Akari Care Limited

Park House

Inspection report

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22 November 2018
27 November 2018

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 15 November 2018. This meant that the provider did not know that we would be visiting. We made a further two announced visits to the home on 22 and 27 November 2018 to complete the inspection.

At the last inspection in May 2018 we rated the service overall inadequate. At that time, we identified multiple breaches of the regulations and placed the service into special measures. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we inspect the service again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. This inspection did not change the rating of the service and the overall rating is 'Inadequate.' The service remains in 'special measures.'

Following the last inspection, we met with the provider to discuss the concerns we had about the service. We asked the provider to complete an action plan to show what actions they were going to take to improve. At this inspection, we found that although some action had been taken to address the previous shortfalls; we found ongoing breaches of the regulations and identified new concerns and shortfalls.

This is the second inadequate inspection of Park House and third inspection where the provider has failed to maintain compliance with the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Park House 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 House can accommodate up to 50 people. At the time of the inspection there were 37 people living at the service, some of whom were living with a dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was a peripatetic manager employed by the provider. A peripatetic manager is a manager who works across a number of services ran by the provider. We were told a permanent manager had been recruited for the home who would register as the manager once they commenced working at the service.

People told us they felt safe living at the home. There were safeguarding and whistleblowing procedures in place. Training had been provided to staff on safeguarding and whistleblowing procedures. It was also a standard agenda item on staff meetings and daily flash meetings to help ensure staff were given the opportunity to raise any concerns and were aware of how to escalate these if they felt their concerns were not being listened to. Three staff told us however, that they had raised several concerns about staff conduct.

It was not clear whether the issues raised were dealt with in line with the provider's policies and procedures; since records of the concerns raised and action taken were not fully available at the time of the inspection.

There were shortfalls and omissions with the management of risk. Although staff had completed training in moving and handling, we received feedback from several staff, people and a health and social care professional, that moving and handling risk assessments were not always followed. In addition, care plans and risk assessments were not always updated when there was a change in need for people.

The home was clean and there were no strong odours. One staff member told us that timely action had not been taken to replace mattresses that had been repeatedly soiled. The provider told us that following an external mattress audit, nine mattresses had been replaced and action had been taken when further concerns about the mattresses were received.

Medicines were administered to people safely. However, we could not be sure that creams and ointments were given to people as prescribed. There were gaps in medicines records.

Safe recruitment procedures were not always followed.

We received mixed feedback from people, relatives and staff about whether there were sufficient staff deployed to meet people's needs. Some stated that more staff would be appreciated. We observed there were sufficient staff deployed to meet people's needs at the time of our inspection.

Observations between staff and people were mixed. We saw at times, staff treated people with warmth, kindness and compassion during their interactions. Other observations showed staff were focused on tasks and engaging with each other rather than with people.

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 registered manager had submitted Deprivation of Liberty Safeguards [DoLS] applications in line with legal requirements.

There was an activity coordinator employed. However, we found that there was a lack of meaningful activities for people.

There were some gaps in training the provider had deemed necessary for staff. The provider explained there was a plan in place to ensure that improvements in staff training were attained and sustained. Staff told us they did not receive supervision or appraisals in line with the providers policy.

The provider had a gender related care policy included within their personal hygiene policy. We found however, that this was not always followed. People's care plans did not always reflect their preferred support levels with personal care in relation to whether they had support from male or female care staff. In addition, people's preferences to receive personal care support from a female member of staff were not always respected.

People knew how to complain. There were gaps in the recording of complaints which meant we could not be assured that all complaints had been investigated and responded to.

Concerns and shortfalls relating to the governance of the service remained. At this inspection, we found that improvements had been made in certain areas of the service, however; we found ongoing breaches of the regulations and identified new concerns and shortfalls.

We referred all of our concerns about the service to Newcastle local authority and Newcastle Clinical Commissioning Group. At the time of our inspection, the home remained in 'organisational safeguarding'. This meant that the local authority was monitoring the whole home.

During this inspection, we identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Safeguarding and whistleblowing procedures were in place. Training had been provided to staff on safeguarding and whistleblowing procedures. It was not clear however, whether several issues raised by staff were dealt with in line with the provider's policies and procedures.

Safe recruitment procedures were not always followed.

There were shortfalls and omissions with the management of risk. Although staff had completed training in moving and handling, we received feedback from several staff, people and a health and social care professional, that moving and handling risk assessments were not always followed.

There were shortfalls in records relating to topical creams and ointments.

Is the service effective?

Requires Improvement

The service was not always effective.

Person centred care was not always provided to people at meal times. Staff were focused on the task and not fully engaged with people to make the meal time experience an enjoyable and social time for people.

Staff told us they did not receive regular supervision or appraisals and did not always feel supported at work.

People were supported with their health care needs.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider had a gender related care policy included within their personal hygiene policy. We found however, that this was not always followed. People's care plans did not always reflect their preferred support levels with personal care in relation to whether they had support from male or female care staff. In addition, people's preferences to receive personal care support from a female member of staff were not always respected.

People were not always involved in the planning of their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

More work was needed to ensure people were supported to take part in meaningful activities relevant and appropriate to them.

Care plans varied in the amount of detail they contained to enable staff to meet people's needs.

People knew how to make complaints. However, it was unclear from the records if complaints had been fully investigated.

Is the service well-led?

Inadequate

The service was not well-led.

There was a registered manager in post.

A range of audits and checks were undertaken. Despite this overview and the audits and checks carried out; we found ongoing and new concerns and shortfalls.

Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 15, 22 and 27 November 2018. Our visit on 15 November 2018 was unannounced. This meant the provider and staff did not know we would be visiting. The second and third day of the inspection were announced.

The inspection team consisted of two adult social care inspectors and a pharmacy inspector.

Prior to the inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications contain information about certain events which the provider is legally obliged to report to us. We received a provider information return (PIR). A PIR is a form which asks the provider to give some key information about the service, how they are addressing the five key questions and what improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with seven people who used the service and four relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, the nominated individual, regional manager, deputy manager, a visiting deputy manager from another service ran by the provider, a team lead from the providers turnaround team and a member of staff from the providers quality team. We also spoke with seven care staff, an activity coordinator, two visiting activity coordinators from

another service ran by the provider, the administrator, chef, one kitchen assistant and maintenance worker.

We reviewed 15 people's care records. We looked at four staff personnel files, in addition to a range of records in relation to the safety and management of the service. We also spoke with one healthcare professional who visited the home regularly. After the inspection the registered manager sent us further information which we had requested.

Inadequate

Is the service safe?

Our findings

At our last comprehensive inspection in May 2018, we rated this key question as inadequate. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, safeguarding people from abuse and improper treatment and fit and proper persons employed. Some people and staff raised concerns of a safeguarding nature. We found that the correct actions had not always been taken with regards to some safeguarding allegations. Safe recruitment procedures were not always followed and timely action had not been taken to resolve the bathing and plumbing issues at the home.

At the time of our last inspection, the local authority had placed the service in organisational safeguarding. This meant that the local authority was monitoring the whole home.

There were safeguarding and whistleblowing procedures in place. Training had been provided to staff on safeguarding and whistleblowing procedures. It was also a standard agenda item on staff meetings and daily flash meetings to help ensure staff were given the opportunity to raise any concerns and were aware of how to escalate these if they felt their concerns were not being listened to. Three staff told us however, that they had raised several concerns about staff conduct. It was not clear whether the issues raised were dealt with in line with the provider's policies and procedures; since records of the concerns raised and action taken were not available at the time of the inspection.

We shared these concerns with the registered manager and regional manager to seek assurances that whistleblowing concerns raised by staff were responded to appropriately. Following the inspection, the regional manager wrote to us to advise that a formal investigation would be undertaken to establish what actions had been taken when staff raised concerns.

After the inspection, we attended an organisational safeguarding meeting with the local authority. At this meeting, we were told that appropriate action to ensure people's safety had not been fully taken when whistle blowing concerns were raised. The nominated individual told us that a full investigation would be carried out into the concerns raised.

This was an ongoing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Recruitment procedures were in place. We found however that these were not always followed. At our previous inspection we told the provider recruitment processes were unsafe. At this inspection we viewed recruitment records for staff who had been employed since our last inspection. Of the four files we viewed we found shortfalls with two staff members recruitment checks.

This was an ongoing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. Staff had completed moving and handling training. However, we received feedback from several staff, people and a health and social care professional, that moving and handling risk assessments were not always followed. One person told us that two staff were required to support them. They explained that sometimes only one staff member assisted them. Two staff confirmed that staff did not always follow moving and handling risk assessments. One staff member said, "On most occasions there is [two staff] but there have been times when one staff has completed tasks alone. If [name of person] needs to use the commode urgently they can't wait, so you do it yourself."

A visiting health and social care professional also told us they had intervened to prevent staff carrying out an incorrect moving and handling procedure. They said that they had reported this to the registered manager. It was not clear however; what action had been taken in response to the concerns raised because records were not available at the time of the inspection. Following our inspection, the provider wrote to us and stated, "At the time of the incident being raised with the registered manager this was not responded to in line with the company policies, however, appropriate actions have since been taken."

The registered manager had carried out an analysis of accidents and incidents and in July 2018 had noted, "Significant number of bruises with unknown cause. All staff to be given people handling training if not already completed in the past 12 months." Appropriate action was taken by the registered manager who reported these incidents to both safeguarding and CQC.

We observed medicine being administered to people safely. However, we could not be sure people's creams and ointments were used as prescribed. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete. Some records of application were not fully completed and it was not clear which creams had been applied.

Two people were self-administering some of their medicines. For one person there was no assessment completed so that the provider could ensure that the individual knew when and how to use their medicine and could do so safely.

We looked at records for two people who received their medicines covertly, hidden in food or drink. There was documentation in place however for one person some information was missing and the decision had not been regularly reviewed. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

We found guidance to inform staff about medicines prescribed to be given only when required, was not always available and was not person centred. In addition, we found staff did not always record the outcome after giving the medicine, so it was not possible to tell whether the medicines had the desired effect.

The shortfalls in moving and handling and medicines management were an on-going breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Arrangements were in place for recording of oral medicines and medicine stock balanced with records.

Infection control procedures were in place. The home was clean and free from odours. Staff had access to and used personal protective equipment such as gloves and aprons. One person told us, "The cleaners are very good – they clean your room well." One staff member told us that timely action had not been taken to replace mattresses that had been repeatedly soiled. The provider told us that following an external mattress audit, nine mattresses had been replaced and action had been taken when further concerns about the

mattresses were received.

We received mixed feedback from people, relatives and staff about whether there were sufficient staff deployed to meet people's needs. Several people and relatives told us more staff would be appreciated. We spoke with the registered manager and regional manager about staffing levels. They told us that an additional seven staff had recently been recruited. Following our inspection, the provider wrote to us and stated, "The home carries out monthly dependency tool reviews using the Rhys Hearn model and we can confirm that appropriate staffing levels are maintained based on residents' assessed needs."

During our inspection, we observed that people's needs were met by the number of staff on duty. Staff carried out their duties in a calm unhurried manner and nurse call bells were answered promptly. Two additional activity coordinators from another of the provider's care homes attended the service on the second day of the inspection. People enjoyed the activities and their enthusiasm, however, these staff were not based permanently at the home.

The premises were safe. Action had been taken to address the environmental concerns identified at the last inspection. Showers and baths were now operational and water temperatures were within recommended limits.

Checks were carried out to ensure the safety of equipment and moving and handling hoists. Staff told us that the service had two stand aids but only one stand aid sling. They explained that this sometimes caused a delay if people required support at the same time.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection in May 2018, we rated this key question as requires improvement. We identified three breaches of the regulations which related to staffing, the need for consent and well led. It was unclear which training staff had completed or needed to undertake. An effective system to assess, manage and monitor people's nutritional needs was not fully in place. Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005.

At this inspection we found that improvements had been made, however, further action was required.

We received mixed feedback from staff about the support available. Most staff told us that supervision had not been carried out as regularly as planned and felt that more support would be appreciated. Comments included, "I don't get regular supervision. Last one was near the start of the year…I feel supported by certain staff but not really by nurses and seniors;" "I think my last supervision was about six months to a year ago. We used to get them more frequently than we do now" and "I haven't had supervision…since I started."

We considered that an effective system was not fully in place to ensure staff were supported to carry out their job role safely and effectively.

There was an ongoing training programme in place. Staff told us they had undertaken training in specific areas. They told us that most of the training was on line. Some staff explained that they preferred more face to face training so they could ask questions to check their understanding. There were some gaps in training. The regional manager stated that training statistics were improving. They explained that staff received letters to remind them about training which was due.

These issues were an on-going breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Following our inspection, the provider wrote to us and stated, that there was a plan in place to ensure improvements were attained and sustained.

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 when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessments were carried out, however, we noted that these were not always decision specific. In addition, we noted that one person had refused to have a specific pressure relieving mattress. There was no evidence that a mental capacity assessment had been carried out.

We received mixed feedback about the meals at the service. Comments included, "The meals could be improved sometimes the meals are cold," "The food has improved but we still don't get enough fruit," "The food is variable" and "Food – it can be an issue." A new chef had been employed at the time of the inspection.

The variety of snacks and drinks on the tea trolley had been reviewed. Fruit was now offered together with other items such as homemade cakes and chocolate bars.

We observed the lunch time experience and found that staff were more task orientated rather than actively engaging with people to ensure it was a pleasurable and sociable experience.

An effective system was not fully in place to ensure there was timely communication between catering and care staff. One person had recently been diagnosed with type 2 diabetes. There was a whiteboard in the kitchen which documented people's dietary needs. This information was not included nor was it included on the person's dietary preference form.

Following our inspection, the provider wrote to us and stated, "We have completed a food survey with residents following the commencement of the new chef and the full review of the menus and feedback received has been positive. Where staff have not yet achieved nutrition and hydration training they have completed the Care Certificate module on nutrition to support knowledge and understanding."

People were supported with their health care needs. The GP and link nurses visited the home on a weekly basis and when required. One person told us, "The doctor comes in every Friday and if the nurse thinks I need a consultation then I will see them." A relative said, "They always get the doctor in if she is not well, staff are very obliging. Care records contained details of referrals and input from health care professionals. These included GPs, district nurses, occupational therapists, podiatry and optician services.

We checked people's care plan and noted that care plans were not always updated when there was a change in need for people. For example, we saw one care plan documented that the person had been diagnosed with diabetes. Although the person's care plan had been reviewed monthly the care plans had not been updated to reflect this change of need. The diet notification sheet had not been updated for this person and the kitchen had not been notified of this change.

Food and fluid intake records were recorded for everyone, regardless of whether they were at risk of poor hydration or nutrition. We saw records when people had not achieved their daily target fluids to ensure they remained hydrated and no action being taken to address this. We brought this to the attention of the registered manager and visiting deputy manager who told us that some people had food and fluid charts in place when they were not nutritionally at risk.

There were some adaptations for people living with physical disabilities or dementia. These included an assisted bath, coloured crockery and picture signs of the toilets and bathrooms. One person told us, "I have a high toilet seat which helps me go to the toilet. They changed my room around so I could see what was going on." Work was planned to secure the garden to enable people to go outside safely. The nominated individual explained that the provider's project team were visiting later on in the week to assess the environment with a view to making it more dementia friendly.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to dignity and respect. During this inspection, concerns were highlighted about how people were treated. Several people raised safeguarding allegations of a physical and psychological nature. Staff and some of the people who used the service, described a negative culture at the home caused by specific staff members.

At this inspection we found that some improvements had been made, however further action was still required.

We were told that a small number of staff didn't always demonstrate the required qualities of caring. We shared the concerns we were told about the conduct of some staff with the registered manager and regional manager.

People's privacy and dignity was not always considered with regards to bathing and showering. The provider had a gender related care policy included within their personal hygiene policy. We found however, that this was not always followed. People's care plans did not always reflect their preferred support levels with personal care in relation to whether they had support from male or female care staff. In addition, people's preferences to receive personal care support from a female member of staff was not always respected. The nominated individual stated that a male member of staff should not be bathing a female by themselves without a chaperone. Staff told us that this procedure was not always followed. Following our inspection, the provider carried out an investigation into this issue.

This was an ongoing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

Several staff told us most of the staff were very caring. Most people and relatives confirmed this and felt staff promoted their privacy and dignity. They explained that there had been an improvement in the attitude of staff. Comments included, "The staff are all lovely, just friendly we have a joke." However, one person told us, "I think love has gone out of caring. People [staff] come in because they need the money but not everyone speaks to you…nobody is cruel to you though" and "I think care is going out the window." Another person said, "Some staff are pleasant and some aren't quite so." A relative told us however, that their relative was not offered a hygiene wipe to wash their hands before eating. We brought this to the attention of the visiting deputy manager. They told us there were no hygiene wipes available for people within the home. They immediately ordered some for the service to ensure that people who needed to use these could freshen up when they needed to.

Two people explained that the quality of care was sometimes dependent upon which staff were on duty. One person told us, "Some staff would never dream of putting cream [prescribed cream] on my legs." This was confirmed by another person who stated, "I do have to remind the staff that I need ointment on my feet and legs and if I'm not sharp enough in the morning and don't say, it doesn't get done."

In conversations with staff they described ways in which they worked to protect people's privacy and dignity. One staff told us "If we are getting someone dressed we close curtains or we do little things like involving people in choosing the clothes they'd like to wear. If people are involved I think this makes people feel better."

We observed positive interactions between people and staff. Staff sat with people whilst they completed their paperwork. People appreciated seeing staff and talking with them.

Not all care plans had been completed to show that where people could, they had been involved in making decisions about their care.

Information was available regarding advocacy services. Advocacy services help people to access information and help people to be involved in decisions about their lives. Staff knew how to refer people for advocacy services if this was required.

People's confidential information was stored in a secure location. The registered manager told us that sometimes she had found the door to the nurse's station closed but not locked. The registered manager told us they had taken action to reinforce with staff that this area needed to be locked at all times. This meant there was a risk that unauthorised people could view confidential information about people living at the home.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection in May 2018, we rated this key question as requires improvement. We identified a breach in the regulation relating to receiving and acting on complaints. Complaints had not always been fully investigated. In addition, there was a lack of evidence to demonstrate that people's social, spiritual and cultural needs were assessed or supported. There was also a lack of meaningful activities.

At this inspection we found that certain improvements had been made, however further action was required.

There was a complaints procedure in place. However, we found some gaps in the documentation we viewed. This meant we could not be assured that all complaints had been investigated and responded to. For example, one person's relative raised concerns regarding the care their relative received and the impact this had on the person. An acknowledgement letter had been sent to the complainant acknowledging their complaint and assuring them an investigation would be completed. We could see no further evidence that the investigation had been concluded and an outcome communicated to the complainant.

We shared our findings with the registered manager who said, "We need to get better at recording complaints and feeding back compliments."

This was an ongoing breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

People had a care plan in place which aimed to meet their physical, social, emotional and spiritual needs. We found that care plans differed in the quality of the information and amount of person-centred information they contained. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to them.

A team lead from the providers quality team had been working at the service for one week prior to the inspection. They told us care files were not in the order of the index so they were updating these before then completing an audit on each individual care plan. The team lead was not clinically trained so was not updating care plans. They explained their task was to identify when clinical needs had not been met in care plans and then record an action plan of what was required. Individual nurses were then responsible for updating the records for people.

Information about people's background and likes and dislikes was included. We read that one person had been a midwife and liked listening to music. One person whose care file we viewed had an Emergency Healthcare Plan (EHCP) in place. An EHCP makes communication easier in the event of a healthcare emergency. However, some of the language used in care plans did not promote people's dignity. For example, a care plan written to support a person whose behaviour could challenge stated "[Name of person] has to be stopped straight away and corrected when being aggressive." This care plan was not person centred and did not document what could trigger changes in their behaviour or what actions staff

should take to react to incidents.

We viewed records relating to one person who received specialised feeding via a Percutaneous Endoscopic Gastrostomy [PEG] tube. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. We noted that records did not fully document the care of the PEG. The care of the PEG tube and site is important to help reduce the risk of any complications.

Most people told us that there was enough going on to occupy their attention. Some people that we spoke with preferred not to join in with activities. One person told us, "I like doing crosswords and I read and I have my little tablet [computer]." Another commented, "I am quite happy just sitting. I have magnifying glasses. If I want to read a book I have a large print book – they have got me two."

There were two activities coordinators employed. One of the activities coordinators was not at work at the time of our inspection. There was an activities programme in place. On the first day of our inspection there was musical entertainment in the afternoon. There was some enthusiastic singing and dancing and one person enjoyed shaking some maracas. Reminiscence therapy was also carried out. The activities coordinator told us, "They were so excited to speak about the past yesterday. We looked at memories of the 1940s and they loved to see the ration book…We also organised a Bollywood experience, the residents loved it."

On the second day of our inspection, two activities coordinators visited from another of the provider's nearby care homes. People enjoyed their enthusiasm and the activities undertaken which included floor games such as skittles, bingo, quiz and singing and dancing. One person told the activities coordinators, "Thank you for a very interesting programme." A member of staff told us, "We need them [activities coordinators] to be here all the time – they are full of life." The two additional activities coordinators however, were not based permanently at the home.

The service provided palliative care. Some care plans contained information about people's end of life wishes. Where people had expressed they did not want to discuss end of life care this was recorded. One person told us, "I don't want to discuss [with staff] about when I get more poorly." This person also said, "The staff are very understanding. They speak with me about my concerns and keep trying to reassure me. They say to tell them if I have any pains I have to tell them straight away. They do everything they can to help you – they are very kind." We found some care plans did not record end of life wishes for people.

Inadequate

Is the service well-led?

Our findings

When we completed our last inspection in May 2018 we rated this key question as inadequate. The provider was in breach of Regulation 17: Good governance. The provider's quality monitoring system had failed to identify and address issues which were found during the inspection. Following the last inspection, the provider developed an action plan to address the specific issues we raised.

During this inspection, we identified a continuing breach in regulations. Concerns and shortfalls relating to the governance of the service remained, further improvements to the management and oversight of the home were required.

There had been changes in the management of the service. The previous manager was not registered with CQC and was not present during our last inspection in May 2018. They did not return to their employment following the inspection. In June 2018 the provider deployed one of their peripatetic managers to run the home until a permanent manager was recruited. The peripatetic manager registered with CQC as the registered manager of the home on 1 October 2018. Including this manager, there have been five registered managers at the home since 2014.

The regional manager visited the home on a regular basis to provide support. They told us a new manager had been appointed and would commence employment once all recruitment checks had been completed. Once in post the new manager would apply to register with CQC.

We identified continued shortfalls and omissions in many areas of the service. It was not clear whether issues raised by staff were dealt with in line with the provider's whistleblowing policies and procedures; since records of the concerns raised and action taken were not fully available at the time of the inspection. We could not be assured that complaints had always been fully investigated and responded to due to the gaps in recording. Staff were not receiving supervision and appraisals in line with the providers policy and there were gaps in training the provider had deemed to be necessary. Following our inspection, the provider wrote to us and stated there was a plan in place to ensure improvements were attained and sustained.

Information recorded in some people's care plans lacked detail and was not always up to date. We saw evidence where there had been a change of need for people where the care plan had not been updated to reflect this. A 'Resident of the day' scheme had been introduced. This meant that two people on most days were chosen to have their records checked. However, one care plan audit we viewed had not recognised the shortfalls we identified in the care plan.

We saw evidence of no action being taken when people had not achieved their daily target fluids to ensure they remained hydrated and there were gaps in recording to show that people were being supported with oral hygiene. These issues had not been identified in audits. The visiting deputy manager from another service run by the provider told us "I don't think there are enough robust systems in place yet and I think it's not fair to put this all on the carers as they need guidance from the nurses. I don't think the nurses quite get it." The team lead from the turnaround team told us "Recording [in care plans] is not being completed

properly."

The registered manager told us of the management systems in place to improve quality. Daily flash meetings were held with department heads. Agenda items were discussed with safeguarding as a set agenda item for these meetings. In addition to this the registered manager also completed a daily walk around of the building. We found gaps in the recording of documentation to evidence that both of these practices were being completed. The registered manager told us that they only completed the paperwork for a daily walk about if there was an issue identified. They also said the daily flash meeting paperwork was a work in progress and the forms needed to be updated.

A range of audits were undertaken. We found that a medicines audit had identified some of the same issues we picked up during this inspection. An action plan was in place to address the issues identified. The provider explained that on completion of the various audits; internal audit actions were transferred to the service's home development plan. The provider explained that this was updated weekly and sent to the regional manager and quality team for review. We noted, however that the provider's quality assurance system had not always followed. In addition, it was not always clear whether actions had been completed.

The provider stated that additional support had been provided to the registered manager via the quality team and support team who were working in the home to support the required improvements and this had commenced at the beginning of November 2018.

Despite this overview and the audits and checks carried out, we found ongoing and new concerns and shortfalls.

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

A visiting health and social care professional told us "The only thing that is negative is communication, it comes down to nurses working 12-hour shifts and sometimes a lack of continuity" and "There isn't an overlap of staff at handovers but they do have daily flash meetings where communication is shared." Following our inspection, the provider wrote to us and stated, "There is no requirement to have an overlap at handover… The home has communication books in place, a daily handover takes place from each shift – one in the morning and one in the evening from the day shift to night shift and these are documented on one form for the full week which means if a staff member has been off work for more than a day they know the updated information will be held in the previous handover and this can be reviewed. The daily handover also supports the communication with the home manager to ensure appropriate actions are taken following issues communicated from the previous day."

The provider used surveys to gain the views of people, relatives and staff. The results of the most recent survey had not been published. We were told the surveys were at head office and the results would be published once they had been analysed.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed or action taken to reduce the risk of harm. Medication administration was not always safe and staff did not always follow moving and handling care plans. Regulation 12 (1)(2)(a)(b)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints An effective system was not fully in place for identifying, receiving, recording, handling and responding to complaints. Regulation 16 (1)(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing An effective system was not fully in place to ensure that staff received appropriate training, support and appraisal to enable them to carry out their duties they were employed to perform. Regulation 18 (1)(a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective systems were not fully in place to protect people from the risk of abuse. Regulation 13 (1)(2)(3)(6)(b)(c)(d).

The enforcement action we took:

We imposed conditions upon the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

We imposed conditions upon the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure only suitable staff were employed who had the necessary competence, skills and experience. Regulation 19 (1)(a)(b)(2)(a)(3)(a).

The enforcement action we took:

We imposed conditions upon the provider's registration.