evidence to show people had been offered a drink and no jugs of juice were available. Staff did say they had given the seven people a drink and a biscuit. We saw staff on this unit offer people a cup of tea at 6.45am. We discussed with the operational manager and manager who undertook to ensure staff were aware of the need to make sure drinks were available. We were contacted by staff to say they made sure people had drinks. However, it was difficult to determine how this would be the case when the two staff on this unit were getting people up and showered from 5am.

We observed the care and support given to people over lunch. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted or dozed off and were not eating.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food looked good. All the people we observed enjoyed eating the food and very little was left on plates.

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that where people had lost weight dieticians were contacted. Two nurses, seven care staff and the cook had completed focus on under-nutrition training, which we heard enabled them to consider a wider range of ways to encourage people to eat.

Good

Is the service caring?

Our findings

All the people we spoke with said they were happy with the care and support provided at the home. People said, "The staff respond quickly to my call bell and if they are busy they tell me they will be back in a couple of minutes." And, "I am very happy in the home and I am treated with respect. The staff are lovely and very caring." And, "I have no concerns as the staff are very kind and will do anything they possibly can for you."

Every member of day staff and the majority of the night staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction they had with people and every aspect of care given. All of the staff spoke with great passion about their desire to deliver high quality support for people. The majority of staff we spoke with were extremely empathetic. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

On one unit the night staff on duty needed to consider the rationale for getting people up early rather than encouraging people to go back to sleep if they woke and needed to think about the impact this would have for the people. We saw that the majority of the seven people who were up by 5.30am were asleep for vast parts of the day. The new manager shared with us plans to ensure more consideration to people by staff working on this unit.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff said,' I always try and make sure we treat people with respect'. And, 'We always make sure people's privacy is maintained when we attend to their personal care." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. Most of the care plans included information about personal choices such as whether someone preferred a shower or bath. The care staff told us that they checked the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

We found that the manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used it. The manager had previously run a specialised service for people, who lived with dementia, which we found had incorporated best practice dementia care guidance. We heard that they were currently looking at how to improve the dementia care units and were aiming to ensure these environments were designed in line with the current best practice guidance.

Requires Improvement

Is the service responsive?

Our findings

When we arrived at 5.30am seven of the 12 people on the downstairs dementia care unit were up and had a shower. Staff said this was because they choose to get up and shower early in the morning and it was recorded in the care records. One person told us that they did not like getting up and showered early. We reviewed the care records and found there was no information to confirm this. In one person's records it did say they would wake early if they had forgotten to have their supper and would be hungry and thirsty. No interventions were recorded around how to manage their hunger or thirst such as taking them a drink and something to eat when they woke.

When we reviewed care records we saw that staff did not incorporate the medical history into the planning and delivery of safe effective care. For instance, one person's pre-admission information recorded they had a wide range of health conditions such as depression and a duodenal ulcer. No information was contained in the care plans about these conditions, what triggers were known, and what interventions staff should complete. Two people lived at the home that had been married and visited each other daily. No information was in either person's care record about the visits or the previous relationship.

We saw that lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the care plans remained appropriate. Generic care plans and assessments were used, which staff filled in but these did not prompt them to write pertinent information. In the care records we saw a document called a 'Priority Index'. We asked a senior carer what the function of document was but they could not explain what its purpose was or how it should be used. We saw numerous blank forms in the care plans, such as fluid and dietary intake/output chart, bowel records, pressure care charts but it was not clear why they were blank and whether they should have been completed. The staff we spoke with could not tell us why these were blank.

We found that staff on the whole had a very good understanding of people's needs and had altered the way they worked but the care records did not reflect the actions they took.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who used the service about the home. People were told us the staff were good and kind; and they felt the staff cared about by them.

People said, "The staff respond quickly to my call bell and if they are busy they tell me they will be back in a couple of minutes." And, "The night staff are lovely and they keep popping in to check on me and offer cups of tea".

People said, "The staff are very nice. They let me get myself into bed then check on me and will offer me a hot drink." And, "Little things are dealt with straight away." And, "The staff respond quickly to my call bell and if they are busy they tell me they will be back in a couple of minutes." And, "When I have been poorly the doctor is called straight away." And, "I am informed quickly if problems arise and my wife is not well."

People confirmed there was a good choice of activities and we saw people take part in the coffee morning. We observed one person who used a wheelchair ask if they could go to the shops and a member of staff immediately volunteered to go with them. We saw that the administrator was extremely accessible and they took time to chat with people who used the service.

People also told us that they were involved in a range of activities both inside and outside the home. We heard that two dogs were brought in every fortnight and people told us they enjoyed this activity. People told us how they went out and about by themselves. One person who used the service told us how they had set up a tuck shop and ran this on a daily basis. We heard that, if people wished they could go to various activities in the local area such as to the theatre, sporting events and sightseeing trips.

People said, "Sometime we have a short talk from someone or listen to music or even talk among ourselves." And, "The activities staff are good and think of interesting things for us to do."

A bingo session was held in the afternoon and 11 residents took part and seemed to enjoy it.

We found that resident and relative meetings were held two monthly and reviewed the minutes from the November meeting. These showed people were asked for their views about a variety of things such as activities and action was

Requires Improvement

Is the service responsive?

taken to incorporate this into the plans. For instance, people had asked to attend Middlesbrough football matches and those who had asked to go went to the next match. We did note that with only two activity coordinators it was difficult for all four units to have activities delivered on each unit each day. The manager told us this was an area they were reviewing and intended to ensure more activities were available on each unit.

The staff we spoke with were knowledgeable about the care and support that people received. We found that the staff met the individual needs and goals of each person. We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had lost weight, the staff had contacted the GP and dieticians who assisted staff to support people to maintain a healthy diet.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. People did tell us that over the last year there had been four changes in manager and this was unsettling but they were confident that the deputy manager and administrator would resolve concerns. We saw that the complaints procedure was written in plain English. We noted that it did suggest that CQC investigated complaints, which is inaccurate so we asked that this was amended. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where formal complaints had been made in the last 12 months these had been thoroughly investigated. The manager had a solid understanding of the procedure.

Requires Improvement

Is the service well-led?

Our findings

The home does not have a registered manager in post. The previous registered manager left in June 2014 and cancelled their registration with CQC in October 2014. Since then a manager was appointed and left in December 2014 but was never registered with CQC, then a manager worked for a couple of weeks in the home and the new manager came into post the week of our inspection. The new manager was in the process of completing the application form to become registered and shared with us their intention to remain at the home for at least the next few years.

It is a condition of the provider's registration to have a registered manager and this is a breach of that condition.

We looked at the systems in place for monitoring the quality of the service. The operational manager and manager told us that this was an area that they felt required improvement but, at the time of the inspection, they had yet to start this work. We found that the current system had not assisted staff to critically review the service. We reviewed the audit system, and found there were gaps in the frequency of completion. We saw that the care records, staff competency checks, risk assessments and maintenance audits had not highlighted the breaches in regulation we found. Therefore staff had not taken action to; for instance, ensure the care records provided all of the pertinent information such as impact of medical conditions. We found that the system was not always effective.

This is a breach of Regulations 10 (Assessing and monitoring the quality of the service provision)

People who used the service were complimentary about the staff and the home. From the information the people shared we gained the impression that they thought the home met their needs. We found that the new operational manager was reflective and in conjunction with the new manager were critically reviewing the service. We saw that they were looking for improvements that they could make to the service.

Staff told us, "The new manager is approachable and has discussed the improvements they intend to make. I feel confident that they can make improvements" And, "We have had a lot of managers recently but the new manager is interested in what we do on this unit."

The operational manager and manager discussed the recent review of the service they had completed. They found that the home needed refurbishing and staff needed to be supported to work as a team across the whole home rather than seeing themselves as two homes. Changes were needed to ensure better use of communal areas in the units for people living with dementia. That these units needed to adhere to best practice guidelines for dementia friendly environments. Also action needed to be taken to make sure all of the staff had the skills and competencies to deliver effective care and support.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **People who use services and others were not protected against the risks associated with unsafe or unsuitable premises.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home.**