

Warren Park (Chapelton) Limited

Warren Park

Inspection report

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20 April 2016

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place over two days on 11 and 20 April 2016. Both days were unannounced, which meant no-one at the service knew we would be visiting.

This service was registered under this registered provider on 10 April 2015.

Warren Park is a care home registered to provide accommodation with nursing and/or personal care for up to 60 older people, including people living with dementia. At the time of our inspection 25 people were living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This registered manager was not managing the service at the time of our inspection. The service was being covered by another manager who is referred to in the report as the covering manager. The service manager is the member of staff who has line manager responsibility for the manager of the care home. On the second day of the inspection a new manager had commenced at the service, as had a new service manager.

At the last inspection on 21 and 25 September 2015 the service was rated inadequate and placed into special measures. We took enforcement action against the registered provider and the then registered manager telling them they needed to improve. During this inspection we found the service had made some improvements, but these were insufficient to fully meet regulations.

People and relatives felt staff were visible and we found staff available to respond to people's needs, but staffing levels at times, did fall below that identified as being required by the service. Nursing staff were not always able to give people their morning medicines at the right time.

We found some staff had not received all the appropriate training relevant for their role and responsibilities, nursing staff had not received supervision and staff had not received an appraisal.

Records of risks presented by people were carried out, but there were gaps in addressing some of those risks to ensure the safe care and treatment of people, including the proper and safe management of topical medicines.

People, relatives and staff reported the covering manager demonstrated good management and leadership of the home saying they felt she listened to worries or concerns they had, providing an appropriate response or taking action where needed. However, we found that some complaints did not have a full and accurate record of the investigation that supported the findings and that the full complaint had been addressed.

We also found omissions in the reporting of some incidents to CQC as required by regulations.

People told us they were well cared for by staff and felt safe. This was supported by people's relatives and friends.

People and relatives we spoke with told us staff were caring and compassionate in their approach. We observed this for most staff when they were interacting with people.

The service were working within the principles of the Mental Capacity Act, but were not meeting the conditions of one of the authorisations, which meant the person was not receiving appropriate care to meet their needs. They had told the authorising body about this.

People received a varied and nutritious diet that took into account their dietary needs and preferences, so that their health was promoted and choices could be respected. The changes in the layout and furnishings of the dining area, made the dining experience a much better experience for people.

People had access to a range of health care professionals to help maintain their health.

Some activities were provided for people, but this needed improvement to ensure all people had the opportunity to partake in hobbies and interests they enjoyed.

There was an inadequate system in place to monitor and improve the quality of the service provided, because checks and audits in place had not been effective in ensuring compliance with regulations.

The overall rating for this service remained inadequate and the service therefore remained in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again in six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated up to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 consistently safe.

Records of risks presented by people were carried out, but there were gaps in addressing some of those risks to ensure the safe care and treatment of people, including the proper and safe management of topical medicines.

People told us they felt 'safe' and relatives supported this. Care staff had a good understanding of what to do if they saw or suspected abuse and were confident now, this would be acted on.

People and relatives felt staff were visible and we found staff available to respond to people's needs, but staffing levels at times did fall below that identified as being required by the service. Nursing staff were not always able to give people their morning medicines at the right time.

The systems and processes for recruiting staff had improved to ensure all pre-employment documentation was in place.

Is the service effective?

Inadequate ●

The service was not consistently effective.

We found some staff had not received all the appropriate training relevant for their role and responsibilities, nursing staff had not received supervision and staff had not received an appraisal.

The service were working within the principles of the Mental Capacity Act, but were not meeting the conditions of one of the authorisations, which meant the person was not receiving appropriate care to meet their needs. They had identified these to the authorising body.

People received a varied and nutritious diet that took into account their dietary needs and preferences, so that their health was promoted and choices could be respected. The changes in the layout and furnishings of the dining area, made the dining experience a much better experience for people.

People had access to a range of health care professionals to help maintain their health.

Is the service caring?

The service was not consistently caring.

People and relatives we spoke with told us staff were caring and compassionate in their approach. We observed this for most staff when they were interacting with people, but found staff did not consistently engage and acknowledge people and had to be prompted to do this.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Care records we looked at contained personalised information. However, we found that people's plans of care had not always been completed in a timely way on their admission to the service or after incidents, which meant there was a risk staff may not respond to people's needs as required.

Some activities were provided for people, but this needed improvement to ensure all people had the opportunity to partake in hobbies and interests they enjoyed.

There was a complaints policy in place, but this was not being followed, with some complaints not having a full and accurate record of the investigation that supported the findings and that the full complaint had been addressed.

Requires Improvement ●

Is the service well-led?

The service was not well led.

People, relatives and staff reported the covering manager had demonstrated good management and leadership of the home, listening to their worries or concerns and providing an appropriate response or taking action where needed.

There were quality assurance and audit processes in place, but these had not been effective in ensuring compliance with regulations and there continued to be five breaches in regulation.

Inadequate ●

Warren Park

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 over two days on 11 and 20 April 2016 and was unannounced.

On the 11 April 2016 the inspection was carried out by three adult social care inspectors and a specialist advisor. A specialist advisor is someone with specialist knowledge about aspects of the service delivered at the location. This specialist advisor was an experienced, registered nurse who currently worked in mental health services. Their current role included being lead investigator for serious untoward incidents and the role of investigating officer for formal complaints.

On 20 April 2016 the inspection continued with two adult social care inspectors who had commenced the inspection on 11 April 2016.

The inspection included reviewing information we held about the service. This included correspondence we had received about the service and notifications required to be submitted by the service. We also gathered information from the local authority. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was also used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with six people who used the service, seven relatives or friends, a healthcare professional and eight staff. We also spoke with the covering manager. We also spent time with the new manager and service

manager. We looked round different areas of the home such as the communal areas and with their permission, some people's rooms. We reviewed a range of records including six people's care records, four people's medication administration records, five people's personal financial transaction records, four staff files, maintenance records, complaints record and quality assurance records such as audits related to the management of the regulated activity.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 21 and 25 September 2015 when we found breaches of regulation in regard to safeguarding service users from abuse and improper treatment and staffing.

People we spoke with told us that they felt safe and their relatives or friends supported this. Comments included, "I know [relative] is safe" and "[Relative] is safe here. I have never seen anything out of order. Nothing about this home troubles me. I would recommend this home".

Staff we spoke with were familiar with what might constitute abuse and how they would report any concerns. When we spoke with staff on this inspection they were much more confident that any concerns would be acted upon, because the covering manager listened to their concerns and changes had been made to practice.

We saw that people were relaxed in the company of care staff and that there were friendly and respectful interactions between them.

We looked at notifications received from the service and looked at care records to see how people were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights. We found notifications for abuse or allegations of abuse concerning a person who uses the service were now being submitted, but there continued to be some omissions.

There are safeguarding investigations currently being investigated that have not yet concluded.

We spoke with a member of staff and checked the finance records of five people. We found on this inspection individual records were in place, with a running balance of the money people had available and the financial transactions that had taken place. There were signatories on the record to confirm transactions that had taken place and audits had taken place of the monies held.

We checked that sufficient numbers of suitable staff were on duty to keep people safe and meet their needs.

People and relatives we spoke with told us they thought there were enough staff on duty to support with their own, or their relative's care needs. One relative said, "Normally [relative] has afternoon rest. When he sits in a chair, he sometimes tries to get up, but there is always staff around to keep an eye on him".

We had received information from the contracting and commissioning team that on a quality assurance visit the week prior to our inspection there was an agency nurse on shift and at lunch time, morning medicines were still being administered.

We spoke with the covering manager, checked staffing rotas at the home and carried out observations throughout the day to assess whether staffing levels were adequate.

On our visit we spoke with the agency nurse on duty who confirmed the morning medicines can take up to three hours, but they prioritise which people need their medicines first.

The length of time taken to administer medicines had been identified as a concern at our last inspection.

We spoke with the covering manager who told us 23 of the 25 people using the service were assessed as requiring nursing care.

We asked the covering manager how the safe ratio of staffing levels to meet people's needs was calculated. She confirmed the service manager was working on this and dependency levels had been determined, which equated to 55 care hours during the day and 33 care hours during the night, plus a nurse. In practice this meant five care staff were on shift during the day and three care staff on shift during the night. In addition to the care staff was one nurse on each shift. The staffing levels were confirmed when we spoke with staff and they told us that in the main this was sufficient to meet people's needs.

The covering manager provided staff rotas for five weeks from week commencing 21 March 2016. We found consistency in the staffing arrangements at night, with all but one night identifying three care staff were on duty, plus a nurse. The numbers of care staff covering the day shifts varied, but on 15 days the record did not identify five care staff were on duty.

In addition to the above an activities co-ordinator was employed for 16 hours per week. The covering manager had told us the allocated hours for activities was one hour per person per week. This meant there was a deficit in the activity hours provided for people, as identified by the registered provider.

The service also employed ancillary workers, such as housekeepers and cooks.

On the day of our visits we saw that care staff were busy with care tasks, but did have time to spend with people and were visible around the home.

The information above demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

We looked at the recruitment records of three staff who had been recruited since the last inspection. We found information and documents of pre-employment checks, including identification, references of their suitability to work with vulnerable adults and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

We saw where agency workers were working at the home, the registered service had sought assurances from the recruitment agency that appropriate recruitment checks had taken place.

We checked the systems in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

Servicing and checks of the environment to ensure it's safety were in place. These included staff call systems, window restrictors, water quality records, legionella, lift, fixed electrical wiring, fire safety and gas. However, we found all staff had not received regular fire safety training and regular fire drills had not been carried out as identified in the fire risk assessment. The fire drill that had taken place identified some staff did not respond to the drill and there was confusion towards the correct procedure and re-training was

required. This had not been carried out.

We found assessments had been undertaken to identify risks to people who used the service. These included environmental risks and other risks due to the health and support needs of the person. For example, some people needed assistance to move and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. However, for one person we found they had been assessed as being at risk of weight loss. The action was that the person needed weighing weekly to monitor their weight. When we checked this was being carried out, the person was being weighed monthly, but there was no record of why this had changed, despite the person being referred to the doctor to examine them for their weight loss.

We found that incidents and accidents were being much better reported and acted on since our last inspection, but there were still some gaps and risks where immediate re-assessment of the risk had not taken place. For example, on the day of the inspection a member of staff had returned to work after injuring themselves during an incident with a person who used the service. An incident/accident report had not been completed and the incident could not be checked in the person's file as staff were unable to find daily records relating to the person who used the service.

We also found that for one person regular neurological observations had been identified as necessary following an incident/accident. The record of these did not demonstrate the appropriate observations had taken place in accordance with head injury symptoms provided by the Yorkshire Ambulance Service.

The examples above evidence a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We checked the systems and processes in place for the safe management of medicines.

We saw that medicines were securely stored in medication trolleys secured to the wall within the Nurses Station and Controlled Drugs within an appropriately locked cupboard within a locked room within the Nurses Station. We saw the medicine's trolley was locked between the administration of one person to another and the nurses approached people in a friendly professional manner.

We checked Medication Administration Records (MAR). Most people had a photograph of themselves to identify them on individual MAR charts, so that they were identifiable to staff. We observed that when nurses administered medicines the MAR chart was signed by the administering staff member after the person had been given their medicines. This meant accurate records were in place for medicines that had been administered to the person.

We found some people were administered controlled medicines under the Misuse of Drugs legislation. The legislation impacts on care homes as they require special arrangements for storage, administration, records and disposal. The legislation states controlled drugs must be entered into the controlled drugs register as soon as they are received into the home. The drugs were stored appropriately and administration records were signed by two people immediately after administration. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation. The CD's held corresponded to those detailed in the CD register and the medicines counted corresponded to the amounts recorded.

However, we found safe systems were not in place for obtaining, receiving, administering and recording the application of topical medicines. Topical medicines are medicines applied to a certain areas of the skin and

is intended to affect only the area where it is applied, for example, cortisone creams. We checked the system in place for four people. For one person, there was no record that the topical medicine referred to in the professional visitors record had been obtained. For the other three people there was conflicting information between information recorded on the MAR and topical administration chart, and there were gaps on the chart. When we spoke with staff they told us they did apply creams, but forgot to record it. The deputy manager acknowledged the system was not safe and was to hold supervisions with staff to improve the system.

This was evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 21 and 25 September 2015 when we found a breach of regulation in regard to staffing.

People we spoke with told us they thought staff were well trained and competent.

When we spoke with staff they felt they were up to date with their training or it had been planned and that there had been a lot more training for staff.

At the inspection on 21 and 25 September 2015 the covering manager and service manager could not be confident in confirming the training staff had undertaken. On this inspection they confirmed a training programme and a new training provider had been sourced and a full programme of training was booked in for all staff until February 2017. The covering manager provided the training matrix which identified areas where staff still required training, or that their training needed updating. We saw there continued to be gaps where staff had not received training, or that their training required updating, which meant not all staff had received all the training relevant for their roles and responsibilities, for example, fire, first aid, health and safety, food hygiene, infection control, safeguarding, dementia, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and behaviour that challenges.

Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members. Discussions with care staff and records confirmed that a supervision system was in place for those staff. However, discussions with a nurse and their supervision record, identified supervision had not taken place for nursing staff.

Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles. Discussions with staff did not confirm a robust system was in place for appraisal. This was supported with records the covering manager provided.

The above demonstrates a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

The covering manager told us two people had authorisations that deprived them of their liberty. For one person we found the person had five conditions attached to the application, but these were not all being met. This had also been identified by the contracting and commissioning team. For example, staff to continue to prompt the person with personal care and if they refuse wait half an hour and re-visit. Staff to ask person if they would like a bath, so encourage them to bathe. When we spoke with staff they told us they did this, but records did not support this. They were either blank or stated the person 'refused' personal care. The records identified the person chose to isolate themselves in their room and 'refused' to join in activities. One of the DoLS conditions was to encourage participation in discussions about what they might like to do and encourage them to spend time outside of the home and record these on their social care plan. Discussions with staff identified the person had gone on an outing once, which they enjoyed, and another staff member said, "We ask [person] every day if they want to do anything and they always refuse. They're not interested in group activities". The service had contacted the relevant authorities to advise the person's conditions of their deprivation of liberty were not being met.

This meant that whilst authorisations to deprive a person of their liberty were in place when they lacked capacity, the care and treatment provided was not appropriate to meet their needs. This demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person-centred care

The registered provider had a training programme in place to prepare staff in understanding the requirements of the MCA and DoLS, but not all staff had received the training. One member of staff we spoke with specifically said they'd received the training, but was still unsure what it was about.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

People we spoke with told us they enjoyed their meals. This was confirmed when we spoke with relatives about the meals provided. People told us there were plenty of warm and cold drinks served during the day.

We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks.

We saw the dining environment had changed since our last inspection, making the environment a much more pleasant place for people to eat their meals. We saw tables were set with table cloths with condiments and juice available. We saw that people freely asked for something to eat, other than at meal times and that this was provided. For example, people had eaten their breakfast, but one person asked if they could have toast. We saw staff ask what they wanted on it and brought it for them.

In care records we looked at, we saw nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised. We found that care plans reflected people's nutritional and hydration needs. We saw that where people required their food and fluid intake monitoring as part of their health needs, this was in place, but staff were not totalling the amount of fluid intake, which meant there was a risk that people's hydration levels may not be met and appropriate action taken.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

Relatives told us that care staff would call a GP if their relative became ill.

We also spoke with a GP who was attending the home. They told us they attended each week to provide support to staff and ensure people who used the service had access to healthcare services and receive ongoing healthcare support.

We observed another health professional visit the home to speak with someone about their dietary needs.

We also saw that medical assistance was sought on the day of inspection when a person complained of pain.

We saw care records contained details of visiting healthcare professionals that the person had seen and details of those visits. This meant staff involved professionals, so that people received intervention for their healthcare needs to support them to maintain good health and have access to relevant healthcare services.

We checked that people's needs were being met by the adaptation, design and decoration of the service.

The home was clean and much tidier than the previous inspection. The communal areas were bright and well decorated. A refurbishment action plan was in place. However, the environment needed to be more dementia friendly. For example, there was no colour coding for doors on the corridor, with sufficient signs around both pictorial and written to aid people to different areas of the home and what might be behind closed doors. There were no reminiscence displays and no memory boxes by bedroom doors to assist people living with dementia to independently find their own bedroom.

Is the service caring?

Our findings

People and relatives we spoke with told us staff were caring and compassionate in their approach. Their comments about care staff were complimentary and included, "It's much, much better. [Covering manager] has changed everything around. It is fabulous now. I normally come every day. I wasn't well recently, so couldn't come every day. I didn't worry, because I knew he would be well looked after. Staff here are very good – gentle and attentive. They really care – how they speak to people. Staff take time with residents. [Relative's] care has improved – they do more. [Covering manager] has made a difference all round. I'm sat with [relative] and staff always come to check everything's alright", "We visit once a week. It is very good. There has been a lot of improvements. The staff are lovely. [My friend] always looks well cared for. We haven't got any worries. The staff always make us feel welcome", "It's alright here. They're [pointing to staff] smashing", "The staff are good and [relative] is always looked after" and "Staff are very welcoming and I feel able to ask them anything. I've no worries at all so far".

During our inspection we spent time observing interactions between staff and people living at the home, and how staff spoke with people. At those times we found staff were respectful and treated people in a caring and supportive way. We saw that most staff interactions with people and relatives were warm and friendly. Care staff knew the preferences of individuals, such as where they liked to sit and how to make them comfortable. Staff were familiar with people and knew their life histories, evidenced by they approached discussions with people in an informed manner. Our observations identified a respectful relationship between the staff and people. Care staff knew relatives by name and greeted them warmly. Relatives we spoke with told us that care staff were always friendly and approachable.

However, we saw examples of care provided that did not demonstrate a caring approach towards people. For example, we saw two members of staff sat in the lounges in the afternoon on the first day of the inspection. Both were sat in chairs away from people, not interacting with them and watching television. They answered questions when asked by people, but did not actively engage in further conversation. When other staff came in the lounge, to rotate the job they were carrying out, the staff members just left the room without acknowledging people in the lounge. Another example, involving one of the same members of staff was when a person asked an inspector to go to their room. The inspector asked the member of staff to help the person. The staff member, in the presence of the person, said, "She needs two. I'll have to wait until someone comes in the room". The inspector had to ask the member of staff to explain that to the person. During the same period a relative visited and the member of staff, helpfully, went to get them a chair, but placed it directly in front of a person sitting in that area, blocking them in a corner. The person said, "Block me in then". The staff member seemed unaware that they had blocked them in and it was the relative that moved the chair.

Concerns had been identified with this staff member during a safeguarding investigation, the actions of which were that the staff member was to be placed on performance management. This had not yet commenced and we were told by the covering manager they were awaiting a performance management tool from human resources. This meant the above actions may not have happened, if the staff member's performance had been addressed sooner.

The above demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

All assistance with personal care was provided in the privacy of people's own rooms. We heard staff speaking to people and explaining their actions so that people felt included and considered. People we saw looked clean and well groomed, apart from the person who, we were told by staff, and it was recorded and we observed, refused personal care. At that time the staff member was thoughtful, kind and encouraging in why the person might need assistance, trying not to make them feel embarrassed.

We did not see or hear staff discussing any personal information openly or compromising people's privacy.

It was clear from our discussions with care staff that they enjoyed caring for people living at the service, because they spoke of people in a caring and thoughtful way.

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 21 and 25 September 2015 when we found a breach of regulation in regard to receiving and acting on complaints.

Relatives we spoke with told us that if they wanted to make a complaint they would see the covering manager. Relatives we spoke with told us that they thought the covering manager was approachable, would sort out any problems they had and had made a significant improvements at the service.

We noted that the complaints procedure was displayed in areas around the home.

The covering manager provided the complaints, concern, query and compliments log, referred to in the service's complaints policy. There were no complaints or concerns recorded. Information we held about the service told us we had received three pieces of concerning information that we had asked the service to respond to. The covering manager had done this, but there was no record in the log as required by the complaints policy. This meant without knowing that, accurate information was not being recorded about complaints and concerns received as identified in the service's complaints policy.

We also asked the covering manager if any complaints had been received by Head Office, as at the last inspection we had identified whilst these had been sent to the service to investigate, these had also not been recorded on the service's complaints record and there was no record of the investigation and outcome of those complaints. The covering manager told us two anonymous complaints had been received by Head Office and provided information about these. We found incomplete documentation about the complaints to support the outcome and that all the concerns in the original complaint had been addressed.

This meant there continued to be an ineffective, accessible system in place to identify, receive, record, handle and respond to complaints made by people and others.

The above demonstrates a continued breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Receiving and acting on complaints.

We checked to see that people received personalised care that was responsive to their needs.

When we spoke to people and their relatives they commented, "[Relative] is always clean. Staff shave him. He has different clothes on every day", "Staff take me out when I want a cigarette" and "[Relative] is always clean and has her hair done".

We saw that staff responded to people when they asked. For example, one person was observed asking a member of staff for a cardigan. The staff member went straight away to get a cardigan for the person.

Since the last inspection an activity co-ordinator had commenced employment. We observed the activity co-ordinator engaging people in accessing the outdoors if they wished and sitting with people, holding their

hand and reminiscing about their past and making conversation about observations that they saw.

We saw in one lounge that the television was switched on, but no-one was watching it, other than care staff sat in that lounge.

We continued to see very few resources to engage people living with dementia in meaningful activity, for example, visible rummage boxes. A rummage box is a means of tapping into memories from the past and helps people living with dementia to feel empowered and secure in familiarity. It is about reminiscence. The rummage box can be used as an activity, as a distraction technique and therapeutically as a reminiscence tool.

Care records we looked at contained personalised information. However, we found that people's plans of care had not always been completed in a timely way on their admission to the service, or after incidents which meant there was a risk staff may not respond to people's needs as required. For example, between the dates of our inspection a person had been admitted to the service. An audit undertaken five days after their admission identified gaps in the person's care plan to be addressed. It was this that had prompted the action of the person's care plan being completed. We also found that care plans had not had a full review undertaken every six months as identified in the service's care planning policy.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 21 and 25 September 2015 when we found a breach of regulation in regard to good governance.

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. On the day of our inspection, the person managing the home was not the registered manager. The service had appointed a manager who was on duty on the second day of the inspection. That is not the covering manager we refer to during the report.

We asked people, their relatives and staff if the service promoted a culture that was open and inclusive, delivered good care and had good leadership and management.

Everyone we spoke with knew the covering manager and all were very complimentary about her and the difference she had made to the service. Comments included, "[Covering manager] has straightened the place up. She is approachable and kind" and "[Covering manager] is a good manager. Organised and fair. A good leader".

We asked for and were provided with minutes of staff meetings. We found regular meetings were held with staff to share information. This was confirmed by staff when we spoke with them.

We asked the covering manager for reports of any consultation with people and their relatives. She told us a satisfaction survey had just been sent out, but wouldn't know where the previous one would be, or if a report was available of the outcome.

When we spoke with relatives, they knew of some meetings that had taken place, because they had attended them, but told us they could speak with staff and the manager at any time.

We found the covering manager professional, caring and transparent throughout the inspection.

We asked the covering manager for the service's quality assurance policy/procedure to assess how they monitored the quality of the service. She provided policy/procedure files and she confirmed it was not present. The service manager provided an internal audit procedure from the previously registered organisation and we were told that is what they were still working to, until their own had been implemented. The current registered providers had been registered as providers for twelve months and a warning notice was issued for good governance at the previous inspection. This was the process that continued to be followed and identified a plan for departmental audits, including catering services, administration, domestic and laundry services, maintenance, health and safety, resident care and infection control.

We found a programme of audits were in place and had taken place. Consistently, the scoring section was not completed. A list of problems identified/action was not consistently completed, did not always identify the responsible person to do this, the date to be achieved and when it would be reviewed by to ensure the identified problems/actions had been addressed. This meant the service was unable to identify overall if improvements were being made, confirm that any actions that had been identified had taken place and where the same theme concern arose, target an improvement plan for those areas.

We identified the systems in place for notifying and responding to incidents, accidents, safeguarding and complaints had improved, but there continued to gaps and omissions in those. The system for acting on incidents, accidents, safeguarding and complaints meant that an overview of themes or trends would not be identified.

Our findings from this inspection identified the governance system in place to evaluate and improve practice in regard to breaches of regulation had not consistently been effective, for example, staffing, safe care and treatment, person-centred care and receiving and acting on complaints.

We also found omissions in the reporting of some incidents to CQC as required by regulations.

The above information demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The care and treatment of service users did not meet their needs.

The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way for service users

The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	An effective system was not in place to identify, receive, record, handle and respond to complaints by service users and other persons in relation to the carrying on of the regulated activity.

The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were either not established or operating effectively to enable the registered person to ensure compliance with the regulations

The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed appropriately to meet people's needs.</p> <p>Persons employed had not received such support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p>

The enforcement action we took:

Cancellation of registration