

Spiral Health C.I.C

Bispham Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 05, 06 and 12 December 2017 and was unannounced on the first and third days. Bispham Gardens Nursing Home is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 28 people. Accommodation is on the ground floor, separated into three. There are several communal areas including a quiet lounge, conservatory and dining area. At the time of our inspection visit there were 19 people who lived at the home.

At the time of inspection there was no manager who was registered with the Care Quality Commission. There had been no registered manager since November 2017. The registered provider had appointed a new manager who was due to start their employment in January 2018.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had not previously inspected Bispham Gardens Nursing Home. This was their first inspection since they had registered with the Commission in May 2017.

The inspection of Bispham Gardens occurred in part due to the clinical concerns and safeguarding notifications received. The information we received indicated potential concerns about the management of risk at the home. Before our inspection we had been made aware the registered provider did not meet all the standards set out in the regulations. They did not deliver care and support that was consistently safe, effective, caring responsive and well led.

Whilst the registered provider and local authority had both identified areas of concern, they were working together to address these issue related to the care being delivered. Through their own self-assessment process, the registered provider had identified areas for improvement. They were working to address these through an improvement and sustainability plan. They had worked together with the local authority to create an action plan to identify and manage risk and protect people from future avoidable harm.

At this inspection visit breaches of legal requirements were identified in relation to person centred care, safe care and treatment, safeguarding and governance. You can see what action we told the provider to take at the back of the full version of the report.

We looked at how medicines were managed at Bispham Gardens. We found the administration and management of medicines was not consistently managed safely.

Care records we looked at did not consistently identify risk and ways to reduce risk.

Documentation we saw showed the registered provider was not consistently working in accordance of the Mental Capacity Act 2005.

We looked at how the service provided personalised care that was responsive to people's needs. Care plans lacked information in relation to people's needs. For example, we found specific information related to one person's wound care and frequency of dressing changes was not recorded in their plan of care.

The registered provider had begun to implement a series of audits within the home. However, we found these were not always effective in identifying concerns. It was noted at the time of our inspection the provider did not have a robust quality auditing system in relation to medicines, managing risk, consent and care planning related to personalised care.

We received mixed feedback on staffing levels at busy times of the day and staff deployment. We have made a recommendation about this.

Consent and timely best interest decisions had not taken place when supporting people who lacked capacity. We have made a recommendation about this.

Not all care staff had received regular supervision from their manager. We have made a recommendation about this.

Three separate staff at different times used language that did not promote people's personal dignity. We have made a recommendation about this.

We looked at how people's concerns and complaints are gathered and responded to and used to improve the quality of the care provided. We looked at how the registered provider recorded and responded to complaints received. The complaints we saw contained limited information and no outcomes. We have made a recommendation about this.

We saw evidence of partnership working with multi-disciplinary professionals to improve health outcomes for people who lived at the home.

We observed staff spent time with people who lived at the home. We observed staff were patient with people and offered reassurance when required. People who lived at the home told us staff were kind and caring.

Arrangements were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities in reporting any concerns. We saw evidence of information of concern being passed onto the appropriate parties when required. This was to promote the safety of people who could be vulnerable.

People told us they felt safe at the home. People were encouraged to personalise their rooms to make it feel homely.

Recruitment procedures ensured the suitability of staff before they were employed. Staff told us they were unable to start their employment without all the necessary checks being in place.

People were happy with the variety, quality and choice of meals available to them.

People told us activities took place and said they had the option as to whether or not to join in. We saw

people doing jigsaws, arts and crafts and visiting hairdressers and activity co-ordinators during our inspection visit.

We walked around the home and found premises and equipment were maintained appropriately and adapted to meet the needs of people with reduced mobility and or living with dementia.

The registered provider had a structured induction training program for new staff. They had introduced incentives for staff to maintain their knowledge through ongoing training.

Staff praised the improvements made at the home since the change in the management team and the introduction of the acting manager. They described the acting manager as approachable and willing to listen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Medicines were not always managed safely.

The registered provider had not consistently managed the risks related to the people's safe care and treatment.

There were enough staff available to meet people's needs safely. Some staff we spoke with and relatives expressed concerns related to staffing levels at busy times of the day.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The registered provider was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow. However we noted examples when they had failed to act in accordance with the requirements of the MCA and associated code of practice.

There was a structured training program to ensure care staff had the appropriate training to meet people's needs.

People were protected against the risks of dehydration and malnutrition.

Requires Improvement ●

Is the service caring?

The service was not always caring

The registered provider did not meet all the standards set out in the regulations. They did not deliver care and support that was consistently dignified and respectful.

Three staff members used language that did not promote people's personal dignity. For example, they identified people who required support with their meals as 'feeders' or people who

Requires Improvement ●

required 'feeding'.

We saw examples of positive caring interactions between staff and people who lived at Bispham Gardens.

People, and where appropriate, their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was not always responsive.

Improvements were underway to make care records more personalised to include comprehensive treatment plans.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner. However, documentation we looked at indicated the provider's policy and procedures had not been followed consistently.

There was a variety of activities offered to people who lived at the home.

The registered provider respected people's decisions and guided staff about responsive end of life care.

Requires Improvement ●

Is the service well-led?

The service was not always well –led

There was no registered manager in post.

Quality assurance systems were not always effective in identifying areas of concern.

The registered provider had developed good working relationships with the staff.

The registered provider fostered an open and transparent way of working in order to develop a positive working culture at the home.

Requires Improvement ●

Bispham Gardens

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The inspection was partly prompted by information received related to the safe care and treatment of people who lived at Bispham Gardens. The information we received indicated potential concerns about the management of risk in the home. As part of our regulatory role we looked at the likelihood of risk occurring and the impact on people who lived at the home. We spoke with the registered provider about current risks and how, at the time of the inspection, they had assessed and managed them appropriately to keep people safe.

Bispham Gardens is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bispham Gardens accommodates 28 people in one adapted building. Accommodation is all on the ground floor.

Prior to our inspection visit we spoke with NHS Blackpool Clinical Commissioning Group (CCG) and Blackpool contracts and commissioning department. This helped us to gain a balanced overview of what people who lived at the home experienced.

The registered provider did not have the opportunity to complete a Provider Information Return as part of the Provider Information Collection as the scheduled inspection was brought forward. The Provider Information Return is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 05, 06 and 12 December 2017 and was unannounced on the first and third days.

The inspection team consisted of an adult social care inspector, a medicines inspector, a specialist advisor, who was a qualified nurse, and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

During the visit we spoke with a range of people about Bispham Gardens. They included 10 people who lived at the home, 11 relatives and a visiting healthcare professional. We also spoke with the chief executive, the acting manager, 12 staff, six nurses, the chef, the maintenance person, the finance director and two human resources staff who were based at the head office. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of six people, the staff training matrix and arrangements for meal provision. We also looked at records related to the management of the home and the medication records of seven people. We reviewed the recruitment of three staff members and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Before the inspection took place we had been made aware of concerns raised by the local authority related to the safe care and treatment of people living at Bispham Gardens. The registered provider was working with the local authority and Clinical Commissioning Group to address these concerns. As part of our regulatory role we looked at the likelihood of risk occurring and the impact on people who lived at the home.

We looked at ordering, storage and disposal of medicines. We examined the medicines administration records (MAR) for seven people and spoke with staff and people about the home.

Medicines were stored in a clean, secure clinical room. However, records demonstrated the room was consistently too hot to store medicines safely, below the manufacturers recommended 25°C. Medicines stored above this temperature could be less effective.

We found the administration of medicines was not always managed correctly. Most of the MAR records contained photographs to help staff identify people and any known allergies were recorded. Some people were prescribed medicines 'when required', but not all people had additional information in their record to help staff to administer the medicine safely. Some medicines records were handwritten and there was no evidence these records had been checked by a second person to ensure they were correct, in line with best practice guidelines.

There were two people receiving antibiotic medicines that were not in a suitable form for them to take. Staff had not identified this until we highlighted the problem. A person who was responsible for their own inhaler told us they used it five to six times each day but the MAR stated it was to be used up to four times a day. Staff had signed the record four times each day, but were not always present when the inhaler was used. There was no assessment regarding self-medication in the care records we looked at. The home's policy stated there should be.

For medicines that staff administered as a patch, a system was in place for recording the site of application. However, two of the three people whose records we looked at had no records to show where the patch was applied or if the application site was rotated, in line with the manufacturer's guidance to prevent side effects. After our inspection site visit we were informed one person had missed having their patch applied twice. This meant for six days the person did not receive appropriate medical support.

Powder used to thicken drinks was not managed well. Two people were prescribed a powder to thicken their drinks because they had difficulty swallowing. The only written instructions of the consistency required, was kept in the care records in the office. We observed a relative making a thickened drink in the kitchen. It was made correctly but from a different person's supply. No records were kept when carers or family added thickener to drinks. Records showed nurses signed the MAR chart regularly, even when thickener had not been used.

One person was known to have swallowing difficulty and was at risk of aspiration but had refused thickener when offered. This had not been recorded which meant care staff did not have accurate and up to date information to look after the person properly. People are at risk of choking if drinks are given that are the wrong consistency.

The provider had a comprehensive medicines policy that provided staff with procedures for all aspects of medicines management. We saw two monthly medicine audits that had done by staff and a further report from an external assessor. Issues had been noted and actions suggested but the same issues were found at this inspection. The registered provider told us they had recruited additional nurses to offer continuity of support and all staff who administered medicines were to receive additional training in relation to medicines administration.

The above concerns meant there was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 (safe Care and Treatment). The registered provider had failed to manage and administer medicines safely.

Fridge temperatures were monitored daily and were within the recommended range. The date opened had been recorded on medicines that have a reduced expiry once open. Controlled drugs were stored and recorded in the right way and we saw evidence of regular balance checks.

We looked at topical application records and storage of creams and ointments. Care staff applied these as part of personal care. We saw the home had records including a body map that described where and how often to apply these preparations. Records were complete and the creams were stored safely.

We looked at how the registered provider managed risk so people's safety was monitored and managed. Before our inspection site visit we had been notified one person had not received personal care support, due to poor response times when using the call bell system. We visited the person in their room and with their permission pressed the call bell button to assess the response time. We waited 15 minutes before a member of staff visited the person. We shared this concern with the acting manager who told us they would investigate the situation. After our inspection site visit we received an action plan to reduce the risk of call bells not being answered. This showed the registered provider was seeking to learn and improve when things went wrong.

Before our inspection, we had received information that one person had received the wrong medical intervention when managing their continence. We looked at the care plan for the person who required support. It failed to identify the correct support required to manage their health condition. We shared this with a member of the management team who updated the care plan.

During our inspection two relatives expressed concerns staff did not always wear gloves and aprons when helping people with the personal care. We saw no evidence of this during our three visits. However, we did observe one staff member going from bedroom to bedroom wearing the same gloves. We shared this with the acting manager who told us they would investigate and address any infection prevention concerns.

We spoke with the chef and read care plans on how the registered provider supported people with their specialised diets. We noted recorded guidance on how to support people safely was not always followed. For example, one person was identified as being allergic to eggs, but was provided with cakes to eat. A second person was identified as needing a blended diet but was provided with bacon sandwiches to eat. A third person required a 'really smooth' diet but was provided with chips to eat. There were no assessments to guide staff in how to support people safely with regard to specialised diets.

We looked at how the registered provider managed risk in relation to emergency situations. We asked if people living at Bispham Gardens had personal emergency evacuation plans (PEEPs). A PEEP is a personalised 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided, or within a satisfactory period of time in the event of any emergency. Not everyone had a PEEP. The registered provider was able to locate 11 emergency plans. They told us they would make sure everyone had a PEEP as a matter of urgency. We visited the following afternoon and no additional PEEPS had been completed. We shared our concerns with the registered provider who organised the completion of each person's PEEP.

The above concerns meant there was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 (Safe Care and Treatment). The registered provider had failed to assess and do all that was reasonably practicable to lessen identified risks.

We looked at staffing levels and staff deployment to make sure there were sufficient numbers of staff to meet people's needs and keep them safe. The registered provider told us staffing levels were assessed each time anyone new moved into Bispham Gardens. They also told us they currently had additional staff on shift to meet people's needs and lessen the chance of further concerns being raised. We saw information guided staff on where to work within the home and who to support. When we asked care staff about staffing levels, no-one we spoke with felt staffing levels were unsafe. However, one staff member told us, "On paper it [staffing levels] looks good, but there are a lot of people who require one to one support with meals." A second staff member told us additional staff at meal times would help when supporting people. A relative also stated they felt additional staff were required at weekends. We shared people's views with the registered provider. They told us they had the kitchen assistant starting work earlier to allow care staff more time with people who required support with their meals.

We recommend the service use good practice guidance to review staffing levels and staff deployment.

We spoke with the registered provider about accident and incidents and what actions were taken to lessen the risk of accidents happening again. The registered provider told us they had a system to document and review incidents. The acting manager was able to explain the process they would follow in order to reduce the risks of a recurrence and learn from incidents. They also told us they were going to introduce a new electronic care document system to strengthen their care planning and governance and give greater oversight. They had planned to introduce this in November but did not. They told us it would be operational in December. However it is yet to be implemented.

We asked about protecting people from abuse or the risk of abuse. One person told us, "I have no concerns about being safe. I'm safe here." Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered provider would act on their concerns. We spoke with the acting manager about safeguarding. They gave an example where a person had expressed concerns related to a member of staff and their timely response. We spoke with the person concerned, who was very pleased with the actions taken by the registered provider. This showed the home could protect people by identifying and acting on safeguarding concerns appropriately.

We looked at recruitment records of three staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had

been employed and to keep people who could be vulnerable safe.

We spoke with the registered provider and the maintenance person about the management of premises and equipment. We saw there were system and processes to ensure the home was clean secure and properly maintained. For example, outside agencies were used that ensured equipment was properly maintained and suitable for the purpose for which they were being used.

Is the service effective?

Our findings

Before our inspection visit we had been made aware by the registered provider and the local authority that some people who lived at Bispham Gardens had not received effective support to manage their care needs. They had worked together to create an action plan to identify and manage risk and protect people from future avoidable harm. The registered provider had made changes within the management and staff teams. They had introduced additional management roles to give greater scrutiny and oversight of care practices.

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do. For example, people chose what time they went to bed and what time they rose the following day.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice.

One person had had their liberty restricted for seven days using urgent authorisation. When using an urgent authorisation the registered provider must also make a request for a standard authorisation. The registered provider must have a reasonable belief a standard authorisation would be granted if using an urgent authorisation. We saw no evidence a second urgent authorisation or a standard authorisation had been applied for. The seven day urgent authorisation was no longer in date and the person was still having their liberty restricted.

The above evidence meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding). The registered provider had not consistently acted in accordance with the requirements of the MCA and associated code of practice.

Throughout our inspection, we observed staff offered people choices on food, drink and activities. We looked at one person's care file, which showed they required immediate intervention when acutely unwell but were unable to consent to the intervention. We found the registered provider had completed a

capacity assessment for these times and formulated a best interest decision involving a multidisciplinary team. This helped to ensure the decision made on the person's behalf was in their best interests.

We looked at the care records of a second person who could not consent to living at the home. We found the registered provider had appropriately assessed the person's capacity and initiated a best interest decision to ensure the best outcome on the person's behalf. However, we were unable to find evidence the appropriate procedures to ensure the person was not being deprived of their liberty had been followed which indicated a DoLS application had not been submitted..

We looked at care records for another person who could not consent to using a falls sensor to reduce the risk of falls. We were unable to find evidence a capacity assessment had been carried out or an application had been made under DoLS.

We looked at the records for a fourth person who received their medicines covertly, hidden in food or drink. There was no information that explained how to give their medicines. We found no record that the person had been assessed for capacity to make decisions and covert administration was in their best interests.

We spoke with a member of the clinical team about this and they told us they would review people's care plans and submit the appropriate applications. We spoke with the acting manager who told us additional MCA training was being organised for the staff team.

We recommend the service review all care and treatment being delivered related to consent to ensure they are acting in accordance with the requirements of the MCA 2005 and associated codes of practice.

We asked the registered provider how they supported workers. They told us staff should receive supervision both formally and through support from themselves. We looked at staff records and noted no recent staff supervisions had taken place. Supervisions are one to one meetings between a manager and the staff member to discuss any training needs, set goals and look at areas of improvement. Due to Bispham Gardens only being registered for seven months and a high staff turnover it was difficult to assess if they were working within their own policy and procedure. The supervision policy and procedure stated 'each employee will be invited to a supervision session with their manager or supervisor at least 6 times a year.' We did not see any framework that forecasted staff supervision and gave staff the opportunity to receive on-going support and guidance. However, staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

We recommend the service follow their supervision policy and review processes to ensure staff have the opportunity to meet and engage with a manager to discuss their personal development.

During this inspection, we looked at how the provider ensured staff had the skills and knowledge to carry out their role. We spoke with staff about their experiences of induction and ongoing training. We did this to assess if they had the skills and knowledge to support people effectively. A staff member told us, "The induction was brilliant and other training is good." A second staff member commented, "The e-learning was done at head office and the moving and handling was done here [Bispham Gardens] it was good." During our inspection visit we observed new staff shadowing experienced staff members to gain knowledge. The registered provider also provided incentives to staff to complete their online training. This showed there was a system to ensure staff had the opportunity to gain knowledge and skills to support people effectively.

Staff had recorded involvement from several healthcare agencies to manage people's health and behavioural needs. Records we looked at showed involvement from various health professionals such as

GPs and district nurses. We noted the registered provider was working with the local CCG and community health professionals to promote effective care. For example, they had received support and guidance on the management of medicines and the use of syringe drivers. This assisted the registered provider in being up to date with current guidance and confirmed good communication protocols for people to receive continuity with their healthcare needs.

As part of the inspection, we observed people receiving their breakfast and lunchtime meals. One person told us, "The food is fabulous; they know my likes and dislikes." Their relative added, "They make their Horlicks just as they like it." A second person commented about the food, "The food is very good." We noted staff were patient and gave people the time they needed. One staff member told us, "We all forget to drink. I like to ask people as I walk past." A second staff member commented, "People have proper meals here. There is plenty of juice or other drinks and plenty of homemade cakes." However, one family raised concerns their relative was not encouraged to drink regularly and drinks were left out of reach. We spoke with the registered provider about this who told they would share the concerns with staff. They also identified it was difficult to support someone to accept fluids due to their deteriorating health.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with fresh food. We were told all meals were home cooked and freshly prepared. The chef was aware of food preferences and which people were on special diets or soft foods.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We looked at how the home accommodated the needs of individuals living with dementia. We found appropriate signs were evident on the toilet facilities and we found these toilets and bathrooms had been appropriately adapted for people using them. For example, there were specialised baths and wet rooms to meet people's mobility needs. We found the registered provider had begun renovation within the home to make peoples personal space more dementia friendly. For example, we found they had begun to redecorate people's bedroom doors in a way in which they are more easily recognisable for them, to encourage orientation. However, we did note the signs and wall decorations were not at the eye level of many of the people who lived at Bispham Gardens as they travelled around the home in wheelchairs. We shared this observation with the registered provider.

Is the service caring?

Our findings

Before our inspection we had been made aware the registered provider was working with the local authority and CCG to address concerns related to the care being delivered. Through their own self-assessment process, the registered provider had identified areas for improvement. They were working to address these through action plans and an improvement and sustainability plan. The registered provider did not meet all the standards set out in the regulations, which showed they did not deliver care and support that was consistently dignified and respectful.

As part of the inspection process we spoke with staff about the support they provided to people. Three separate staff at different times used language that did not promote people's personal dignity. For example they identified people who required support with their meals as 'feeders' or people who required 'feeding'. The language we use can influence how staff treat or view people who require support and may be vulnerable. We shared our observations with the registered provider who told us this would be shared and discussed with all staff.

We recommend the service review all training to ensure good practice guidance is adopted to respect and safeguard people's dignity.

We asked people about the care and support they received from staff at Bispham Gardens. We wanted to know if people had had positive caring experiences and were treated with kindness, respect and compassion. We received mixed feedback. For example, one person told us about carer staff, "They sometimes make me feel like I am invisible. They do not talk to me". They also told us, "Some staff always come and say hello when they arrive and goodbye when they leave. I like that." A second person said, "The staff come and talk to you. They are really good." About a member of staff a relative commented, "He's a lovely man, marvellous".

We looked at how staff supported and engaged with individuals. We observed staff adopted a kind and caring approach to the care they provided. We observed staff treated individuals with respect and dignity throughout the inspection process and were attentive to individual needs. The registered provider told us they were introducing the monitoring of staff interaction to ensure staff had the opportunity to spend quality time with people.

The atmosphere throughout the home was relaxed and calm. Staff demonstrated kind and caring therapeutic relationships with individuals living at Bispham Gardens. We observed all individuals responded positively to staff engagement. For example, one person was having difficulty with their food, we observed staff members reacted quickly and effectively to assist the individual to preserve their dignity and offer support and reassurance.

To foster caring connections people had information in their care plans to reflect their personality and uniqueness. For example, one plan told us, 'I love chocolates, Thornton's are my favourites.' Care files we checked contained records of people's preferred means of address and how they wished to be

supported. Information included sections such as, 'Important to me' and 'About me and my life.' For example, one person worked as a teacher. A second person enjoyed pamper activities. Having people's histories in their care plans encouraged staff to see beyond the task and promoted positive, caring relationships.

People who were able to speak with us told us they had been involved in their care planning arrangements. We saw people had signed consent to care forms which showed discussions around their personal care had taken place. This showed the registered provider had supported people and their relatives to express their views and be involved in care planning and delivery.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. People were proud to show us their personal belongings. One person was pleased their room had been enhanced with Christmas decorations. Rooms were clean and tidy, which demonstrated staff respected people's belongings. We observed staff knocked on people's bedroom doors before entering.

We observed people all looked well dressed. For example, those who needed support with dressing were coordinated. We observed the hairdresser was on site. We observed two people had their hair set and staff made positive comments which the people liked.

We spoke with a member of the management team about access to advocacy services should people require their guidance and support. They showed good knowledge on the subject and said they would support people to access the service should it be required.

Visitors told us they were made to feel welcome when visiting the home. One relative told us, "As a family we visit every day, we are made to feel very welcome." Another relative said, "I can come when I like and they always offer drinks." There were no restrictions on visiting times and we observed relatives being greeted warmly by staff. This showed the registered provider had created an environment where caring relationships could be supported and strengthened.

Is the service responsive?

Our findings

We looked at how the registered provider provided personalised care that was responsive to people's needs. We found the registered provider had appropriate systems to highlight people's individual needs. However, people's care plans lacked information in relation to their needs.

We looked at one person's care plan regarding their skin integrity needs. We found specific information related to their wound care and frequency of dressing changes was not recorded.

We looked at the care plan for a second person who had specific requirements in relation to their catheter care. We found the registered provider had not identified appropriate information regarding catheter care. For example, the type, size and also indications of potential problems with their catheter, or possible contact information for staff to seek further advice should problems or concerns arise.

We looked at care records for another person who had complex needs in relation to their medication. We found the registered provider had a plan of care for this. However, the plan lacked important information regarding specific signs and symptoms of unwell episodes which would indicate when specific medication should be administered. We also looked at this person's medication care plan which lacked information on effective administration techniques.

We looked at the care records of a fourth person who could experience periods of heightened distress. We found the registered provider had initiated a care plan regarding this. However, the plan lacked information on effective strategies to reduce periods of distress and possible triggers to distressing episodes.

This person also had difficulty effectively communicating their needs. However there was no care plan specific to this need in the person's care records. This meant staff were not guided in sharing information in an accessible way that the person would understand.

The above evidence meant there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care). The registered provider had failed to ensure people's written plans of care included personalised treatment plans which were available to all staff who provided care.

We did receive positive comments from people about the care they received. For example one person who required support with moving and handling told us, "I need turning regularly, and the staff have never missed once." A second person commented, "Everything I have asked for I have received, I have no concerns." A family member said, "We are able to make our views known without being made to feel uncomfortable."

We spoke with the registered provider who told us they had identified care plans needed reviewing. They had set targets within their improvement and sustainability action plan to address these concerns. For example, they held a morning handover meeting to share knowledge and ensure any changing needs,

preferences and appointments were discussed on a daily basis. We joined the morning meeting and observed ongoing and new concerns were shared with the staff team and recorded on a handover sheet.

Bispham Gardens hosted a regular informal café 'get together' for people living with dementia, their families and friends. We spoke with the organiser who told us they linked in with other dementia organisations to support people with their ongoing emotional needs. We observed people who lived at Bispham Gardens attended the café during our inspection.

We looked at how people's concerns and complaints are gathered and responded to and used to improve the quality of the care provided. The registered provider was working closely with the local authority and CCG to address the safeguarding concerns raised before our inspection. The chief executive had arranged regular coffee and cake mornings to meet people and their families informally. People and relatives we spoke with told us they valued this link with the management team. One person and their relative told us they had raised a complaint with the acting manager. They told us how impressed they had been with their swift response and actions. They commented, "Based on this experience, the service should be rated as outstanding."

However, we looked at how the registered provider recorded and responded to complaints received. We noted three complaints had been recorded in October and November 2017. The complaints contained limited information and no outcomes. There was no recorded evidence the registered provider had followed their own policy and acknowledged the concerns raised with the complainant.

We recommend the service follows good practice guidance on how it records and responds to any complaints received.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. We received mixed feedback on the activities. One staff member told us, "Not a lot going on day to day. More needs to go on." A second staff member commented, "They [registered provider] could do more." However, we noted there was a timetable of activities. We observed people were engaged in craft and puzzles. We noted the hairdresser visited and saw organised activities on each day we visited. One person who rarely left their room told us care staff regularly visited sat and chatted with them. Other people told us about visiting singers and Bollywood dancers. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

People's end of life wishes had been recorded so staff were aware of these. Some of the care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed and showed involvement from the person, families and/or health care professionals. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar surroundings. The registered provider had sought additional training for nurses to manage pain relief. For staff, there was training on advanced care planning as part of people's end of life care. This showed the provider respected people's decisions and guided staff about positive end of life care.

Is the service well-led?

Our findings

The inspection of Bispham Gardens occurred in part due to the clinical concerns and safeguarding notifications received. The information we received indicated potential concerns about the management of risk at the home. As part of our regulatory role we inspected to see if the leadership, management and governance within the home delivered high quality care and support within an open fair and transparent culture.

At the time of our inspection there was no registered manager at Bispham Gardens. The registered manager had left and the registered provider had appointed a new manager who would be registering with the Commission when they started in their new role. The Head of Business Development adopted the acting manager role while they waited for the new manager to start their role. They told us they would be based at Bispham Gardens to offer stability and leadership to the staff team. The registered provider had introduced two additional clinical roles to give greater oversight on care practices.

The registered provider had begun to implement a series of audits. However, we found these were not always effective in identifying concerns. It was noted at the time of our inspection the registered provider did not have a robust quality auditing system in relation to medicines, managing risk, consent and care planning related to person centred care.

The registered provider had not maintained up to date care records that included an accurate account of people's personal care needs and the treatment they required and received. The registered provider did not meet all the standards set out in the regulations.

The above evidence meant there was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 (Good governance). The registered provider did not have processes to consistently assess, monitor and improve the quality and safety of the services provided.

The registered provider had commissioned the services of a consultant to support them in addressing the concerns identified. A comprehensive action plan had been implemented and progress assessed on a monthly basis. This identified areas which required on-going development including care plans, food and fluid monitoring, auditing and end of life care plan implementation. The registered provider was open and transparent in sharing these areas of improvement but also stated they were happy with the improvements that had been made.

We found the Bispham Gardens had clear lines of responsibility and accountability. The acting manager was supported by clinical lead nurses who were allocated areas of responsibility and carried out management tasks including administering medication. The management team completed spot checks at weekends and evenings to ensure the quality of the care delivered was consistent. The chief executive told us this allowed them to see more visiting relatives when visiting out of hours.

The management team, including the chief executive, were knowledgeable and familiar with the needs of

the people they supported. They had a visible presence within the home and staff confirmed they were clear about their roles. People we spoke with confirmed management were visible and available should they wish to speak with them.

We asked people, relatives and staff their views on the way in which the home was managed. People told us things had improved since the acting manager started working at the home. About the acting manager one staff member said, "He is brilliant. He is here most days and if not here he is contactable." They further commented, "It's a lot better now with the changes in management. Its happier here and the care is good." A second staff member said, "The paperwork is so much better now, the home has really improved." A third staff member told us, "The acting manager and [clinical lead] are always about, checking we are doing our job."

The registered provider worked in partnership with other organisations to make sure they were following current best practice. They were establishing links with local colleges to support students to gain vocational practical skills within social care. They had also sponsored staff to gain additional nursing qualifications.

We found the provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. They had notified us of all the concerns raised by the local authority and CCG. We noted the provider had complied with the legal requirement to provide up to date liability insurance.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had failed to ensure people's written plans of care included personalised treatment plans which were available to all staff who provided care. 9(1)
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	We found the storage, recording and administration of medicines was not consistently managed safely. The registered provider had failed to assess and do all that was reasonably practicable to lessen identified risks. 12(1)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The registered provider had not consistently acted in accordance with the requirements of the MCA and associated code of practice. 13(1)(5)
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 registered provider did not have processes to effectively and consistently assess, monitor and improve the quality and safety of the services provided.

17(1)(2)(a)