Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Parklands

Newport Road
Bedwas
CF83 8AA

Date of Publication

Thursday, 14 December 2017

Description of the service

Parklands Care Home is in Bedwas, Caerphilly, South Wales. It is owned by HC One Limited and registered to provide personal and nursing care for up to 38 adults. The company have nominated an individual to oversee the home. There has been no registered manager at the home since December 2013. A number of managers have been appointed to manage the home since this time however none have registered with CSSIW.

Summary of our findings

1. Overall assessment

Parklands has experienced periods of leadership and management instability. There has been no registered manager at the home since December 2013. People are generally satisfied with their care however; there are occasions when people wait unacceptable lengths of time to have their individual needs and requests met. From our discussions and observations we found not enough staff on duty to meet people's needs in a timely manner. The home is clean and comfortable.

People's care documents lacked sufficient information to support their health and welfare and were not always stored securely. As in our previous inspection, we found shortfalls in recruitment practices to safeguard residents, staff and visitors. Systems to monitor the quality of service need to be strengthened to ensure continuous improvement.

2. Improvements

We did not note any improvements to the service since our last inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Leadership and management: The individual appointed to manage the home was not registered.

- Staffing: There was insufficient numbers of staff on duty to meet people's needs in a timely manner.

- Care Records: Some care records and monitoring charts contained inconsistencies that could lead to poor health and wellbeing outcomes.

- Staff recruitment: Deficits were noted in the homes recruitment practices which serve to safeguard residents, staff and visitors.

Recommendations to improve outcomes for residents were also noted

- To improve the overall dining experience for residents.
- People's records should be stored securely to maintain their confidentiality.

- Information in people's documents should be clear and reliable to enable staff to support /assist them in a consistent way.
- People's monitoring charts need to be fully completed to ensure they receive appropriate care.
- People who can use call bells should have access to them at all times.
- Regular activity provision should be re-introduced at the home.

1. Well-being

Summary
People are generally satisfied with the service provided at the home.

Our findings
People are able to express choices, views and opinions. We spoke with residents and observed interaction between staff and residents during our visit. We examined people's care plans which encouraged staff to promote people's choices however this was limited to selection of clothes and food. We found residents/ relatives meetings had taken place and an annual satisfaction survey had been completed. An advocacy service visited the home to gain peoples views and opinions. However; during our visit we saw mixed responses from staff towards residents. This is because whilst we saw examples of sensitive, caring and compassionate interactions between staff and residents we also saw staff ignore resident's requests for assistance. In one instance a staff member promised to return to assist a resident during the mid-day meal and failed to do so. In another a resident was left to sit at the dining table for a length of time waiting to be assisted into an easy chair in the lounge. This indicated that whilst residents were able to make views and opinions known their wishes were not always responded to in a timely and or appropriate manner.

People do not always have regular opportunities to access social and recreational activities. On the day of our visit, there were no activities taking place at the home. We were told that activity provision has been temporarily suspended and staff were unsure for how long. One resident told us, "*activities could be better as there is little to do*". They said people sitting in the lounge could either watch TV or listen to the radio. We saw a number of residents sleeping in chairs in the lounge at various times throughout the day as there was nothing else for people to do. Relatives told us that previously concerts were held most afternoons and were enjoyed. Another said that their relative had previously looked forward to joining others in the lounge to listen to the music, harpist etc. Comments received from relatives indicated that the activity workers had "*worked hard to arrange daily activities*". One relative commented that they were "*pleased to see smiles on people's faces when concerts were taking place*". Discussions with residents, relatives and observations led us to conclude that people had previously enjoyed the activity provision at the home although; at present there was no meaningful or regular stimulation taking place.

People are able to use different areas of the home to spend their time. We found residents were offered the choice whether to spend time alone or with others. However, we did not see people moving freely around the home as the majority required physical assistance. We concluded that the layout of the home provided choices for people with regards to where they eat their meals and where they spend their time.

Generally, people are satisfied with the service they receive. Comments we received and responses from the home's satisfaction survey indicated people were happy with the care. One resident told us, they were "*happy living at the home*." A resident commented (in the home's satisfaction survey) "*I'm very happy here, all of my needs are covered and I feel safe*". One relative stated "*I am very happy with the care given to* X". We were told the home enjoyed good community links as most residents are from the local area. This indicated that people feel they belong and have good relationships with others.

2. Care and Support

Summary
People's needs and preferences are not always fully met. Care documents do not always contain clear information to support consistent care delivery. On the day of our visit, we saw that people were expected to wait for staff assistance. Comments from relatives to the homes survey indicated staffing levels had been raised as a concern.

Our findings
People's needs and requests for assistance are not always met in a timely manner. On the day of the visit we found that people were expected to wait an unacceptable length of time to have their individual needs and requests met. We saw instances where some staff ignored resident's requests for assistance. We found two residents who were in their rooms shouting for staff's assistance as neither had been given a call bell to summon help. We noted call bells were ringing for extended periods of time before being answered. In addition, our observations of the mid-day meal indicated some residents experienced a poor dining experience. We spoke with residents and relatives who told us it was not unusual for people to have to wait for staff assistance. Comments from relatives to the home's annual satisfaction survey (dated June 2017) showed that concerns about staff sufficiency had been raised. Staff told us they felt *"frustrated"* as residents often had to wait for assistance which was *"unacceptable"*. This led us to conclude there are times when there are insufficient staff numbers to meet individual resident's needs and preferences. We have issued a non-compliance notice in regards to staffing. Further details are included in the non-compliance notice at the end of the report.

People cannot be assured they will receive consistent care. We examined four residents care plans and noted a number of inconsistencies which could lead to poor health and wellbeing outcomes for people. We saw that documentation contained variations in the number of staff required to assist a resident with their personal care. We also noted inconsistency in the number of staff required to assist a person during a specific manual handling transfer. Both of which could lead to the promotion of poor and unsafe practice/s by staff.

In addition, we noted that reviews of care documents were taking place however; care plans did not always reflect the changing needs of residents for example we found a lack of a mental health care plan for a person with related mental ill health. We also saw that a pain assessment had not been completed for a person in receipt of pain relief. We saw that one person's risk assessment noted changes but a review in of the relevant care plan had not been undertaken which meant that care documentation was not updated with instruction for staff to assist the person with their increased needs.

Furthermore, health monitoring charts for people were not always fully completed to show food/ fluids taken, weight loss etc. Such inconsistent recording of people's diet and weight could put them at risk. We concluded that peoples care documents do not always contain clear information to support consistent care delivery. The provider had previously identified similar deficits and had developed an action plan to address the issues with care records. We were informed that an audit of people's care plans was to be undertaken and that work would be undertaken with staff to ensure that the provider's standards are met.

We examined a number of quality assurance reports at the home. We saw that two independent medication audits had been completed by both the supplying pharmacy and local health board pharmacist. We noted a number of recommendations were identified. We spoke with nurse on duty who told us they were unaware of the audits or works taken to address the recommendations. At the time of the inspection we were unable to establish if the recommendations had been fully completed. We concluded that people cannot be assured that safe medication systems are in place.

People's care documents are not always stored securely. On the day of our visit, we walked around the home and noted resident's care documents and monitoring charts were lying around; available to residents, relatives and visitors. We spoke with the acting manager who told us she would take the necessary action to ensure such confidential information was stored securely. This demonstrated that people's information was not handled appropriately to ensure confidentiality.

3. Environment

Summary
On the day of our visit, we found the home was clean, comfortable and free from odours. Sufficient facilities are available to provide people with options regarding where they spend their time. The home has an entry system which keeps residents secure and safe from unwanted visitors.

Our findings
People's bedrooms are personalised which promotes a homely feel. Bedrooms we saw had been decorated with resident's individual keepsakes and family photographs. Some of the residents we spoke with told us they were able to choose how and where they spent their day. This indicates that people live in an environment that supports their individual choice.

Arrangements are in place to ensure people's security is anticipated and protected. We found the home was secure from any unwanted visitors because door entry systems were in place. This means that staff know who is in the home and visiting which resident at any given time. Relatives told us they are able to visit their loved ones when they wish. We judged that the security systems in place promotes people's well-being.

People benefit from having access to level outdoor space. The garden can be seen from the lounge and so residents have a pleasant outlook. One resident told us they like to sit and watch the birds outside. There is a level patio area for people to spend time outside. People's well-being is enhanced by having access to outdoor space.

People are cared for in safe, warm and well maintained home. We found the environment was clean and free from odours. The internal decoration gave a light, bright, homely and comfortable feel. We saw evidence that regular maintenance checks were on-going. We saw that appliances were adequately maintained. This demonstrated that resident's surroundings are safe, clean and secure.

4. Leadership and Management

Summary
The home has experienced periods of leadership and management instability. Staff told us *"they wanted to do a good job"*. We were notified of two instances where staff sickness had led to staff working in numbers below the levels set by the organisation. There were a number of staff vacancies at the home. We were told some of the homes key personnel had resigned from their positions.

Our findings
People cannot be assured that the home is managed by someone who is registered to do so. The last registered manager left the home in December 2013. Since this time, a number of managers had been appointed to conduct the role however they were not registered. We judged that successive temporary management arrangements have led to periods of leadership and management instability at the home. We concluded that the provider has not acted with due diligence given the length of time the home has been without a registered manager. The provider has not met their legal requirements and therefore we have issued a non-compliance notice to this effect.

The home's recruitment practices are not sufficiently robust. We examined procedures for the employment, training and management of staff. We saw that staff files contained some evidence of the required pre-employment checks, job descriptions, terms and conditions of employment and training certificates. However, not all staff had been confirmed in post following completion of satisfactory checks which ensured the protection of people receiving care.

In addition, we found an internal report which identified agency nurses were working at the home with expired personal identification (PIN) numbers. We asked to see documentation to verify all nurses were eligible to work at the home. This information was not available during the inspection. This deficit was included in the home's action plan however; given the seriousness of this issue CSSIW need to be satisfied that nurses working at the home are registered accordingly.

Furthermore a volunteer was at the home on the day of our visit. We asked to examine records to establish their role, responsibility and fitness. The senior managers present told us they had no knowledge of this person, their role, function or level of training. Also, there were no supporting checks available including a valid DBS (Disclosure and Barring Safeguard) or satisfactory references. We concluded that the provider was not fully meeting legal requirements for all staff who work at the home whether in a permanent, temporary or voluntary capacity and have issued a non-compliance notice.

Staff are not always fully supported and directed to perform their roles effectively. Staff told us all the changes in management had resulted in a lack of clear leadership and direction for the home. Staff said they were *"dedicated"* and *"wanted to provide a good service."* However; communication at the home was *"poor"*. Staff told us that supervisions and meetings had not been regularly conducted however; this had now improved. This meant staff had not always had a regular opportunity to meet with a senior staff member on a one to one basis to discuss their practice, the homes philosophy and learning and development needs. In addition, a lack of staff meetings meant staff were not fully updated or informed

about the residents and direction for the home. The provider had identified an increase in staff sickness levels and was working to reduce it. There had been an increase of agency staff (carers and nurses) to supplement the team. We were told the same agency staff were used as much as possible to minimise effects. We were also told that daily “flash” meetings were to be commenced at the home to update staff.

On the day of our visit to the home three of the seven staff team were agency workers. We found all the agency workers were working on the upper floor of the home. This meant there was a lack of familiar faces for people many of whom had complex needs and were being looked after in bed. Staff told us a lack of continuity of staff meant workers were unfamiliar with residents, their needs and the layout of the home which could mean routine tasks taking longer. Regular staff said they felt increased pressure when working with agency staff due to their unfamiliarity. We shared our findings with a senior manager. We were shown a daily staff allocation sheet which had been introduced to consider the mix of staff skills and experience. We were told this had not been completed for the day of our visit. The senior manager told us they had reallocated the staff on their arrival to ensure a more balanced staff mix. We concluded that consistent leadership and direction at the home is needed for staff to be provided with the support and direction required to enable them to perform their duties effectively and develop their potential.

People living at, working in or visiting the home know how to raise a concern and concerns are acted upon. We asked to view a log of the complaints received about the home since our last visit. Records were stored electronically. We were able to see the process by which individual complaints are addressed. A report following a visit from an independent advocate confirmed how one complaint was satisfactorily resolved. We concluded that a complaints procedure is in place. We recommend that the complaints process could be further strengthened by analysis of complaints to identify any trends or patterns and evaluation of actions taken by the company to initiate improvement.

There is a lack of robust and transparent accident/ incident reporting. We considered accidents and incidents records. Examination of these found there had been a small number of accidents/ incidents that had not been appropriately reported to CSSIW which is required within the regulations. We were assured that measures had been put in place to resolve this shortfall. We concluded that improvement is required for robust and transparent reporting in a timely manner.

People cannot be assured that there are effective systems in place to assess the conduct of the service and implement the required actions to ensure improvement. We saw evidence of regular internal visits to the home by the provider to assess the quality of the service. An annual satisfaction survey was carried out to gain feedback from residents and their relatives. Regular visits had been completed by a manager acting as a representative for the responsible individual. We noted recommendations, some of which were repeated, were made on each occasion for improvement. However; we did not see any record of how or when actions were taken to remedy or address the shortfalls. We spoke to an area manager following our visit who supplied an up to date action plan that the previous management team were working to address. The plan was being overseen by a commissioning agency. We were aware a number of the actions remained outstanding. We concluded that despite regular visits to the home by the provider a number of reoccurring shortfalls persisted examples included care documents, recruitment practices and allocation

of staff. This demonstrated the need for consistent leadership to address such areas effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- Recruitment practices needed to be strengthened. This is because deficits were found in records required to be kept to show an individual's fitness to work at the home. We did not issue non-compliance as we assured by the acting manager in post at the time this would be addressed.

5.2 Areas of non compliance identified at this inspection

During this inspection we identified areas where the registered provider is not meeting the legal requirements and this is resulting in potential risk and/or poor outcomes for people using the service. Therefore we have issued a non-compliance notice in relation to the following:

- Leadership and management CSA 2000 Section 11.-(1): There is no registered manager for the home.

- Staffing Regulation 18 (1) a: Staffing levels at the home are not always sufficient to ensure that people's needs are met in a timely manner.

- Staff recruitment Regulation 19 (2) d: We examined a sample of personnel files and looked at internal reports. Deficits were noted in the homes recruitment practices which serve to safeguard residents, staff and visitors.

- People's care documents Regulation 15 (2) c: We examined a sample of residents care documents and monitoring charts and found inconsistencies that could lead to poor health and wellbeing outcomes. A non-compliance notice has not been issued on this occasion, as the provider had identified similar deficits and was working with commissioning agencies to address the shortfalls in care documentation.

5.3 Recommendations for improvement

- The overall dining experience for residents should be improved.

- To maintain people's confidentiality individual records and care documents should be stored securely.

- To enable staff to support, assist people in consistent way information in each individual's care documents should be clear, reliable and reflective of their current needs.

- People's monitoring charts need to be fully completed to ensure they receive appropriate care.

- People should have access to call bells at all times.

- Regular activity provision should be re-introduced to the home.

6. How we undertook this inspection

We visited the home on an unannounced basis on 28 September 2017 and carried out a full inspection as part of our annual inspection process**.** During the visit we used the following methods:

- Spoke with residents and relatives.
- Spoke with staff.
- Spoke with the acting manager appointed to carry out day to day management of the home and a senior manager involved with the home.
- Carried out observations using the Short Observational Framework for Inspection (SOFI 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Examined four people's care documentation.
- Examined three staff personnel files.
- Looked at various copies of reports following visits to the home from commissioners, advocacy services and HC-One quality team.
- Considered the home's quality monitoring systems which included information in regards to staff supervision.
- Examined comments from residents and relatives to the home's satisfaction survey (June 2017).
- Considered three questionnaire responses from relatives.
- Considered concerns, complaints and safeguarding referrals.
- Walked around the home.
- Spoke with an area manager and responsible individual.
- In addition, we received supplemental information from the area manager following the visit which included an action plan (October 2017), risk assessment for expectant staff (Dec 2017), dignity in dining (June 2017) and bank staff induction.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	HC-ONE Ltd
Registered Manager	Vacant
Registered maximum number of places	38
Date of previous CSSIW inspection	26 October and 4 November 2016
Dates of this Inspection visit(s)	28/09/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an “Active Offer” of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider consider Welsh Government’s “More than Just Words follow on strategic guidance for Welsh language in social care.”
Additional Information:	

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Parklands

Newport Road
Bedwas
CF83 8AA

Date of publication: Thursday, 14 December 2017

Quality of wellbeing
Quality of leadership and management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
The registered provider is not compliant with Section 11.-(1) of the Care Standards Act 2000. This is because the individuals appointed to manage the home since 1 December 2013 had not been registered in accordance with the Care Standards Act 2000. The registered provider must ensure that they appoint an individual to manage the home. Any individual appointed to manage the home must be fit to do so, in accordance with Regulation 9 of the Care Homes (Wales) Regulations 2002. The registered provider must ensure that the individual appointed to manage the home submits an application to register with CSSIW.	29-Dec-2017	Section 11.-(1)

The registered provider must ensure there are sufficient numbers of staff on duty at all times to ensure that people's needs are met in an appropriate and timely manner.	29-Dec-2017	18 (1) a
The registered person must ensure that staff employed at the home are fit to do so.	29-Dec-2017	19(2) d

The registered provider is not compliant with Section 11.-(1) of the Care Standards Act 2000.

This is because since 1 December 2013 the registered provider had appointed individuals to manage the home, none of whom were registered to do so.

The evidence:

We, Care and Social Services Inspectorate Wales (CSSIW) carried out a full unannounced inspection of the home on 28 September 2017. The person responsible for managing the home at this time was not registered in accordance with Section 11.-(1) of the Care Standards Act 2000.

The evidence gathered indicated that:

The service has been without a registered manager since 1 December 2013. Since this date temporary arrangements for the management of the care home had been in place. However none of the individuals responsible for managing the home since 1 December 2013 were registered in accordance with Section 11.-(1) of the Care Standards Act 2000. Furthermore we found that the registered provider was non compliant with Regulation 9 (6). This is because they had appointed an individual to manage the home who was not fit to do as they were not registered with the Care Council for Wales (now known as 'Social Care Wales').

The impact for people using the service is that they cannot be assured that the individual(s) appointed to manage the day to day operation of the home are fit to do so and that they have the legal responsibility and accountability for ensuring that the home is operated in accordance with the regulations and national minimum standards.

The service is non compliant with Regulation 18(1) a of The Care Homes (Wales) Regulations 2002.

This is because the registered provider had failed to ensure at all times suitably competent and experienced persons are working at the care homes in such numbers as are appropriate for the health and welfare of service users.

The evidence:

- We (CSSIW) undertook a full unannounced inspection of the home on 28 September 2017.
- Discussions with residents, relatives and staff during the visit.
- Observations made during the visit.
- SOF1 2 observations made during the mid-day lunch on the day of the visit.
- Relative's feedback comments dated June 2017.
- Internal out of hours visit made to the home dated 2 July 2017.

The evidence indicated that:

- One resident waited over 15 minutes after requesting assistance from a staff member to move from the dining table into an easy chair in the lounge.
- A staff member failed to return to a resident to provide assistance with eating after promising to do so. We saw the staff member ask a resident if they enjoyed their lunch to which the resident replied they didn't like the meal and were having problems with their dentures. The staff member said they would come back to assist the resident however: they did not return. Examination of the residents care plan showed their dietary intake was being monitored because of weight loss.

- We found two residents who were in their rooms calling out for staff support as neither had been given their call bell. One of the residents told us they were *"near to tears"* and had been *"banging on a table"* because they wanted staff's assistance to go to the toilet. We went to find a staff member to assist the residents and we were made aware that the staff member was on 'light duties' and needed to wait for assistance from a colleague. This meant that the residents had a further wait before their needs could be met.
- We noted throughout our visit that people's call bells were ringing for extended times before being answered.
- We spoke to staff who told us they often felt *"frustrated"* as they were unable to provide assistance to residents in a timely manner.
- Observations during the mid-day meal indicated people are not always receiving sufficient staff supervision and support to meet their individual needs. This was because three residents were left to eat their meals independently when they were physically unable to do so. This was because the staff member initially supporting them was called to assist another resident. This led to one resident eating their meal from a plate on their lap. Given this was cooked meal we identified this as a health and safety hazard. A second person's size and posture meant they were leaning right across the easy chair they were sitting in. It proved difficult for them to eat independently from the table in front of them. Examination of the resident's care plans recorded the need for staff supervision and prompting during meal times to ensure good nutritional intake. We observed that the resident had eaten a minimal amount of food. Given the staff member was called away to assist another we would not expect them to provide an accurate account of the food eaten.
- Residents were left alone with a volunteer for long periods of time during the day. We spoke with senior managers who were unsure of the role and responsibilities for the volunteer. There was no available documentary evidence in respect of the recruitment, qualifications, training or experience of this person.
- One of the residents, left in the volunteer's charge started coughing which lasted for a period of time on and off. We saw no staff member check on the resident during this time.
- On the day of our inspection three of the seven staff working at the home were agency staff. All agency staff were assigned to work together on the upper floor. We found one of the agency staff was very distressed and it was explained they had never worked in a care home before.
- One of the staff members included in the total number of care workers on duty was on 'light duties'.
- Minutes of a staff meeting held in August 2017 reported an increase in staff sickness. It reported the need to recruit 160 care hours.
- An out of hours report dated July 2017 identified a lack of continuity of staff at night due to sickness.
- Relative's responses to the homes annual survey indicated their concerns about staffing levels at the home. The report dated June 2017included comments made by relatives which included: *"more carers needed- never find anyone upstairs when relative is in bed as carers far too busy."*
- *"There is a problem with understaffing at the home and has been the case for sometime. Attention to detail regarding the residents needs, are often forgotten about and some basic needs ignored. Response times to alarms take too long due to staff shortages. "*

- *“Our main concern is staffing levels- these being totally inadequate for the correct level of care each individual requires”.*

The impact for people using the service is that their health and well-being is at risk because they do not always receive responsive care and assistance from staff and their needs and preferences are not always met.
The registered provider is not compliant with Regulation 19 (2) d.

This is because there was a lack of full and satisfactory information available to demonstrate the fitness of people who work there.

The evidence:
- We carried out a full unannounced inspection to the home on 28 September 2017.
- We looked at a three staff’s personnel records.
- We looked at the available documentation in relation to an agency staff member employed to work at the home.
- We considered an internal report following a visit from Area manager in August 2017.
- We considered the homes detailed and regulatory action plans.
- We considered information regarding staff recruitment from our last inspection completed on 26 October 2016.

The evidence showed:
- A gap in a staff member’s employment history from 2011- July 2013. A written explanation for the gap in employment history was not available. The staff member had been recruited since the last inspection which was undertaken in October 2016. At that inspection we identified deficits in recruitment records which included unexplained gaps in staff’s employment histories.

- A second member of staff who was recruited in July 2017 had no employment history on file other than from September 03- December 2013 as they worked for same company. This meant there was no evidence of employment from December 2013 to July 2017.

- Two of the three staff personnel files examined did not contain a recent photograph of the individual.

- Documentation was not available to confirm the fitness of an individual who worked at the home in a voluntary capacity. In addition, there was no written information/agreement regarding this individual’s role and responsibilities. Neither was there any documentation available to confirm what training the person had undertaken and arrangement for their supervision and support.

- We saw that there were times when the volunteer had unsupervised access to people living at the home. We witnessed an incident where the volunteer was left unsupervised with a group of residents, one of which had an intermittent cough. Staff did not come into the room to check on the person’s welfare. Later, in discussions with senior managers we were told they were unaware that this individual was working at the home.

- An internal report dated July 2017 reported that agency nurses were working at the home with expired personal identification numbers (PIN). All nurses working in the UK must register with the Nursing and Midwifery Council (NMC). When a nurse registers with the NMC, they are given a pin number which demonstrates the person is registered as a nurse. The registration process also involves checking individual's fitness to practice. During our inspection we were told the file was unavailable for examination.

- A previous inspection by CSSIW undertaken in October 2016 identified shortfalls in the home's recruitment practices. An action plan dated November 2016 reported an audit of personnel files had commenced. Further examination of the plan showed this action was not completed. In August 2017 the action plan reported *"50% way through- 40 staff files".* This indicates that there has been a lack of timely and sufficient action to address the shortfalls in recruitment practices which were identified by CSSIW during October 2016. .

- We looked at available documentation in relation to an agency worker employed to work at the home. The information was sparse and failed to comply with the regulations or include any photographic evidence. Furthermore we saw no evidence of any personal identification or references to support the person's fitness to work at the home .Documents in the form of personal identification (birth certificate, passport) and satisfactory references are required to be kept at the home to evidence an individual's fitness. In addition the training information failed to establish the level of training and dates of completion.

The impact for people using the service is that they cannot be assured that the registered provider's recruitment procedures are sufficiently robust as to promote and protect people's health, safety and well-being.