Community Integrated Care

Green Heys Care Home

Inspection report

Park Road
Waterloo
Liverpool
Merseyside
L22 3XG

Tel: 01519490828
Website: www.c-i-c.co.uk

Date of inspection visit:
04 July 2017
05 July 2017

Date of publication:
23 August 2017

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

The inspection took place on 4 and 5 July, 2017 and was unannounced.

Green Heys Care Home is a large care home, registered to provide general nursing and personal care for people living with dementia. The care home can accommodate up to 47 people, at the time of the inspection there were 36 people living at the home. The home is a purpose built facility with accommodation located on the ground floor. There are two units within the home; Blundell unit and Molyneux unit. Facilities include a large dining room, two large lounges, smaller seating areas which can be found on both units as well as a 'family room' which can be used upon request. There is a court yard in the middle of the building, complete with a water fountain as well as other smaller garden areas around the building. A car park is available to the front and side of the building.

At the time of the inspection there was no registered manager in post. There was an interim manager at the care home and a service manager had been newly recruited and was formally applying to the Care Quality Commission (CQC) to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in April, 2015 the home was rated 'Good' in the safe, effective, responsive and well-led domains and 'Outstanding' in the caring domain. During this inspection we found a number of areas which needed to be discussed with the interim manager throughout the inspection as well as two breaches of regulation concerning safe care and treatment and the need for consent. .

The home was not always operating in line with the principles of the Mental Capacity Act, 2005 (MCA). This was because records we viewed did not demonstrate a consistent approach with regards to people's involvement in decision making. For example, mental capacity assessments were not always completed when consent could not be sought and the records which we reviewed showed that there was a lack of understanding in relation to the MCA principles and how mental capacity assessments needed to be conducted.

We found that topical preparations (medicated creams) and thickened fluids were not safely managed. Thickened fluids are used for people with a disorder of the swallowing function; they are prescribed to help minimise the risk of choking. Staff were not following the medication administration policy which was in place. Medication administration records (MAR) were in place for all topical creams and thickening fluids, MARs were being signed by nursing staff to suggest they were administering the cream and providing the thickened fluids however it was the support staff who were then applying the creams and supporting people with their thickened fluids.

Accidents and incidents were recorded on an internal database system. All staff were able to access the database and record the details of the event which had occurred. The accident/incident report was submitted to the interim manager as well as the regional manager. The report was then reviewed, risks were identified and actions established to mitigate further risk. However there was no evidence to suggest that such accidents/incidents were being communicated with the team in the monthly team meetings. We have made a recommendation regarding this.

From the discussions we had with staff, they demonstrated that they were familiar with the support needs of the people they were caring for. Staff could explain the different levels of support which needed to be provided, specialist dietary needs of some of the people they were caring for, as well as likes, dislikes and preferences.
The day to day support needs of people living in the home were being met. External healthcare professionals we spoke with on the first day of the inspection were positive about the level of care and support which was being provided. The appropriate referrals were taking place when needed, guidance and advice which was provided by professionals was being followed and care records contained up to date information in relation to the care needs and risk assessments which were in place.

People we spoke with did express that their privacy and dignity was respected. Staff were able to provide examples of how they ensured privacy and dignity was maintained and relatives felt that the care being provided was done so with the utmost respect and dignity.

We observed staff who were providing individual support to people did so with care, compassion and kindness however it was also identified that some people were waiting a long period of time for their food, cups were placed on tables which were not within reaching distance of the person and one person was not supported to eat their food with the correct cutlery.

There was a dedicated activities co-ordinator in post who was responsible for organising a range of different activities which were designed to keep people occupied and stimulated. The range of different activities was varied, creative and encouraged positive engagement not only with people in the home but also with wider community members.

It was evident throughout the inspection that care plans were being updated as well as the necessary risk assessments. Staff were familiar with the most up to date care needs of some of the people we discussed with them and we were provided with evidence of how communication systems were effective within the home. Communication systems ensured that staff were aware of any significant changes to care which they needed to be aware of as well as any new risks which needed to be managed.

There was a formal complaints policy in place and people knew how to make a complaint. There was evidence of how complaints were being responded to which were in accordance with the providers organisational procedures. At the time of the inspection there were no formal complaints being investigated.

Staff morale appeared positive, some staff had expressed that due to changes which had occurred in management, morale had been somewhat effected. Staff expressed that morale was improving and overall staff felt supported. Staff we spoke with were very positive about the support which the interim manager was providing and the relatives felt there was safe, kind and compassionate care being delivered.

We reviewed four staff personnel files and saw that recruitment was safely and effectively managed within the home. Processes which were in place demonstrated how effective recruitment practices were carried

out. This meant that all staff who were working at the home had suitable and sufficient references and disclosure and barring system checks (DBS) in place.

During this inspection we found that regular audits and monitoring checks were being completed, systems were in place to monitor and assess improvements which had been identified and we saw evidence of actions being completed within a timely manner. However, we were informed that care plan audits were not being routinely conducted and medication audits were not identifying the concerns we raised in relation to medicated creams and thickened fluids.

The home had recently partnered with an external catering company who create healthy and sustainable meals. They offered a wide range of meals which could be tailored to meet the needs and preferences of the individual. The care home had recently introduced new menus and was hoping to review the menus over a period of time.

The interim manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. The provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the provider website, as required.

Specific policies and procedures were available to support staff. When we discussed policies and processes which were in place, they were familiar with policies such whistle blowing, safeguarding and equality and diversity policies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medication processes for topical creams and thickening fluids were not being followed in accordance with policy or procedure.

Accident and incidents were recorded and reviewed but not discussed as a team.

Risks were assessed and managed appropriately

Effective recruitment practices were in place which ensured staff had received the appropriate checks prior to working in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Principles of the Mental Capacity Act, 2005 were not being followed accordingly.

Observations at lunch time evidenced that staff were not effectively supporting people.

Staff were receiving regular supervision and appraisals were being conducted.

Is the service caring?

Good

The service was caring.

People told us that staff maintained their privacy and dignity

End of life support was facilitated in a dignified and well managed way.

People we spoke with told us that staff were kind, polite and caring.

Is the service responsive?

Good

The service was responsive.

Care plans contained up to date information about people's support needs.

Staff were familiar with the support needs of people living at the home

Activities were organised, creative and stimulating

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager in post at the time of the inspection

Care plan audits were not being routinely conducted and medication audits were not effectively identifying errors.

Health and safety audits were being completed and actions plans were being carried out.

Staff had a good understanding of whistleblowing and safeguarding processes.

Green Heys Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on Tuesday 4 and Wednesday 5 July, 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and a specialist advisor. A specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Before the inspection visit we reviewed the information which was held on Green Heys Care Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted. We also contacted the commissioners of the service and the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the interim manager, four support workers, two nurses, seven relatives, two people who lived at the home, three healthcare professionals and the hairdresser.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

During the inspection we also spent time reviewing specific records and documents. These included five care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

We undertook general observations over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of those who lived in the home, the dining room and lounge areas.

Requires Improvement

Is the service safe?

Our findings

Throughout the two day inspection we received positive feedback from people who lived at the home. Some of the comments we received included "It's marvellous here, I can't fault anything. They involve us in everything and keep us informed of things" and "You never wait long if you ring the bell, they (staff) come quickly". We also received positive feedback from relatives, relatives expressed "They (staff) are very patient and kind (with relative) and with us as a family", "Staff are fabulous" and "There is a high standard of care".

Medication management was reviewed during the inspection. We found that room and fridge temperatures were being monitored accordingly and any known allergies were reflected on the persons necessary medication administration records (MAR). Medication audits were routinely being conducted on a number of sample files twice a month and both medication trolleys were secured to the wall in the medication room following each medication round.

Each medication file we reviewed contained a photograph of the person at the front of the file as well as a PRN protocol ('as and when needed' medication). 'As and when needed' medication protocol outlined when the medication could be administered and the amount of medication which could be administered and we saw arrangements in place to monitor people's pain using a nationally recognised pain assessment tool.

Controlled drugs practices were reviewed on the first day of the inspection and although there was no discrepancies found with the amount of controlled drugs in stock, we did find that the page numbers on the controlled drugs book (which indicated what controlled drugs needed to be administered) were not recorded correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We found that the page numbers did not correlate with the controlled drugs which needed to be administered. This administrative error could potentially lead to mistakes occurring whereby the wrong controlled drug is administered to the wrong person.

We found that topical MAR charts were in place for all topical creams (medicated creams) which needed to be administered. However, upon further review we found that topical MAR charts were being signed by the nursing staff but then being applied by the support staff. This practice did not comply with the organisations topical cream policy. This posed potential harm to people living in the home as there was no evidence to suggest that the cream was actually being applied.

This is a breach of Regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Handover and communication books were being used by all staff and it was regarded as a safe and effective measure to communicate with staff as to ensure that the staff team were aware of significant events which had occurred. One member of staff commented "The communication is really good here". We were made aware of an accident which had recently occurred in the home. Upon review we found that the accident had been recorded on the internal accident and incident system, in the person's care file as well as the communication book.

We reviewed how accident and incidents were recorded at the home; these were recorded on an internal database system and a report was regularly submitted to the manger and regional manager. The manager was then responsible for analysing how risks needed to be managed and actions which needed to be followed up. However there was no process in place to ensure that all staff were learning from accidents which were occurring and how they could support with mitigating further risks. For example, we found evidence of a person suffering three falls in the one specific month but there was no evidence to suggest that such significant events were being discussed and reviewed amongst the staff team. Team meeting minutes were reviewed and there was no suggestion that there was any discussions being held in relation to accidents, incidents or lessons to be learnt.

We have recommended that the provider explore their processes and implement a system whereby accident and incidents are routinely discussed and lessons can be learnt amongst the staff team.

The care records and risk assessments we reviewed contained up to date, relevant information which enabled staff to provide the correct care and support. For example we saw evidence of re-positioning charts in place for people who needed extra care and support in relation to skin vulnerability. There was also a dedicated member of staff who was committed to monitoring the weight of people living in the home, when there was any identified risk the necessary actions were implemented to ensure risks were managed and people were safely supported. We also found evidence of up to date and relevant nutrition, waterlow and falls assessments in place.

Typical staffing levels comprised of two trained nurses and nine care staff through the core day and throughout the night there were two nurses and five care staff. There was an activities coordinator in post as well as a maintenance co-ordinator, domestic staff, kitchen staff and a one to one carer who was supporting a person who was at high risk of falls. The manager expressed that there had been some difficulties covering night shifts but the staffing issue had begun to improve. One relative commented "Sometimes they're short staffed, you can see it takes longer to get (relative) to the toilet, it's not a big problem but it is noticeable….there has been recent issues with staff leaving but it's getting more settled now". Another relative expressed "You never wait long if you ring the bell, they come quickly".

There was no dependency assessment scale in place at the time of the inspection. This meant there was no system in place to determine if the staffing levels were appropriate enough to support the people living in the care home. This was discussed with the manager at the time of the inspection who advised that a dependency assessment scale was going to be implemented to determine staffing levels in relation to the needs of the people living in the care home.

The provider had a process in place to attend to any maintenance/emergency repairs which occurred. A maintenance co-ordinator was employed by the provider and we found evidence that repairs which were notified to the co-ordinator were attended to in a timely way for example, a set of emergency lights were not working on 2 June, this repair had been recorded, the maintenance co-ordinator was made aware and the repair took place on the same day.

There was evidence of health and safety audits being conducted to ensure the people who lived at the home were safe. Audits which were conducted included fire protection and prevention, fire evacuation audits, infection prevention control audits and maintenance audits. Records also confirmed that gas appliances, electrical equipment and legionella testing all complied with statutory requirements. On the first day of the inspection, we did discover that a fire door which should have been closed as a fire safety precaution was being propped open with a box. We did discuss this with the manager, explained the danger and the box was removed immediately.

We saw evidence of personal emergency evacuation plans (PEEPs) in each care file we reviewed PEEPs could also be found in the fire safety book in the manager's office. Such evacuation plans ensure effective evacuation of the home in the event of an emergency.

We spoke with staff about their knowledge and understanding of safeguarding procedures and they were clearly able to describe how to report any concerns. 85% of the staff team had completed safeguarding training and were familiar with the necessary safeguarding referrals. Records confirmed that appropriate safeguarding referrals had been made to the local authority when required. This helped to ensure people were protected from the risk of abuse. There was also an up to date adult safeguarding policy in place.

On the second day of the inspection we reviewed four staff personnel files. The files demonstrated that there were robust systems in place to ensure the staff who were recruited were suitable to work with vulnerable people. Comprehensive records relating to each staff member could be found in each file and full pre-employment checks were carried out prior to a member of staff commencing work. Each file contained the interview process for each person, two references on file prior to commencing their post. The appropriate employment checks had been completed before staff began working at the care home. Application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out.

There was also a routine system in place to ensure nursing staff were validated with The Nursing and Midwifery Council (NMC) The NMC is the professional regulatory body for nurses and midwives in the UK.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we found evidence that consent was not gained in line with the principles of the Mental Capacity Act, 2005. For example, in one care file we reviewed we found that there was a bedrail risk assessment in place but there was no consent found or any mental capacity assessment in place. We also found that the pre-admission paperwork did not evidence whether or not the person could consent to the care being provided or indeed if a mental capacity assessment had been conducted. Another example included staff making a comment that a person 'may have' been able to get involved in their advanced care plan wishes but there was no evidence in their care records that a separate assessments had taken place.

This is a breach of Regulation 11(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We joined people for lunch on both days of the inspection. We found that tables were nicely laid, there was a large 'easy ready' menu of the alternative choices of food that people could choose from and there was a variety of drinks available for people to have. The SOFI tool which was conducted highlighted how several staff were providing effective care. For example, we observed a person requesting a different choice of food, the staff responded to this request and provided the alternative dish which was requested.

However, the SOFI tool also demonstrated that some staff were not effectively supporting the needs of the people who needed to be supported. For example, we saw evidence of a person being prepared for their lunch at 12:30 but then having to wait almost 25 minutes for their lunch to be served. Another example included staff placing cups on the tables which were out of reach. We observed one relative offering support to a person who could not reach their drink. The relative was in fact supporting their own loved one but offered support to another person as they had observed that they could not support themselves. Another example was when a person began to eat their food with their knife. A staff member attended the table where the person was sat and did not observe that the person needed support with the cutlery. We also observed food being served which was too hot to eat. A relative was supporting their loved one to eat their food but had to wait a significant amount of time before the food could be given due to the temperature of the food. We discussed our observations with the manager who expressed that this was not what was expected and would take action from our findings.

We reviewed how people's nutrition and hydration needs were assessed and met. We saw evidence of a dedicated support worker focussing their work on weight management, maintaining weight records and updating the relevant care records. Six people who lived at the home were being monitored through a

programme of weight monitoring as to ensure the correct support was being provided.

The home had recently partnered with an external food producer who created healthy and sustainable meals. They produced nutritious and highly sustainable food and offered a wide range of meals meaning they could tailor menus for individual need, choice and preferences. The home had recently rolled out the new menu's and were in the process of reviewing the different choices of meals, reviewing feedback from people who lived in the home and exploring what creative and enjoyable meals could be provided as part of a rolling menu.

People we spoke with spoke positively in relation to the food and drink provided. For example, one person said "I like it here, the food is better than the last place. If I don't like something, then they make me something else that I like" Relatives we spoke with in relation to the quality and standard of food expressed "The food is good" and "The food is lovely (my relative) gets what they want if (relative) wants a poached egg for breakfast, (relative) gets it".

People who we spoke with who live at Green Heys Care Home provided us with positive comments about the staff who support them. One person commented "I have two carers allocated to me. They help me to get washed and dressed. I can get up when I like which is usually about 9.30am" One external healthcare professional we spoke with said, "There is a high standard of care. I have been coming here for a number of years. Systems are well managed and there is good follow through of care. The staff are fabulous, Nurses know what they are doing".

Staff expressed that they felt supported in their role. They received regular supervision as well as an annual appraisal. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff we spoke with told us they felt supported and could raise any concerns they had with the management team however there was no systems in place to provide formal supervision to the support workers or nursing staff. Mandatory training had been completed by the majority of staff which included Moving and Handling which had been completed by 82% of staff, emergency first aid had been completed by 85% of staff and safeguarding training had been completed by 85% however there was no evidence of Mental Capacity Act training or Deprivation of Liberty safeguards training.

One support worker informed us that they had been in post for a year and had not received Dementia training, which they were keen to complete. Staff received an induction and new staff were enrolled on to the Care Certificate. The Care Certificate which was introduced by the Government in 2015 and is a set of standards that social care and health workers comply with in their daily working life. The care certificate is a new set of minimum standards that can be covered as part of induction training of new care workers.

We observed the environment of the home and found that improvements were needed in a number of areas. One relative commented that the décor of the home was "tired" and one person expressed that it the decor "was awful" .The environment needed to be more stimulating for the people who were living with dementia. Corridors were wide and handrails were available, however these had not been painted in contrasting colours which could cause problems for people in relation to orientation and safety. There was evidence of some attempt to provide dementia friendly areas such as a reminiscent room, sensory garden, 'memory lane' and a Blackpool themed sitting area however there was no consistency of this approach throughout the home.

Good

Is the service caring?

Our findings

During the inspection we received positive feedback from people who lived at the home, relatives and external professional. One person commented "The staff are kind". One relative expressed "Care staff are amazing, they are all very good". One external healthcare professional expressed "Staff do care and we can't fault them'. One relative said "They have looked after (my relative) as I would look after (my relative)'. The care staff are amazing....all very good' Another relative said "The staff are brilliant".

We observed staff providing support to people during the inspection in a manner which protected their dignity and privacy. We observed staff supporting a person to walk up and down one of the corridors upon the request of the person themselves. We observed staff knocking on bedroom doors before they entered as well as staff having genuine, kind and friendly conversations with people over the course of the two days. One relative expressed "(My relative) can be challenging at times but they (the staff) are so patient with (relative). We are so thankful that (relative) is here".

Relatives expressed that they were able to visit the home as and when they wished to. Relatives were also able to spend some quality time in the family room upon request. We were informed that the family room was used by family members but most recently was used to hold a small family party for a person's birthday. For those who did not have any family or friends to represent them, contact details for a local advocacy service were available at the home. At the time of the inspection there was one person being supported by a local advocate.

Staff were familiar with the support needs of the people they were caring for. Staff were able to explain specific support needs, certain likes, dislikes and preferences as well as relatives who visited. This demonstrated that staff knew the people in their care and were able to provide person centred care. The atmosphere throughout the course of the inspection was warm, inviting and friendly and it was evident from our routine observations and our discussions that people felt safe and supported. We observed how people's privacy and dignity were protected.

Staff ensured that toilet doors were closed when they were in use and explained how they took practical steps to protect people's privacy when delivering personal care. Staff expressed that they encourage people to remain as independent as possible within their abilities and to do as much as possible for themselves. For example, staff described how they encouraged people to choose their clothes each day, ensured that people maintained their own personal care where and when possible encouraged people to involve themselves in social activities and events. We also saw evidence within care plans about staff supporting people's independence and offering them 'choices' where possible. For example, in one care file it stated "Ensure staff offer (person's name) a choice of clothing each day".

We saw evidence of the most recent 'Resident questionnaire' which were circulated in May 2017. Questionnaires are given out annually to all those who lived in the home. The questions were aimed at gathering information around different aspects of the quality and standard of care being provided, such as food and drink, privacy and dignity, being treated with respect, activities and relative support. The feedback

which was received was positive, some of the comments included "All of the staff are wonderful, very caring and supportive", "Excellent care" and "My family are extremely grateful for the care and kindness provided".

Good

Is the service responsive?

Our findings

Over the course of the two day inspection we saw staff generally engaging well with people in the home. We saw that staff demonstrated their skills and knowledge when supporting people they were caring for and it was evident that staff were familiar with the care needs of the people who were living at the home. One relative expressed "They (staff) have looked after (relative) as I would look after (relative)'. The care is also very personalised". Another relative said "The standard of personal care are good, the staff are brilliant".

It was evident from the care records we reviewed that a good level of information was captured about the person before they began living in the home. There was a 'one page profile' in place which provided staff with information such as 'what people admire about me', 'What's important to me', 'How best to support me', 'This is me' and 'Daily needs'. The 'This is me' document contained important information in relation to the day to day care needs which needed to supported such as "I would like coffee when I wake up with no sugar and I like my coffee in a mug", "I like to wear trousers, t-shirt, jumper or a cardigan" and 'I like to have a shower every other day'.

Staff were able to be responsive to the care and treatment which people needed to be provided with. People were assessed from the outset and care records were regularly updated with correct information. Daily records were regularly being updated as well as records being updated from external health and social care professionals who were overseeing people's health and wellbeing. For example, we found evidence that a person who had lost a significant amount of weight. An appropriate referral was made to the dietetic and nutritional department, the person was prescribed thickened fluids and pureed diet was being provided. The person was being regularly monitored, the relevant risk assessments were being completed and a referral to the speech and language therapist team had been completed. This information which was being recorded was an important way of providing all staff with the most up to date and relevant information in relation to the health, care and support needs which needed to be provided.

We saw that care plans were in place for different areas of care which needed to be supported such as personal hygiene, socialisation, mental health needs, dementia, eating and drinking, risk of falls and incontinence, We found that the information was being updated accordingly and people were receiving the correct care and support which was needed. Although it was noted that some of the care plans could have contained more information in to the care which needed to be provided, how the care needed to be provided and when this should be provided. For example, one care file which was reviewed had detailed information in relation to the advanced plan of care which was being provided but there was minimal information in relation to personal care, oral hygiene and pressure relief. Such care plans and risk assessments could have been better developed and contained more detail.

There was a dedicated activities co-ordinator in post and we saw evidence of the range of different activities which were organised. The feedback we received from the relatives about the activities was positive. One relative expressed "The activities organiser is brilliant, (organiser) arranged a party for (my relative) (Manager) brought a lovely bunch of flowers to mark the occasion. At the party, the other residents' were involved too. They (staff) take them out; (my relative) has been to Southport and had an ice cream. They

take it in turns with the residents' which is fine as (relative) doesn't always want to go out".

Other examples of the different activities which had been organised included movie afternoons, children's choir, minibus trips, craft afternoons, dementia exercises, birthday celebrations each month, aromatherapy sessions as well as Eucharistic services.

The provider had a formal complaints policy and sufficient processes in place. The procedure for making a complaint was clear. We saw how complaints were recorded, how they were investigated and how they were responded to. We were also shown evidence of how the regional manager has an oversight of the level of complaints, if they are being effectively managed and the response time of the complaint. The regional manager explained that this process offers support from a regional level but also ensures that complaints are managed in the most effective and responsive way.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the home at the time of the inspection. However, the newly recruited service manager was in the process of registering with CQC. The interim manager had been in post since April 2017.

Staff we spoke with were very complimentary about the interim manager. Staff member expressed "(manager) is brilliant", "There's great team working, managers, support workers and nurses all work together" and "(manager) is brilliant, we're listened to and helped when needed". One relative commented "(manager) is lovely and so are the carers, very approachable. If we have any issues, we speak with (manager) and (manager) sorts it out".

All of the staff we spoke with told us that they enjoyed their jobs. One staff member said "It's very nice here, it's a very good team, colleagues work so hard…we're like a family here" and another staff member stated "I love it here, there are no stresses, there's so much support and the residents are well looked after". The interim manager promoted an open, transparent and positive culture, was passionate about providing safe, compassionate and effective care.

The regional director who supported us throughout the course of the inspection provided us with a quality assurance folder which was introduced in June 2017. The folder included an annual improvement plan as well as monthly service audits which would be conducted and completed by the service manager. The monthly audits would focus their attentions on support plans, medications systems, DoLS, finances, the environment, events and incidents as well as the staff team and support needed and would feed into the annual improvement plans. At the time of the inspection there were no routine care plan audits taking place. These audits would have identified the concerns we found in relation to the MCA. This was discussed with the manager who advised that routine care plan audits were being implemented as part of the quality assurance systems which had recently been introduced.

Over the course of the two day inspection we reviewed different quality assurance systems which were in place. Audit systems we were provided with included medication audits, medication competency audits, health and safety audits, kitchen audits and fire safety audits. However, the medication audits had failed to identify the issues we found in relation to medicines. There was an up to date 'Emergency Response File' which contained all relevant contact details of both internal and external services and agencies as well as advice and guidance of what to do in the event of an emergency situation.

Communication and recording systems which we reviewed were effective. Communication systems allowed for the staff team to work in collaboration together, they were familiar with the care needs of the people they were caring for and the staff explained that the different levels of communication kept people safe. The different range of communication included daily handovers, regular team meetings, supervisions and daily contact notes as well as care plans and risk assessments being updated. Such varying level of communication enabled the staff team to familiarise themselves with any changes in circumstances, acknowledge any risks which needed to be managed and mitigated as well as being up to date with the day

to day care needs of the people they were supporting.

Staff meeting were taking place between the day staff, night staff, nurses and full staff meetings. Meeting agenda items included staff training, safeguarding and whistle blowing concerns, activities, updates on care plans and risk assessments as well as home improvements.

We asked to review the different policies in place at the home as to ensure that staff could familiarise themselves with the different processes in place. Policies we reviewed included safeguarding, equality and diversity, medication and whistleblowing policies. Staff were able to describe their understanding and knowledge of such policies as well as explaining where they could access the policies if they ever needed further advice and guidance.

'Resident and relative' meetings were taking place but not as routinely as the interim manager would have liked. We saw evidence of two meetings which had been conducted in 2017 but the aim was to conduct these meeting bi-monthly as to establish more of a consistent approach to feedback and views of people living at the home as well as their relatives and carers. Discussion which had been held in the 'resident and relative meetings' included the range of different activities, maintenance issues, catering, staffing as well as any other business.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website. Statutory notifications were also submitted in accordance with regulatory requirements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent There was no effective system in place to ensure principles of the Mental Capacity Act, 2005 (MCA) were being routinely followed and complied with. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. There was no evidence to suggest that consent from people who lived in the home was sought

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was no effective system in place to ensure that topical creams and thickening fluids were being administered in safe and appropriate manner.