

Mr & Mrs K Banks

Park Grove

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 23 October 2018 and was unannounced.

Park Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Park Grove is registered to provide accommodation for up to 32 people who require nursing or personal care. All accommodation at the service is provided on a single room basis, although there is one double room available for a couple or anyone who wishes to share. Facilities at the service include several communal lounge areas, a dining room and safe accessible garden areas. There were 25 people who lived at the service at the time of the inspection.

There was a new manager who had applied to become a registered manager. The previous registered manager de-registered in September 2018 after terminating their employment at Park Grove in August 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found shortfalls in relation to environment safety, seeking consent, staff training and supervision and arrangements for checking the quality of the care. These were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to: safe care and treatment, need for consent, staffing and good governance. We also found one breach of the Care Quality Commission (Registration) Regulations 2009, in relation to notification of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

Our last inspection of Park Grove was carried out 06 January 2016. At that time, we rated the service as overall 'good' with the responsive domain being 'requires improvement'. There were no breaches of the regulations at that time. At this inspection the rating had deteriorated to overall 'requires improvement'.

We found that the service had procedures in place for protecting people from abuse, neglect and discrimination. However, we also found that staff had not received training in safeguarding adults that was in line with the local safeguarding authority alert processes. This meant that the provider had not made sure staff understood how make a safeguarding alert and kept them up to date with changing legislation and best practice principles.

The provider followed safe recruitment processes to ensure that new staff were of good character before employed.

We looked at accident and incident records and found that people were not always safeguarded following an unwitnessed fall. The manager showed us a new system they were introducing for identification, review and monitoring of accidents and incidents.

We found that people who lived at the service were accurately risk assessed and care plans had been formulated to show how people would be protected against identified risk. The service was adequately staffed and people told us that they felt safe and well supported.

We looked at the environmental risk assessments and maintenance records and found a clear audit trail had not been sustained. We discussed this with the provider who told us that improved record keeping would be immediately introduced. We saw that the environment was safe and clean. We checked how the provider protected people from the risk of exposure to fire and how they planned contingency strategies in the event of an emergency evacuation. Our checks showed that the provider did not have robust planning in place for emergency evacuation and some routine fire prevention checks had not been recorded.

We found that people received their medicines in a safe and proper way. We identified shortfalls in relation to medicine storage temperature record keeping, this meant that medicines might not have been stored at a safe temperature and this could cause a change in the effectiveness of the medicines. We found good examples of record keeping in relation to the administration of medicines, however we discussed with the provider the need for improving information around 'as and when required' medicines and topical medicines.

People who lived at the service told us they were supported by skilled and experienced staff. We looked at staff training records and found shortfalls in mandatory training. This meant the provider had not ensured staff were trained and competent to provide safe and correct care for people who lived at the service.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider had failed to train staff in relation to the MCA, 2005. Care records did not demonstrate assessment of a person's capacity, consent to care and treatment and appropriate DoLS standards.

We found that people were encouraged to maintain their independence and given choice and control of their lives. People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. We found some examples of good practice throughout the six care files we looked at. People had been referred to external health care professionals and their advice was recorded and followed by staff.

We received positive feedback about the standard of meals and snacks provided and saw people enjoy their meals during the inspection. The service assessed people in relation to the risk of malnutrition and other nutritional risks.

People who lived at the service expressed positive feedback about the care and attention they received. We observed staff interact with people in a kind and compassionate way. People received personal care in a dignified manner and external health care professionals told us Park Grove is a desired location for short and long term care placement.

From our observations it was clear that people who lived at the service had formed trusted relationships with staff and senior management. We saw people actively engaged in recreational activities and group

activities were planned daily. People who lived at Park Grove were encouraged to maintain an independent lifestyle and we saw people had formed meaningful friendships.

We found the service supported people to express their views and be actively involved in service provision, however due to the recent instability in management oversight, people who lived at the service and their representatives, had not been invited to attend regular meetings. We also found gaps in staff meetings. We found a lack of consistency in management oversight and this had impacted negatively on the staff team causing staff to feel unsupported. The new manager had formed positive relationships with staff and people that lived at the service. They showed us how they intended to move the service forward. Staff and people who lived at the service told us that the owners were approachable and regularly accessible.

We found the service did not demonstrate how it continually assessed outcomes for people. We discussed this with the provider and new manager and we were assured that action would be taken.

We found that the provider did not always inform us of incidents that are notifiable.

We reviewed how the service continually learnt, improved and developed. Whilst gaps were found in record keeping throughout the last 12 months, we however found an improvement since the new manager had started. We looked at examples of lessons learnt, and action taken and found a good standard of evidence to show how improvements would be made.

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 consistently safe.

Medicines management was not always person centred and systems for managing medicines were not always safe.

Processes were not always in place to help maintain a safe environment for people who lived at the service, staff and visitors.

The service protected people from abuse, neglect and discrimination, however staff did not always understand what constituted a safeguarding alert.

Staff recruitment procedures protected people who lived at the service.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs.

Risks to people's individual safety and well-being were assessed and managed.

People were protected by the prevention and control of infection.

Requires Improvement ●

Is the service effective?

People's consent to care and treatment was not always sought in line with legislation and guidance including seeking consent.

The service did not fully ensure that staff had the skills, knowledge and experience to deliver effective care and support.

People's needs and choices were assessed and their care and support delivered to achieve effective outcomes.

People had access to healthcare services and were supported to eat and drink enough to maintain a balanced diet.

The service did not fully ensure that people's needs who lived with cognitive or visual impairment had been met by the

Requires Improvement ●

adaptation and design of premises.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and that they were given emotional support when needed.

Improvements were required to demonstrate how people were supported to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

The service empowered and enabled people to be independent. People's privacy was respected and promoted.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People were supported to engage in activities within the local community and pursue their hobbies and interests.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Information was not always provided in an accessible manner to people with sensory impairment.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Policies for quality assurance were in place however they were not always effective to monitor the quality of the care provided.

Management arrangements had not always been consistent and this meant shortfalls were not always identified.

There was a new manager who had started to implement required improvements however this was at an early stage.

The service worked in partnership with other agencies. People who lived at the service, their representatives and staff were consulted on their experiences and involved in future plans.

Park Grove

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

This inspection took place on 23 October 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return. This is the information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we obtained the views of contract monitoring teams and the local health and social care commissioners. We also reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived at the service. We carried out observations in the communal areas of the service and visited people in their bedrooms.

We carried out a pathway tracking exercise. This involved us examining the care records of people who lived at the service closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for three people who lived at the service. We also looked at a further three peoples' care records in relation to personal risk assessment and consent.

We spoke with nine people who lived at the service. We received feedback from five external professionals and reviewed the audit undertaken by Lancashire County Council contracts monitoring team in March 2018.

We also spoke with the registered providers', the manager, two senior health care assistants, two health care assistants and the chef.

We looked at a sample of records including three staff files, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records. We also reviewed medicine records, maintenance records and certificates, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

We looked at the environment and examined maintenance records and service certificates to check how the provider maintained a safe environment for people who lived at the service, visitors and staff. We found that the service was clean and well maintained, however the recording of maintenance checks was not robust. We discussed record keeping with the provider in relation to routine safety checks and the provider told us that improvements would be made.

We found that the provider did not always ensure fire safety checks were undertaken as identified in their fire policy and procedure. For example, weekly fire alarm testing had not been undertaken between March 2018 and August 2018, weekly checks had improved however a fire drill had not been recorded since November 2014. The provider told us that drills had been done, however a recording had not been made. We also asked to see bedrail safety checks, the provider told us that these were not recorded. We saw that bedrails were integral and bumpers were in place. The provider told us that they would look into who was responsible for checking bedrails because these had been provided by the NHS. We could not be assured that essential safety checks had been undertaken.

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

We checked the providers fire risk assessment and found this was undertaken by an external company in February 2018 and showed no action was required. We asked to see the emergency contingency plan, however the provider was not able to locate it. The provider assured us that an emergency contingency plan would be drafted immediately. We received confirmation from the provider after the inspection that this had been done.

We spoke with people who lived at the service and asked them if they felt safe and they told us, "Yes I feel safe, I share a bedroom with my wife", "I am very safe here and the staff are lovely", "I feel very safe day and night" and, "I feel safe here, staff are kind and caring."

We reviewed how people were protected from abuse, neglect and discrimination. We found that the service had procedures in place for alerting the local authority in relation to a safeguarding concern. People who lived and the service, visitors and staff had access to contact details for the local safeguarding authority, however we found that two staff members we spoke with did not know how to raise a safeguarding alert with the local authority.

Training records showed that staff had not undertaken local authority safeguarding training, 18 staff had completed a training work-booklet for safeguarding adults however, records showed that the booklets had not been marked or certificated. This meant that we could not be assured that staff had achieved the right competences in this area. We looked at people's care records and found that unwitnessed falls were not always reported in line with the providers safeguarding procedure. For example, one person had experienced five unwitnessed falls since March 2018. These were not reported to the local safeguarding

authority. The new manager explained how they had vast work experience in safeguarding adults and had started to implement standard operating procedures for all aspects of care and support provided, we were reassured about plans for future management and oversight at the service.

We looked at how risks to people's individual safety and well-being were assessed and managed. We found that people who lived at the service were accurately risk assessed and identified risk was care planned in a person-centred way. Risk assessments were undertaken for all aspects of people's care and support, for example: nutrition, skin integrity, bedrail safety, continence and mobility. We looked at a person's care file who had experienced a high number of falls, their risk assessment and care plan showed what measures had been taken to reduce the risk of injury and this included referral to the falls prevention team and a falls sensor. Another person had recently been admitted to Park Grove, their needs and preferences had been assessed before admission. Following their admission, a thorough assessment was undertaken and a plan of care was written to show what level of support they needed.

The new manager had implemented a document to monitor accidents and incidents. However, we found gaps in record keeping in relation to analysis of accidents and incidents. We were reassured by the manager that shortfalls had been identified and action had been taken to make the required improvements.

We looked at the way people were supported with the proper and safe use of medicines. We found that medicines were stored in a secure room and the service had robust systems in place for ordering, storing and disposing of medicines. However, we found that some medicines were stored in a locked trolley in the dining room and room temperatures had not been recorded. This meant that the provider did not ensure that medicines were always stored at a safe temperature and this could affect the medicine's potency and its therapeutic benefit.

We looked at medicine administration records and found a good standard of recording for routine medicines. A good standard of information was available for the administration of topical medicines and documents were held in people's bedrooms to direct care staff when providing personal hygiene support about how to apply the topical treatment. However, the recording of topical medicine applications were not always undertaken in an accountable way, senior care staff signed administration records when they were not the person to administer the treatment.

We looked at the information available for 'as and when required medicines' (PRN) and found a lack of detail for people who were not always able to reliably communicate. For example, one person was prescribed a night time sedative on 'as when required' basis, however there was no further information to inform staff when this might be required. Another person was prescribed PRN pain relief, again there was no information to guide staff around looking for signs of pain or if the person could reliably inform them that they were in pain. This meant people could not be assured they would receive their medicines when they required them.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. There was a dependency tool that the management team used to determine staffing numbers. We observed staff provide timely responses when people asked for support during the inspection and people who lived at the service told us, "There is enough staff", "I think there is enough staff" and "Yes there is always enough staff."

We asked staff if they felt staffing levels enabled them to provide safe care, staff told us, "We always have enough staff to meet people's needs" and "Staffing levels are good we work as a team."

People were protected against the risk of infection. Park Grove had a policy and procedure in place for the prevention and control of infectious disease and the manager had recently reviewed the policy and implemented a standard operating procedure which staff had read. We observed staff undertake safe infection prevention regimes and staff told us that they had access to protective clothing. The service was clean and cleaning records were completed daily by ancillary staff. We looked at the infection control audit that was undertaken February 2018, actions were signed as completed. However, the audit had not been undertaken monthly as outlined in the providers infection prevention procedure. This meant the provider had not been consistent in their practice to ensure effective infection prevention measure were maintained.

Is the service effective?

Our findings

People's assessed needs, preferences and choices were not always met by staff with the right qualifications, skills, knowledge and experience. We analysed the training matrix and found gaps in compliance for training courses the provider stipulated should be mandatory. For example, health and safety, fire safety, first aid and mental capacity. We asked the registered provider to send information after the inspection in relation to staff training. The registered provider sent us further information about training courses that had been scheduled across October, November and December 2018 to ensure that all staff were up to date with important training.

We asked staff if they felt supported by the provider to maintain their skills and keep up to date with best practice guidelines. Staff told us that training had lapsed in the last 12 months, however historically they had received regular training and still felt confident and competent in their designated role.

We looked at supervision and appraisal records and found that staff had received supervision on an infrequent basis, supervisions had not been undertaken as outlined every 8 weeks in the providers supervision procedure. Staff had not received an annual appraisal. We found that new starters received an induction and this covered areas of orientation to their role and responsibilities, however the induction procedure was not detailed and did not evidence training provided to ensure that new staff were suitably trained before being allowed to work independently.

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

We discussed staff training and development with the new manager who told us that staff had been involved in the development of new policies and this had included consideration for further training. For example, a policy and procedure was implemented for continence care and staff were provided training in relation to skin integrity, hydration, continence products and promoting people's independence.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that staff had not received training in relation to understanding principles of the MCA and

therefore had not appropriately assessed a persons' capacity before asking for written consent. We also found gaps in record keeping in relation to consent to care and treatment and inappropriate use of DoLS applications. For example, three people had been assessed as requiring to be deprived of their liberty in relation to a locked door, however an assessment of the persons' mental capacity prior to completion of the DoLS document had not been undertaken. This meant that record keeping did not show how the provider would deprive people of their liberties in a lawful way.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who lived at the service if they were supported by skilled and experienced staff. People who lived at the service told us, "The staff are really good", "I am confident that the carers know their job" and "The staff are good and know when to call for the doctor."

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. We looked at six people's care records and found a good standard of person centred information. People were assessed prior to admission and the provider ensured that they could provide the standard of care and support required for each person. We saw comprehensive care plans that included people's preferences and associated risk and needs. One persons' care plan provided information about the persons background, key life events and thing that were important for them as an individual. Another persons' care plan provided their preferences in relation to personal hygiene and how to maintain their dignity and privacy.

People were supported to live healthier lives, to have access to healthcare services and to receive ongoing healthcare support. We found examples of good practice throughout the six care files we looked at. People had been referred to external health care professionals and their advice was recorded. For example, one person had daily visits from the district nurse for administration of insulin, their care plan was detailed in relation to their treatment plan and how to manage their diabetes. Another person had regular visits from their social worker and an agreement had been made in relation to their preferred living arrangement and this included how they would be supported to maintain their marital relationship.

People were supported to eat and drink enough to maintain a balanced diet. We observed meal service at lunch time and found people were offered choice and extra portions. People told us, "Meals are alright", "The food is very good" and "The food is good."

We looked at people's care records in relation to nutrition and weight management. We found that people were weighed on an individual need basis and one person was unable to use the weigh scales so an alternative method (arm circumference) had been used to monitor the persons' weight. We found that the manager had implemented new care documentation, and this was in line with national guidance around managing the risk of malnutrition. People's nutrition care plans showed their preferences, swallowing ability and support needs. We saw that dietician and speech and language support was sought if required.

While care plans had been well written, we noted that the quality of recording in the daily care reports had deteriorated since August 2018. Daily reports were too brief and did not clearly show how people had been supported or the outcomes for the individual. The provider told us that immediate communication would be achieved to ensure that care staff achieve more accurate record keeping.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We found that people who lived at the service had been supported and encouraged to create personalised space in their bedrooms. The manager told us that they planned to personalise the service throughout with

pictures of people who lived at the service and their family/friends. The service was tidy and free from hazards. A homely environment was presented throughout. However, we found that the service did not have any directional signage to aid people whom lived with cognitive or visual impairment to maintain their independence. The manager informed us they would take action to resolve this.

The serviced used technology to enhance people's care and support which included a telephony system, a call bell system and assistive technology such as sensor mats.

Is the service caring?

Our findings

We received positive feedback about the care provided from people who lived at the service, "The staff are kind and caring", "The staff are very kind here", "The staff are lovely" and "The staff are second to none, such kind people."

We received feedback from visiting professionals, "Staff are very willing and have lovely relationships with the people that live here" and "The home has an excellent reputation for meeting people's needs and it is like a family here, everyone is made to feel welcome."

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. We undertook observations in communal areas throughout the inspection. We saw staff engage with people in a sensitive and kind way. For example, we watched a care worker sit with a person in the lounge area and talked about their family, it was clear that they had formed a positive relationship.

We saw that people who lived at the service had made friendships and enjoyed engaging with each other during social activities such as dominos. We observed people enjoy meal service and people told us that meal times were enjoyable and sociable.

We checked how the service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We found people were encouraged to make decisions in relation to day to day activities. We looked at six people's care records and found comprehensive information in relation to people's preferences, however it was not always clear if people had been involved in the development of their care plans. We did not see evidence of care plan agreement in line with the MCA 2005.

We looked at resident survey results from January 2018, we found that 18 people who lived at the service had completed the survey and positive comments had been made. A 'you said, we did' notice board was displayed in the communal area of the service and it was updated after the survey results were reviewed.

We looked at minutes for resident meetings, we found that meetings had not been held since April 2018. We found that people who lived at the service and their relatives had not been provided with regular opportunity to express their views and be actively involved in group meetings. We asked people if they had been informed of the recent changes in management and they told us that the provider had kept them informed throughout. People who lived at the service had access to information about advocacy.

The service empowered and enabled people to be independent. We observed staff maintain people's independence by supporting them to use their own strengths and abilities when mobilising around the service and at meal times. We looked in six people's care records and found information about each person's abilities and care plans referenced what people could do as well as what help they required. One person who lived at the service told us, "We can have visitors at any time", "I go to church every week" and

"We can go out whenever we like, I go out with my family."

People's privacy was respected and promoted. We observed staff knock on people's bedroom doors and on bathrooms before they entered. People's care plans included detail of how people preferred for their dignity to be preserved, for example '[name] prefers for staff to cover her lap with a towel whilst being washed.' Another person's care plan included information about how they would be supported to maintain close contact with their wife and that their privacy would be protected.

People's confidential health records were stored in a locked cupboard and this meant that their personal data was protected.

Is the service responsive?

Our findings

We asked people who lived at the service if they received personalised care that was responsive to their needs. People told us, "Yes I have everything I need and it is the way I like it" and "I am in charge of what I do, I am happy with that."

People received personalised care that was responsive to their needs. We found a very good standard of person-centred care planning. Care plans showed detail of people's preferences and the level of support they required. We found that people had been assessed in relation to risks to their health and safety and the assessment outcome had been care planned with clear information about the person's preferred method of care and support.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. We found that the provider had a complaints policy and procedure, and this was displayed around the service for people to access. The provider told us that no complaints had been received since the last inspection. We looked at thank you cards and saw that people had expressed positive feedback in relation to their relatives time at the service.

We asked people who lived at the service if they felt confident to raise a complaint. People told us, "Yes I would go to the manager" and "I am confident in the staff and the manager, I would go to the office."

People told us how they were supported to engage in activities within the local community and pursue their hobbies and interests. We observed organised activities throughout the inspection and many of the people who lived at the service enjoyed participating. We looked at activity records and found a good standard of information about how people were provided stimulating activities that was in line with their preferences.

We evaluated how are people were supported at the end of their life to have a comfortable, dignified and pain-free death. Throughout the care records looked at we saw that end of life and where appropriate advanced care planning had been undertaken in conjunction with people's expressed wishes. We looked at training records and found that staff had not been recently trained in end of life care. The provider informed us after the inspection that they had contacted a local hospice and requested training. The manager told us that they intended to review the end of life policy and procedure and this would be in line with national guidance.

We looked at how the service ensured that people were assessed in line with the Accessible Information Standard. We found that from admission and throughout continual person-centred care planning people's communication needs were assessed and recorded. For example, we looked at a person's care plan who was recently admitted, we found that information had been recorded in relation to the person's visual impairment and their communication care plan directed staff with information about what type of spectacles the person needed and we observed that the person had been supported to wear them.

We found that information was not readily available for when a person required transfer to hospital. The

manager told us at the point of hospital transfer staff would photocopy the person's care plan and this would be sent with them, however we felt this might not always be possible in the case of emergency. This meant the service had not fully considered effective ways to ensure that important information was shared.

We spoke with two visiting professionals during the inspection and both confirmed that the service was responsive to changes in people's health and social care needs and staff were good at communicating with them.

Is the service well-led?

Our findings

At the last inspection the service was rated Good. However, at this inspection in October 2018, we found the service was in breach of four regulations in relation to staff training and seeking consent and submitting notifications. This demonstrated that the governance and management systems at Park Grove were failing to adequately monitor and improve the quality of the service and ensure compliance with regulations. Following this inspection, we concluded that there had been a decline in the governance systems at the service and that the provider had failed to consistently maintain compliance with regulations and sustain the standards for the care and safety of people living at the home.

We found that quality assurance systems had not been consistently undertaken to make sure risks were identified and action taken. For example, we found the provider had failed to comply with principles of the MCA 2005 and provide staff with training that enabled them to maintain their skills to provide safe care as outlined in the effective domain of this report. We looked at auditing documents and found they were not always undertaken as planned. For example, the provider's monthly home audit had not been completed between February 2018 and September 2018. The monthly financial audit had also not been completed between February 2018 and August 2018.

We reviewed how the management and leadership processes achieved good outcomes for people. We found that the providers did not undertake checks of compliance in relation to service delivery. One of the providers was onsite throughout the inspection and forthcoming with information we requested, however we found that the provider had not already identified failings found at this inspection.

We reviewed how the service continuously learned, improved and developed. We looked at monitoring systems and found inconsistencies in record keeping, this meant that analysis was not available to show how the service was monitored and lesson learnt recorded.

We reviewed how the service promoted a clear vision and approach, to deliver high-quality care and achieve positive outcomes for people. There was a lack of evidence to show how the service promoted its vision and ensured that the company ethos was embedded. People that lived at the service and their representatives were provided with a service user guide and statement of purpose on admission. There was a lack of robust governance systems.

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

The provider told us there had been four managers in the last 12 months, this had caused some unsettlement for staff. The new manager had already made significant progress in relation to understanding the service, its staff and the needs of people who lived at Park Grove. We looked at quality assurance systems the manager had started to implement and saw that these had been carefully considered and prioritised. The manager had involved people that lived at the service, their representatives and staff when reviewing policies and procedures and this was documented.

As part of our inspection planning we looked at routine notifications that the provider had submitted to the Commission. We found one notification had been submitted in the last 12 months in relation to serious injury. We discussed this with the registered manager and provided further information about their legal obligation to inform the Commission without delay of incidents that are reportable under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We looked at incident and accident records and found five injuries that the registered manager had not notified us of. This meant CQC could not effectively undertake its role to check whether the provider had acted appropriately at the time of the incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. People who lived at the service spoke positively about the registered provider and manager. People told us, "I can speak with the owner at any time.", "The new manager is well liked by the staff and I find her approachable" and "The owners are lovely, always here and very much involved."

There was a new manager who had been in post for six weeks. The manager had applied to the Commission to become a registered manager. The service last had a registered manager in August 2018. 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.

We looked at how people who used the service, staff and others were consulted on their experiences and shaping future developments. The manager had a system in place to involve people that lived at the service, relatives and staff in undertaking policy review. New policies and procedures were issued for everyone to read and people's views and responses were acted upon.

We evaluated how the service worked in partnership with other agencies. We received positive feedback from five external professionals, "The home is lovely and staff are very good", "This home gives me reassurance that people will receive the correct care and attention" and "The manager and senior staff are very good at putting in place what we have recommended." We looked at six people's care records and found examples of partnership working with external agencies. The service was not accredited to any best practice schemes, however the manager told us this was an area of development that would be considered.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to continuously notify the Commission when a person had sustained a serious injury.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to effectively assess peoples' needs and provide care in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure essential safety checks were undertaken and recorded in relation to fire and bedrail safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to embed effective quality assurance systems this meant that failures found at our inspection had not been identified.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The provider had failed to ensure the staff team were skilled, knowledgeable and sufficiently trained to support those in their care.