

Parkgate Manor

Parkgate Manor

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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Parkgate Manor on the 18 and 24 March 2015. Parkgate Manor provides accommodation and support for up to 40 people. 36 people were living at the service on the day of our inspection. All people are accommodated within one large house. The service provides care and support to people living with a wide range of learning disabilities, for example downs syndrome and a variety of longer term healthcare needs.

We last inspected the service on 25 September 2014 in response to the CQC receiving information of concern

about the safety of people who used the service. We found the provider was not meeting all the regulations we inspected against. People were not protected against risks associated with abuse as the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were not enough qualified, skilled and experienced staff to meet people's assessed needs. The provider submitted an action plan which stated the required improvements would be made by January 2015. At this inspection we found that there

Summary of findings

had been improvements in these areas. The provider had taken steps to liaise with the Local Authority where there had been allegations of abuse. The staffing levels had increased.

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

The provider had not submitted all statutory notifications to the Care Quality Commission, as required. Under the Health and Social Care Act 2008, providers are required by law to submit notifications.

People told us that they felt safe living at Parkgate Manor. However, we identified concerns that could place people at risk. We found that the provider did not have robust systems in place to cover short notice staff absences. The registered manager had some quality assurance processes in place but they were not always effective in identifying short falls within the service. We observed some staff employed poor moving and techniques whilst supporting people. Risk assessments in some people's care plans did not reflect the most up-to-date information staff held about them in relation to their behaviour.

Meal times were not always efficiently run by staff which resulted in people's dignity not being respected.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Some people's clothes and appearance were untidy and uncared for. Staff had not supported people effectively in this area and people's dignity had not been respected.

People who did not wish or were unable to participate in group activities were provided with limited interaction from staff to meet their assessed social needs. However some people told us they enjoyed the activities and looked forward to specific activities or events.

Although people, staff and visitors spoke positively of the management, care staff at busy times were not effectively led by senior staff. This was apparent at meal times.

There were sufficient numbers of staff to care for people. Care staff had completed safeguarding training and knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

Medicines were stored and disposed of correctly. We observed staff administering medicines safely and they made sure people's tablets were taken before signing medicine records.

People's health needs were proactively met. Care plans provided clear guidance on how to manage these risks. There were areas of good practice and a visiting GP was complimentary about the responsiveness of staff when dealing with people health needs.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff underwent induction and told us they felt confident to undertake their role when they began. Staff spoke positively about working at Parkgate Manor, they said they were supported and could approach management with any concerns.

We saw examples where staff engaged with people in a kind and caring way utilising strategies that demonstrated they knew them well.

Friends and relatives were able to visit people whenever they chose and were made welcome by staff. We saw a number of visitors come and go during the inspection and they were greeted warmly by staff.

We found a number of breaches of regulations. You can see what action we told the provider to take 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?

People told us they felt safe living at Parkgate Manor. However, there were not adequate systems in place to effectively cover short notice staff absences.

People were not always supported safely whilst being assisted to move.

Staff were able to identify the correct procedures for raising safeguarding concerns.

Medicines were stored, administered and disposed of correctly.

There were sufficient numbers of staff to keep people safe.

Requires Improvement



Is the service effective?

The service was not consistently effective. People's dignity was not promoted at meal times.

Staff had an understanding of the Mental Capacity Act 2005. The registered manager had fulfilled their obligation in assessment using the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005.

People could see, when needed, health and social care professionals. The registered manager had established good links with the local healthcare centre.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Requires Improvement



Is the service caring?

The service was not consistently caring. People were positive about the care they received, but this was not supported by some of our observations.

Some people's dignity was not respected in relation to their appearance.

Staff were seen to be kind and caring and knew people well.

Requires Improvement



Is the service responsive?

Some aspects of the service were not responsive. Some people told us they enjoyed the activities at Parkgate Manor however we saw some people living at the home were not having their assessed social needs met.

People were not effectively consulted to collect their views and opinions.

Care plans were clear, written in a person specific way and evidenced regular review.

People's families were consulted to establish their views on the home.

There was a system to receive and handle complaints or concerns.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

Statutory notifications had not always submitted to the Care Quality Commission.

Care staff were not effectively led and directed whilst supporting people.

There were some systems to assess the quality of the service provided however some were not effective and not all areas had been considered.

People spoke positively about the management and staff told us they were well supported.

Requires Improvement



Parkgate Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected the service on the 18 and 24 March 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of learning disability residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. We looked in detail at care plans and examined

records which related to the running of the service. We looked at eight care plans and four staff files, all staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Parkgate Manor. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at areas of the home including people's bedrooms, bathrooms, lounges and dining areas. During our inspection we spoke with 15 people who live at Parkgate Manor, three visitors, eight care staff, a visiting GP, the registered manager and the provider.

Prior to our Inspection we reviewed the information we held about the service and spoke with Commissioners. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker and a community practice nurse. We spoke with Commissioners of care to We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

Our inspection in September 2014 found people who used the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We also found there were not enough qualified, skilled and experienced staff to meet people's assessed needs. At this inspection we found there had been improvements in these areas. People told us they felt safe and they were well looked after. One person told us, "Oh yes, I know I am safe here." Another said, "Things are fine, I feel safe." However despite people's positive comments, during this inspection we identified some new areas of concern.

Since our last inspection the number of care staff working on day shifts had increased. Recent staff rotas confirmed this. Staff told us that this had been helpful. One said, "Having more staff on duty at busy times has been a good thing." Another said, "Things are better now when more staff are on duty." People and staff said that they felt the home was sufficiently staffed. However on the first day of our inspection one staff member was not available for work. A senior member of staff told us that they were unable to source a replacement staff member at short notice from the list of 'bank' staff. The provider did not have alternative arrangements at their disposal to cover this shift. Following a recent incident senior staff had made the decision that one person required 'one to one' support from a staff member. This meant that one staff member was required to remain with this person and was not able to freely move around the home to assist with other duties. There was a new member of staff on duty, they were working under supervision and were not able to work independently for some tasks. These combined factors resulted in people's needs not being met on the first day of our inspection. For example, we observed people being left without staff interaction for extended periods of time. We spoke to the registered manager about these issues on the second day of our inspection and they confirmed that a care co-ordinator would normally 'go on the floor' to assist care staff however on the first day of our inspection they were unable to do this as they were 'standing in' for the registered manager and undertaking administrative duties. Staff said this was not an issue that occurred frequently as the care co-ordinator would usually be able to assist. The registered manager demonstrated that they were in the

process of engaging the services of an agency that would be able to supply staff at short notice. The provider had failed to ensure there were contingency measures in place to manage unforeseen staffing issues. This is an area that requires improvement.

We observed some poor moving and handling practices during our inspection. One staff member was providing support to a person whilst they were transferring from their dining chair to their wheelchair. The staff member did not put the brake on the wheel chair and assisted the person from the side which meant they did not have full control. This put both the staff member and the person at risk from injury. On the second day of our inspection we saw two staff use poor practice whilst using a transfer belt to assist a person to stand. The transfer belt had not been correctly positioned before staff began their support and the belt slipped up the person's body. The person was not placed at risk of injury but was surprised by the slip. Training records confirmed that all care staff had undertaken moving and handling training and we saw other staff using correct techniques to support people. This is an area that requires improvement.

Risk assessments for people's health and the environment had been undertaken on admission and were reviewed regularly. Each person's care plan had a number of risk assessments completed which were specific to their assessed needs, for example mobility and behavioural risk assessment. However, we found an example where a person's risk assessments did not reflect the most up-to-date information on them. For example, we identified a person who had recently been involved in a physical altercation and demonstrated behaviour that could challenge. They did not have current information within their risk assessment that would guide staff on how best to manage their behaviour if they became physically aggressive. We discussed these concerns with the registered manager who agreed that this was an area that required improvement.

Our inspection in September 2014 identified that the provider was not making safeguarding referrals to the Local Authority safeguarding team. This meant that there was no involvement or oversight of incidents from external agencies. We saw that the provider was now in regular contact with the Local Authority safeguarding team and referrals had been made when there were concerns related to people's welfare. There was evidence that the registered

Is the service safe?

manager was working collaboratively with several external agencies to improve people's care. This was confirmed to us by the Local Authority. Care staff demonstrated a good understanding of safeguarding policies and procedures. Staff identified what they would do and the external agencies they would contact if they suspected abuse was occurring. One told us, "I have never seen any abuse but I am up-to-date with my safeguarding training and know how to raise any concerns."

The provider had appropriate arrangements in place for the safe management of medicines. One person told us, "I have my pills when I need them; they always make sure I have them." There were records of medicines received, disposed of, and administered. Senior care staff administered all medicines. All medicines were stored safely within a locked room. A clinical fridge was available to store items that

required refrigeration. Temperature checks were regularly recorded ensuring the fridge was working within safe levels. People's medicine administration records (MAR) showed people received medicines they were prescribed. We observed the administration of the morning medicines and saw that staff administered medicines safely. Staff ensured that the person took their medicines before signing the MAR chart.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People told us they were happy with the care they received. One person told us, “They look after me, I see the doctor if I am not feeling well.” A relative told us, “They do their best when looking after our son”. However we found areas where care was not effective.

We received mixed comments from people regarding food and mealtimes. Some people told us they enjoyed the food at Parkgate Manor, one said, “Very nice food, I look forward to mealtimes.” However we received less positive comments from some people. One told us that food was ‘not hot enough’. We observed four separate meal services during our inspection. The main meal of the day was lunchtime. People had a choice between two meals. For example corn beef hash and sausages, beans and mash potato. Most people ate in the dining room or the sun lounge however some people chose to eat in their rooms. Most people ate independently. We saw that plate guards were used by some people to assist them. One staff member said, “Lunch time is the busiest time of day”. There were enough staff on duty however staff were not effectively deployed to enable them to appropriately support people. Some people sat at tables waiting for their meal for up to twenty minutes whilst others at the same table had finished their meals. No member of staff appeared to be leading or coordinating the meal service. People’s dignity was not promoted during the lunch service, for example one member of staff was assisting a person to eat whilst they were standing. There were not enough dining chairs for staff to sit and some staff brought in foot stools from the lounge to use. We spoke to the registered manager in detail regarding meal services and they told us that they were looking into ways they could ensure meal times ‘flowed better’ such as introducing staggered meal times.

The issues related to people’s experience at meal times were a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, people were provided with enough to eat and drink. People were offered breakfast, lunch and a light supper. We saw that people requested and were provided snacks at various times. Staff offered people a selection of

drinks from a trolley mid-morning and mid-afternoon. Visitors we spoke with said that people seemed to get enough to eat. We saw people being offered more food at meal times if requested.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had made referrals for three people that required DoLS with the appropriate managing authorities. The doors to the homes grounds and garden were locked and people who had been assessed as having capacity to go out into the grounds unaccompanied either had a key or asked staff to go outside.

Staff demonstrated they understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. For example, one person liked to smoke cigarettes which went against their documented medical advice. A staff member said, “This is not in their best interest but they have capacity for this issue.” There was evidence that people had mental capacity assessment when appropriate and these had been reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and, where appointed, enduring power of attorneys consulted. During the inspection we heard staff ask people for their consent and agreement to support. The majority of care staff had underdone recent MCA and DoLS training. One staff member said, “The training was useful, made me think about how I do things.”

There was a formal induction programme in place when new staff started work at Parkgate Manor. This included orientation around the routines of the home, policies and procedures and mandatory training. Staff spent time shadowing more experienced staff before they worked independently. Staff told us their induction provided them with the knowledge and skills to look after people. One told us, “I had three days getting to know how things worked before I started shadowing another staff member.” They said they felt supported by the registered manager and colleagues and could always approach them for advice.

Staff told us they received ongoing training and updates. One said, “We’re always having training of some sort, the

Is the service effective?

care coordinators flag up when we are nearly overdue". Training included a mix of mandatory training such as fire and moving and handling. Training records identified that some training and updates were tailored to provide staff with the skills and knowledge to meet specific needs. For example, managing behaviour that challenges and dementia. One staff member told us, "I feel more confident writing up my notes after some recent training on communication."

There was an ongoing programme of supervision and staff confirmed they received this regularly. Records indicated that supervision included discussions on areas such as work performance, training needs and future targets. Staff told us that they felt well supported by senior staff and that they would approach the registered manager if they had any concerns.

Staff supported people to maintain good health and access healthcare services. People had 'health plan' agreements within their care plans which provided clear guidance. Care

records identified that regular routine appointments were scheduled with a range of health care professionals such as opticians, dentists and podiatrist. The registered manager told us all people were registered with one local GP practice. We spoke with a visiting GP on the day of our inspection. They told us, "There is good communication between the GP practice and the home, issues are picked up early and staff are proactive." They added, "They chase up on results and strike the balance well about judging when to involve us." One staff member told us, "If we notice something isn't quite right with someone the care coordinators will contact the doctor." Keyworker meeting minutes between care staff and care coordinators identified that people's changing health needs were discussed and actions were taken as a result. For example, a person had stated their 'tummy felt strange after meals' this was picked up and referred to their GP. One staff member said, "keyworker meetings are a good way to review all aspects of how someone is getting on."

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, “Everyone is very nice here.” And, “Staff are good; I’m happy and looked after.” Another person said staff were, “friendly.” One relative told us they had “No criticism of staff at all.” However, we found that people were not always treated with respect and dignity.

People’s dignity was not promoted through their appearance. We saw various examples that demonstrated care and attention had not been provided to people in this area. For example, some people had trousers on which were too long for them. Some people’s clothes had marks from previous meals, people’s clothes were ruffled and not ironed and some people looked unkempt. One person had their name written on their shoes so as to identify who they belonged to. This did not promote their dignity.

There were people whose continence needs had not been met pro-actively and there were odours apparent from specific people. We identified to staff that one person looked like they needed assistance with their continence. Their care plan stated that they required prompting to keep clean but staff had not done this until it was identified by an Inspector.

During the lunch meal service the kitchen staff bringing out people’s meals did not make eye contact or identify to people what meal choice they had in front of them. At both lunch services we saw one person taking food out a container that held people’s discarded food. Staff did not discretely intervene to prevent the person eating leftovers or to check if they wanted more food from the kitchen. This did not respect the individual’s dignity.

The above were a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we also saw examples where staff engaged with people in a kind and caring way. It was evident that care staff knew people well and treated them as individuals. Staff spoke to people with kindness and patience; they were able to tell us about people’s personal histories, care needs, likes, dislikes, individual choices and preferences. For example a member of staff told us one person, “likes their TV and films and having their hair done, they show affection by putting out a hand.” The home operated a ‘keyworker’ system. This is where care staff spent additional time with a person and identified if clothes or personal items needed replenishing. People were able to choose who their keyworker was. One person said, “I have picked my keyworker as I work best with them.” A staff member explained how communication improved by spending time with people and getting to know them. They said, “When you spend time with them you see how they respond, you pick up on what they like and how things are done best.”

We observed screens were available and used appropriately to ensure people had privacy if they were feeling unwell and were supported by staff. One person was unwell on the day of our inspection and staff ensured this person’s privacy and dignity was respected whilst they were being assessed by paramedics.

Some people had chosen to have a key to their rooms. One person said, “I can get up and go to bed when I like”. Staff explained how they supported people to make their preferences known. “We give people choice and preferences. For example what time they go to bed and what to wear”. We noted that people’s rooms were personalised with items of furniture, pictures and ornaments of their choosing. One person told us, “Football is great and I like the way my room looks.” Some people chose to eat some of their meals in their rooms. One staff member said, “Any choices made should be accommodated.” Two relatives said they were made welcome when they visited and were free to come when they chose.

Is the service responsive?

Our findings

Care plans showed that family and person involvement had been sought where possible, and care plans contained detailed life histories. We saw that personal preferences had been recorded on admission to the home and set out people's preferences for daily living. One person told us, "Oh yes, I know that I have a big folder all about me and I talk about different things when it is out." Despite this the service was found not to be always responsive to people's needs.

A member of staff had their role divided. During busier periods of the day such as meal times they undertook carer responsibilities however at other times they were the home's activities coordinator. This was a newly created role which was implemented following our previous inspection in September 2014. They kept a record of each person's involvement in activities within the home. We observed them undertaking their activity coordinator duties. They moved around the home engaging with small groups or individuals. People who were independently mobile enjoyed the stimulation and interaction. Later in the afternoon the activity coordinator led a larger group in an arts and craft session in the dining room. However there were parts of the day where some people were isolated and lacked interaction with staff. For example one person's care plan stated that they responded well to one to one staff interaction. We saw they sat on their own for over 80 minutes with no interaction from staff. There were times when we saw that people were isolated and staff interaction was minimal due to other tasks being undertaken. People who presented behaviour that challenged were seen to be given more attention by staff. Activities were not as yet meeting people's individual needs. Whilst we saw that there were some group activities provided there was a need to provide more stimulation and individual activities for some people. This was an area that requires improvement.

However, for people who wished and were able to take part in group activities there were a range of activities to participate in. Parkgate Manor has a separate building within the grounds where some activities took place. On the second day of our inspection seven people attend an arts and crafts session. On their return from this session

one person said, "I enjoyed that, it was good." The activities calendar identified there were planned activities scheduled at regular slots weekly and monthly for example a guitarist performed and 'pat dog' visited. People told us about the activities they enjoyed and looked forward to. One told us, "I like the dancing." Another said, "I like the cooking." There was a 'tuck shop' which was opened at the weekend and also when people requested and was popular. People were involved in some aspects of the day to day running of the home such as helping lay tables and administrative tasks. People spoke fondly about significant annual events in the year such as Christmas and fireworks night. There were photographs displayed on walls showing people enjoying some of these larger organised events.

Residents meetings were held at regular intervals and meeting minutes identified they were well attended, however the minutes reviewed demonstrated they were used as an opportunity for staff to communicate key messages regarding the running of the home as opposed to providing or encouraging people to raise issues or ideas. One person said, "I don't really enjoy the meetings, not much is talked about." Another said, "If I am not happy I talk to staff."

Parkgate Manor undertook an annual satisfaction survey with people's family members. The most recent survey had been undertaken in January 2015 and 21 out of 36 forms had been returned at the time of our inspection. The feedback was seen to be all positive and there were no suggestions identified for the home as to how or where they could improve.

There was a complaints policy in place; there were accessible versions on display in various locations within the home. The policy detailed how the service would deal with complaints. This included response times. It provided details of external agencies that people could complain to. The registered manager kept a complaints log. A clear record was kept of each complaint. The home had recorded the investigation into the complaints and identified any contributory factors. Records identified complainants had been responded to in good time. At the time of our inspection there were no current complaints in progress. People told us they would speak to staff if they were not happy about any issues.

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager and commented that they would be happy to speak to them about any concerns. Despite people's positive comments we found the provider was not consistently notifying the Care Quality Commission of incidents where injury, harm or abuse had occurred to people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us about. We identified incidents which had not been notified to us. The provider was submitting some notifications to the CQC however was not doing this consistently. They acknowledged to submit notification following future incidents.

This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009).

Issues identified through the inspection indicated that there were not clear lines of accountability amongst care staff. Staff knew who their direct manager was but effective leadership was not evident whilst care staff were on shift; this resulted in care staffs approach to their duties being reactive. Care staff were directly responsible to senior care staff on shift but there was a lack of direction from senior staff at key times during the inspection. For example, when senior staff were administering medicines at lunch time there was no allocated staff member to lead or direct staff. This impacted on the effectiveness of care staff. We also saw two care staff writing up their daily care notes whilst another had their lunch. This meant that there were reduced numbers of staff available to support and interact with people.

We identified there were some quality assurance processes in place for example audits related to medicines and cleaning of the home. However there were a number of areas that had not been considered or not were not working effectively. For example audits related to meal times and care plans. There were clear reporting systems in place for the recording of accidents and incidents. These reports contained detailed information on what had occurred and the actions taken. However, there was no

clear evidence to indicate there was learning from these events. The audit process provided the registered manager with a list of events but no tool to review or analyse patterns or trends.

The registered manager had a system to check health and safety within the premises. Areas identified as requiring attention were recorded and logged in the maintenance schedule; however there was not a robust process in place to ensure issues that had been identified as requiring attention had been actioned. For example a bathroom had been highlighted as requiring a replacement window several months previously however there was no way to determine when and who would undertake the repairs. The registered manager informed us that this would have previously been picked up during ancillary staff team meetings but these meetings had stopped.

These issues are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had aims and objectives for the service; these were supported by more easily accessible statements for people which were displayed around the home. For example, 'I have the right to be treated with kindness and respect' and 'the right to be listened to when I have a concern or problem.' All staff stated that there was a 'homely feel' to the service. One said, "I look forward to coming in to work, it feels like my second home." Another said, "This is the residents home and we support them to live here." However we found that the culture of the service did not always correlate with these statements. For example documentation did not always demonstrate that people were regarded with dignity and respect. Within one care plan we saw that a person who presented behaviour that could challenge stated, 'They can become rude and aggressive.' Within the minutes of a recent residents meeting it stated 'residents not to loiter and hover in the corridors'. We discussed these observations with the registered manager who stated that the language within the documentation did not accurately reflect the culture within the service. This is an area that requires improvement.

Staff meetings were held approximately five times a year. Staff told us these were an opportunity to discuss issues relating to individuals as well as general working practices,

Is the service well-led?

policies and training requirements. We saw minutes from the previous two staff meetings which verified this. One staff member told us, “The meetings are very useful but we don’t have them that often.” The registered manager told us that staff meetings for both care and ancillary staff will now be held more regularly. We saw a list of published

dates for upcoming meetings. Staff told us they felt listened to and they were able to easily access senior staff if they wanted to raise any issues or concerns. One staff member said, “I feel well supported and our managers are all approachable.”

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had not fulfilled their statutory obligations to the CQC with regard to notifications.

Regulation 18 (2)b(ii) 2e

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Suitable arrangements were not in place to maintain the dignity and independence of people. Regulation 10(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

There was not an effective system in place to assess and monitor the quality of service. Regulation 17(1)(2)(a)(b)