

Advinia Care Homes Limited

Gorton Parks Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Gorton Parks is registered to accommodate up to 148 people across five separate units. At the time of our inspection there were 133 people living at the service.

Three units specialise in either nursing or residential care (Sunnybrow, Abbey Hey and Melland). Delamere and part of Debdale are 'intermediate' care beds which provide reablement services for people discharged from hospital. The care staff were employed by Advinia, with the NHS providing the nurses, physiotherapists and occupational therapists. The other half of Debdale is a nursing unit run by Advinia.

Each unit has a lounge, dining area, a conservatory, and a kitchenette. All bedrooms are single with no ensuite facilities. Accessible toilets and bathrooms are located near to bedrooms and living rooms.

People's experience of using this service and what we found

People living in Abbey Hey did not always receive their medicines as prescribed. Written guidance for medicines not routinely administered were not in place for the NHS units and did not explain when the medicine should be administered. Medicines records were not always fully completed.

Staff received training to support them in their role and were positive about the training they had. However, staff supporting people living with dementia had not completed training in dementia awareness or managing challenging behaviours.

The quality management system was better organised than at our last inspection, with audits being completed as scheduled. However, the medicines audits for Abbey Hey had consistently shown 80% compliance until June 2019 when the audit was 64%. Audits had not picked up the other medicines issues we identified. Training audits had not identified the gaps in training for staff working with people living with dementia.

Incidents and accidents were recorded and reviewed by the registered and clinical services managers. We have made a recommendation about ensuring all incidents are reported.

People and relatives said they felt safe living at Gorton Parks and were positive about the care staff. Staff knew people and their needs and explained how they maintained people's privacy and independence.

There were sufficient staff on duty to meet people's assessed needs, although they were seen to be busy. An activity coordinator team arranged activities for people or engaged in individual chats with people. Two of the five coordinators had started work on the first day of our inspection. We did not observe staff having the time to engage people in activities on the households as they were busy supporting people.

Staff were positive about working at Gorton Parks. They felt supported and that the management team were

approachable and would listen to their concerns or ideas.

The home was visibly clean, however there was an odour in the lounge area of Abbey Hey. Equipment was checked, maintained and serviced in line with regulations and guidelines.

Risk assessments and care plans were in place and reflected people's needs. The majority of care plans had been re-written on Advinia paperwork. The remaining care plans were on track to be transferred. People and their relatives had been involved in agreeing their care plans.

People's end of life wishes were recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain their health. Referrals were made to medical professionals appropriately.

People received support to maintain their food and fluid intake. People's weights were monitored, and fortified foods offered to those at risk of losing weight.

People's cultural needs were recorded and were being met. A range of culturally appropriate meals were available. People's communication needs were recorded, and staff knew how they communicated and made decisions.

The service had a formal complaints procedure in place. Complaints had been responded to appropriately. People and relatives said they would speak directly to the staff and unit manager if they had any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the areas identified at the last inspection; however, other issues were found, and the provider is still in breach of regulations.

This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was brought forward due to overall concerns with the providers performance.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of the full report.

Enforcement

We have identified breaches in relation to medicines management, the lack of staff training in dementia awareness and managing challenging behaviours and the good governance of the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gorton Parks Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day of the inspection the inspection team consisted of four inspectors, a pharmacy inspector, an assistant inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 26 people who used the service and eight relatives about their experience of the care provided. We spoke with 30 members of staff including the registered manager, regional director, clinical leads, unit managers, nurses, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at information in relation to staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not safely managed.
- People living in Abbey Hey did not always receive their medicines as prescribed. People missed doses of their medicines because there was no stock in the home for them. For the NHS part of Debdale stock checks for some medicines and records about creams showed they had not been given as prescribed.
- Written guidance was not in place on the NHS part of Debdale for staff to follow when they were prescribed medicines to be given "as required" or where there was a variable dose. On Sunnybrow and Abbey Hey there was guidance for when to administer anti-psychotic as required medicines. However, there was no information about how people would inform staff they needed any other as required medicines, for example pain relief. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- People were at risk of being given doses of medicines too close together or at the wrong times because systems were not in place to make sure this did not happen.
- Records about medicines did not always show that they were managed safely. Nurses did not always fully complete records of administration and the quantity of medicines in stock was not always accurately recorded so it was not possible to determine if medicines had been given as prescribed. Patch rotation charts showed that they were not always applied in line with the manufacturer's direction for use.
- Records about the use of prescribed thickeners were poor and did not show that people had their fluids thickened safely.
- Medicines audits for Abbey Hey had shown a compliance of around 80% up until June 2019. Some issues had previously been identified and action taken, for example issues with out of stock medicines in April 2019. However, actions from the audits had not resolved the medicines issues on Abbey Hey. A range of actions had been identified in the June 2019 audit to improve medicines management for the unit.

The provider had failed to manage medicines safely and this was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff to keep people safe. These were reviewed each month.
- Care plans were in place for people who may become anxious or agitated. The care plans on the new Advinia format included details of the strategies staff should use to de-escalate situations and gave guidance for staff on how to manage people's behaviour if they became aggressive. However, care plans still on the old Bupa paperwork did not. These were in the process of being transferred and rewritten onto the Advinia care plans.

- We observed staff supporting people who were becoming anxious and de-escalating or de-redirecting people, so they could become calmer.
- Equipment was serviced in line with guidance and regulations. However; a number of items needing minor repair were observed on Melland House, such as loose toilet seats and a hot tap not working.
- The emergency lighting system had been replaced since our last inspection and was now fully working. The emergency fire folders on each unit contained the up to date personal emergency evacuation plans (PEEPs).

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, how to report any concerns and felt able to raise any issues with either the unit manager or escalate to registered manager as required. They were confident any issues raised would be dealt with appropriately.
- Staff had completed safeguarding training.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and the incident forms forwarded to the clinical services manager (CSM). These were reviewed and inputted on to a computer based spread sheet. This gave an overview of each unit and the home as a whole. These were analysed to identify potential patterns of incidents and ensure action had been taken to reduce the risk of a re-occurrence.
- We observed an incident on Abbey Hey. This was not recorded on the incident reporting forms, in the person's daily notes or on their behaviour monitoring form. The member of staff involved did not think the incident was a serious one and so had not recorded it. This would mean this information would not be used when reviewing the persons care plans (including reviews with the community psychiatric nurse CPN) and assessing their needs. The CSM would not have had oversight of this incident. We raised this with the unit manager and appropriate records were then made.

We recommend the provider considers current guidance for incident reporting and takes action to ensure all staff are aware of the provider's policy for reporting incidents.

Staffing and recruitment

At our last inspection there were insufficient staff on Sunnybrow to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- There were sufficient staff on duty to meet people's needs. Staff were busy throughout the day. Call bells were responded to in a timely manner and there was usually at least one member of staff in the communal areas. Nursing units had at least one trained nurse on duty.
- On the reablement units, if people needed one to one support that was not identified in their pre-admission information the NHS provided additional staffing. Some units had a 'twilight' shift between 5pm and 11pm to cover the busy tea and evening period. However, these were not always covered if the staff member was off.
- The majority of feedback from people, relatives and staff was that there were enough staff on duty. A relative said, "Staff always know what to do with [name], it helps that it is always regular staff".
- The staff teams were stable, with regular staff being used to cover most sickness or annual leave, reducing the need for agency staff to be used.
- At the last inspection staff recruitment was safely completed. We did not view any additional staff files at

this inspection. The registered manager informed us that all full employment histories were recorded for all new applicants.

Preventing and controlling infection

- Gorton Parks was visibly clean. However; there was a malodour in the entrance to the lounge area of Abbey Hey. We raised this with the registered manager and regional director, who said they would replace the carpet in this area of Abbey Hey.
- Staff hand hygiene observations had been completed and personal protective equipment (PPE) was available on all units.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff completed a range of training courses relevant to their role. A training matrix tracked when these had been completed and when they were due to be refreshed. Gorton Parks had a very high completion rate for the standard training courses. The care staff were positive about the training they had.
- People living in Melland House and Abbey Hey were living with dementia. Staff had not undertaken any specific dementia awareness training. The registered manager said that dementia was covered in the mental capacity act training. However, this training would focus on how dementia can affect people's capacity and ability to make decisions for themselves.
- For example, coloured dining plates were used on Melland House to assist people living with dementia to eat independently. These work by contrasting with the table so people can recognise where their food is. However, on the day of our inspection red plates were used on a burgundy tablecloth, which reduces the effectiveness of the contrast in colours. Staff needed to be more aware of why coloured plates were used and how to use them effectively.
- Staff had not undertaken any training in managing challenging behaviour. Abbey Hey is a nursing dementia unit. People may display challenging behaviour towards staff or other people living in the unit due to their advanced dementia. At the time of our inspection one person had one to one staff support due to their behaviours.
- Abbey Hey had four registered mental health nurses (RMN), two working on days and two at night. RMN's have additional nursing training in area's such supporting people living with dementia, especially where this leads to behaviours that may challenge staff or other people. However; staff also required specific dementia and managing challenging behaviour training to be able to meet people's assessed needs.
- We raised this with the registered manager and regional director. Dementia awareness and managing challenging behaviour courses were available but had to be requested in addition to the Advinia mandatory training. These had not been requested for the care staff supporting people living with dementia at Gorton Parks.

The lack of specific training to meet the assessed needs of people living in the specialist dementia units was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said they felt supported by their unit managers and had regular supervisions. They were able to raise any issues they wanted to during the supervisions. The completion of supervisions was monitored by the CSM to ensure they were being held.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and dietary needs were being met.
- People said they enjoyed the food and there was a choice of meals available. We were told, "The food is lovely. I can't eat much but have what I can, and I always try to leave space for pudding" and "I am a fussy eater, they always manage to find something for me to eat."
- A menu was available on each unit, with the choices for each day. Although there were menus on display in each unit and menu sheets were used to support people to choose what they wanted to eat the next day, people and staff did not seem to know what the meal choices were in advance.
- Nutritional care plans were in place and reviewed each month. People's weights were monitored, and referrals made to dieticians and the speech and language team where people were at risk of losing weight.
- Adapted cutlery was available so people were able to maintain their independence when eating.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were being met. They were identified in their care plans, for example skin care and oral health.
- The service made appropriate referrals to other services, for example district nurses and GPs. Notes of professional visits and multi-disciplinary team meetings were made in people's care files.
- The home had started to use a new pressure relieving mattress, which had manually set controls. We found on two units these were not at the correct setting for people's weights. These were immediately rectified and the clinical services manager (CSM) said they would set up a monitoring system for staff to check they were at the correct setting. There was no one living at Gorton Parks who had acquired a pressure area sore whilst at the home.
- Infections and hospital admissions for each unit were monitored each month by the CSM and registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving to Gorton Parks, an initial assessment of their needs was completed by the unit manager, nurse or clinical lead. Where appropriate this included the person's views, family views and input from relevant professionals involved in the person's care and support.
- For the intermediate care beds referrals were made by the hospital to the NHS team based at Gorton Parks. They would gather the initial information and then share this with their Advinia colleagues. A joint decision would be made as to whether the home could meet the person's care and rehabilitation needs.

Adapting service, design, decoration to meet people's needs

- The two dementia units, Abbey Hey and Melland House had signage in place to assist people to orientate themselves. Toilet and bathroom doors were distinctive colours to make them stand out from the wall colour. Doors for rooms such as sluices, or store rooms had a handrail on them which was the same as the handrail on the adjoining walls. This meant people living with dementia were less likely to try to access these rooms.
- On Abbey Hey memory boxes contained photos to help people find their own rooms. However, these were not in place on Melland House. We had raised this at our last inspection and were told memory boxes would be re-instated, but this had not been completed.
- Pictures for reminiscence were displayed along the corridors and handrails were in contrasting colour.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service was working within the principles of the MCA.
- Care records contained capacity assessments and records of best interest meetings, which included family members and other professionals as appropriate.
- Where people had been assessed as lacking the capacity to make decisions DoLS applications had been made. These were monitored by the registered manager and CSM so that re-applications could be made prior to the DoLS expiry date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the staff team supporting them. They said the staff were kind and caring. People said, "They're lovely and caring and really help me" and "They're very patient and helpful, always willing to help if it's needed." A relative told us, "Staff are always polite and helpful and show an interest in everyone."
- We observed and heard positive interactions between people and members of staff throughout our inspection.
- People's likes and dislikes were recorded in their care files. A brief life history was also obtained. Staff clearly knew people and their preferences.
- People's cultural needs were recorded in their care files. Culturally appropriate meals could be requested. One relative said, "They did a Jamaican National dish day. The food was lovely, it made [name] very emotional." Representatives from local churches visited the home to talk and pray with people if they wanted to.
- The registered manager gave positive examples of how the service supported people with their sexuality and sexual health and showed the staff team understood the importance of sensitively supporting people in these areas.
- Staff received training for equality and diversity as part of their induction.

Supporting people to express their views and be involved in making decisions about their care

- Care records contained information about people's communication needs and how staff should support people with day to day choices, for example by asking closed questions and allowing the person time to process the information and respond.
- Relatives told us they had been involved in agreeing and reviewing their relative's care plans.
- Relatives also told us that they were kept informed of any changes for their relative. Relative's said, "Whenever [name] is not well, fair due to staff, they call one of us" and "When I come in, one of the staff give me all the details about how [name] is doing."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support. One person told us, "I am terrified of hoist, always have been, but staff here are always careful and reassuring."
- People and relatives told us they were treated with respect. A relative said, "Staff are caring and respectful."

- People's care plans provided information on what people were able to do for themselves. We observed staff encouraging people to be independent, for example when eating or walking. One staff member said, "If you know a person can do something themselves then we encourage them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection not all care plans reflected people's current needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Care plans covered a range of needs and included the support people needed and how staff should meet these identified needs. Care plans were reviewed each month. Most care plans had been re-written on Advinia paperwork. As scheduled, Abbey Hey had re-written two thirds of the care plans and were on target to fully transfer to Advinia paperwork as planned.
- A daily file for each person recorded the support provided, including personal care, re-positioning and night time checks. Daily notes were also written; however, the entries were usually made in the early afternoon and then again in the early hours of the morning. Therefore, notes were not recorded for the latter part of the day shift or night shift. As reported in the safe domain, an incident had not been recorded in the person's daily notes.
- It was not clear from the records what action was taken if people refused support, for example with personal hygiene or being weighed. This could mean care plans were not being updated and staff advised on the best ways to encourage people to accept the support they required.
- Staff told us they received a verbal handover about people's needs when they moved to Gorton Parks. They were also able to access the pre-admission assessment for further details of people's care needs.
- The care plans for the intermediate units were written by the NHS nurses and physio therapists. A whiteboard was used in each person's room to inform the care staff of the latest assessments and support required, for example with mobility needs. This also reminded the care staff what people's needs were as they only stayed on the unit for a short period of time during their rehabilitation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Gorton Parks had a team of five activity co-ordinator's, two of whom started work on the first day of our inspection. People told us they enjoyed the organised activities, for example the singers that visited the home. People said, "I join in when there are singers, the last one was amazing" and "I enjoyed the birthday parties."
- However, during our inspection we did not observe many activities taking place. Two relatives told us they

rarely saw activities being organised. Staff told us they did not get time to get involved in activities with people. Activity records showed that a lot of people had brief one to one talks with the activity co-ordinators every few days.

- The registered manager told us the activities had reduced when the activity team was not at full strength but the number of hours available for activities should now increase. On some units, especially those supporting people living with dementia, the activity co-ordinators spent most of their time doing one to one sessions with people as people did not like to engage in group activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records contained information about people's communication needs and staff understood people's non-verbal communication and responded appropriately.
- Picture cards had been created for one person whose first language was not English.
- Dementia signs were used in the dementia units to help people orientate themselves. However, we did not see any photo menus being used to support people to choose their meals.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. Formal complaints had been investigated and responded to appropriately.
- Most people and their relatives said they would speak with the staff on duty or unit manager if they had any concerns and these were then resolved. One person said, "The managers and staff are always around to talk to, if I want to complain I can tell anyone" and a relative told us, "The office of the unit manager is at the entrance, we talk often."

End of life care and support

- End of life support plans were in place, which contained brief information about people's end of life wishes, for example if they wanted any religious involvement. Where people did not want to discuss the end of their life this was noted.
- Specific end of life care plans were developed as people neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A quality assurance system was in place. The registered manager and clinical services manager (CSM) had a more organised system in place than at our last inspection for ensuring audits were completed as scheduled.
- Medicines audits were completed each month for each unit. The audits for Abbey Hey had consistently shown 80% compliance until June 2019 when the audit was 64%. Some action had been taken in April 2019 with regard to out of stock medicines, however, significant issues on Abbey Hey had also been identified in the June audit.
- The issues with the 'as required' medicines guidance, records for prescribed thickeners not being clear and medicines administration records not being accurately completed had not been identified or actions taken to improve them had not been effective.
- Advinia senior managers from the north-west regional team regularly visited Gorton Parks; however formal records of any checks made during these visits were not always made. The senior manager audits had not been rigorous and had not identified the issues with the quality of the medicines audits on Abbey Hey until June 2019 when a Regional CSM had been allocated to Abbey Hey. The lack of dementia awareness and managing challenging behaviour training for the staff team had not been identified.
- The regional director told us a new quality framework was due to be introduced which included a compliance tool for regional directors to complete on each visit and also themed visits to look at any issues that came up.

The lack of robust audits with regard to medicines management was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A sample of care plans were audited each month for each unit. Any improvements required were noted and a follow up audit checked that they had been completed.
- A CSM, who worked across Advinia's homes in the north-west, had been brought in the week before our inspection. They were working with the unit manager and nurses on Abbey Hey to address the issues identified with the medicines and ensure the Advinia care plans contained all the required information.
- A computer system was used to give a monthly report for each unit. This included a log of incidents, accidents, people's weights, infections, pressure area care and complaints. This was analysed by the registered and clinical services managers for any trends or patterns. The reports were also discussed as part

of monthly registered managers meetings for all Advinia homes in the north-west. Weekly clinical meetings were also held with the unit managers, so all managers were aware of any new admissions or issues on the other units.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and clinical services manager were visible on each unit. They completed a daily walkaround each morning to be updated on any changes and talk with the unit managers and staff.
- Daily managers meetings were held, including unit manager, the chef, maintenance and the head of domestic staff.
- Staff said they enjoyed working at Gorton Parks. They were positive about the weekly carer's meetings with the registered manager. For these meetings, one member of the care staff from each unit met with the registered manager. The staff said they were able to raise any topics they wanted to.
- Staff were also mainly positive about the changes at the home since Advinia had taken over the running of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified the CQC appropriately of any accidents and incidents at the service. All complaints were responded to within the timescales set in the providers policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they were able to talk to the care staff, unit managers and registered manager as they were all approachable.
- People and their relatives were involved in their initial assessment of needs and agreeing their care plans. Relatives were kept up to date with any changes in their relative's health or wellbeing.
- Meetings had been arranged for relatives but had been poorly attended. The registered manager found relatives wanted to meet her individually if they wanted to discuss specific things relevant to their relative rather than attend a more general meeting.
- Advinia issued an annual corporate survey across all their homes each November. The registered manager said they had reviewed all surveys returned last year but had not formally collated the results. The returns we saw were generally positive, with some negative comments about the environment for two units.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- A range of information was analysed each month, for example incidents and accidents, falls, people's weights and pressure area care to assess if there were any patterns identifiable and ensure appropriate actions had been taken to reduce the risk of a re-occurrence.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People living in Abbey Hey did not always receive their medicines as prescribed.</p> <p>Written guidance for medicines not routinely administered were not in place for the NHS units and did not explain when the medicine should be administered.</p> <p>Medicines records were not always fully completed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The medicines audit for Abbey Hey had been at a high level of compliance until June 2019, despite the issues we found.</p> <p>Audits had not picked up the other medicines issues we identified. Training audits had not identified the gaps in training for staff working with people living with dementia.</p> <p>The senior managers audits had not been rigorous and had not identified the issues with the quality of the medicines audits on Abbey Hey or the lack of dementia awareness and managing challenging behaviour training for the staff team</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff supporting people living with dementia had not completed training in dementia awareness or managing challenging behaviours.