

Alverant Limited

# Cartref Residential Care Home t/a Alverant Limited

## Inspection report

61 Derby Road  
Widnes  
Cheshire  
WA8 9LQ

Tel: 01514244775

Date of inspection visit:

14 May 2018

15 May 2018

17 May 2018

18 May 2018

Date of publication:

26 June 2018

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on the 14, 15, 17 and 18 May 2018 and was unannounced.

Cartref Residential Care Home t/a Alverant Limited was previously inspected in January 2018. No breaches were identified at that inspection and therefore an improvement plan was not requested.

We commenced an unannounced focused inspection of Cartref Residential Care Home on Monday 14 May 2018. This inspection was undertaken as the CQC had received information of concern regarding the operation of the care home in areas relating to: governance and leadership; staffing levels; management of medicines; standard of personal care provided to people; safety issues relating to the welfare of service users and failure to notify CQC of reportable incidents.

The inspection team initially inspected the service against two of the five questions we ask about services: is the service 'safe' and 'well led'. We identified risks and concerns within the service so we decided to undertake a comprehensive inspection of the service so that we could expand our inspection activity to include our remaining three key questions. They are: is the service 'effective'; 'caring' and also 'responsive'.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to: need for consent; safe care and treatment; safeguarding; premises and equipment; receiving and acting on complaints; staffing; fit and proper persons employed and good governance.

You can see what action we told the provider to take at the back of the full version of this report.

Cartref is a 'care home' operated by Alverant Limited (the provider). 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 care home provides accommodation and personal care for up to 24 older people, many of whom have dementia care needs. Respite care is also offered. The home is situated in the historic village of Farnworth in Widnes, Cheshire.

At the time of our inspection the service was accommodating 21 people. Accommodation is provided on the ground and first floor of the large Victoria property which is situated within its own grounds. There is a large car park at the front of the building for visitors to use and a garden with seating areas at the rear of the building.

The home did not have a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act

2008 and associated Regulations about how the service is run.

During our inspection of the service we identified that there had been no proper scrutiny or monitoring of the service by the provider. Furthermore, there was a clear lack of leadership and direction for staff working in the care home.

Systems and procedures relating to governance; quality assurance; medicines management; staffing; service, staff and service user records; safeguarding and the management of complaints were not robust. This had contributed to significant failings within the service which had the potential to place the welfare of people using the service at risk.

We found that the environment was in need of refurbishment and maintenance and was not appropriate or safe for people using the service.

We observed that staff interactions were warm and kind but noted examples where people's privacy and dignity have been compromised. We also noted that people had access to a limited range of activities and did not always receive personalised care that was responsive to their needs.

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

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

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe

Recruitment procedures did not provide assurance that the necessary checks had been undertaken to confirm people using the service were being cared for by suitable staff.

The laundry area was not fit for purpose and systems to keep the home clean and to promote infection control were not effective.

Environmental and person centred risks had not been assessed to ensure risks were identified and mitigated.

Staff were not clear about the different types of abuse that can occur or the appropriate action to take in the event they had suspicion or evidence of abuse.

Staffing levels were not always sufficient to ensure people received appropriate levels of care and support.

### Is the service effective?

Inadequate 

The service was not effective

The care home was not suitable for people living with dementia. Internal and external parts of the care home and grounds were not safe or 'dementia friendly' which presented risks to people using the service.

Staff had not consistently received appropriate induction, mandatory or service specific training to help them understand their roles and responsibilities and the needs of the people they cared for.

Staff lacked understanding of the Mental Capacity Act, the implications of this protective legislation and which people living in the home were subject to deprivation of liberty safeguards.

People had access to wholesome and nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary.

### Is the service caring?

The service was not always caring

Intelligence received by the CQC prior to the inspection raised concerns regarding the safety, care and treatment of people using the service.

Staff interactions were warm and kind but we noted some examples where people's privacy and dignity was being compromised.

Staffing levels in the home had the potential to put staff under pressure. This could impact on the welfare of people using the service.

**Requires Improvement** 

### Is the service responsive?

Care plan records and supporting documentation were not up-to-date and in need of review to ensure they contained all the necessary information to assist staff in the delivery of person centred care.

Systems for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the service provided were not effective.

People had access to a limited range of activities and did not always receive personalised care that was responsive to their needs.

**Inadequate** 

### Is the service well-led?

The service was not well led

The service did not have a registered manager in place to provide leadership and direction.

Governance was ineffective and quality issues, performance and risks within the service had not been identified or acted upon. This placed people at risk of harm and of receiving a service that did not meet their needs.

Auditing systems were not being utilised effectively to ensure key aspects of the service benefitted from effective oversight and scrutiny. This involved seeking the views of people using the service and their representatives.

**Inadequate** 

# Cartref Residential Care Home t/a Alverant Limited

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 14, 15, 17 and 18 May 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

The inspection was prompted in part by information of concern received from a person who completed a 'Your experience' form. The intelligence received by CQC highlighted a number of areas of concern relating to the operation of the care home and the management of risk.

The concerns included: governance and leadership; staffing levels; management of medicines; standard of personal care provided to people and safety issues relating to the welfare of service users.

During the inspection we found evidence to support the intelligence received. The provider is therefore working in partnership with the local authority to ensure: the home has effective management and leadership to develop the service and improve standards; the provision of additional staff to mitigate risk and working to address environmental risks.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service provided by Alverant Limited (the Provider).

We looked at all the information which the CQC already held on the provider. We also spoke with representatives from Halton Borough Council who were present during the inspection, in order to obtain

any information that they held about the service. We took any information to us into account.

During the inspection we spoke with the owner / nominated individual; three senior carers (one of which was acting as the manager); four care assistants; the cook on duty; a visiting health care professional; an electrician; four people who used the service and three relatives. We also spoke with the director of adult social services, a divisional manager, quality assurance manager and a quality assurance officer from Halton Borough Council. We also attended a meeting with 16 relatives of people using the service.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We also looked at a range of records including: four care plans; four staff files; training records; rotas; complaints and safeguarding records; medication; policies and procedures and maintenance. Records were also requested relating to governance and quality assurance and these could not be located.

# Is the service safe?

## Our findings

At the time of our inspection, 21 people were being accommodated at the care home. They required different levels of personal care and support.

We checked a sample of staff rotas with an experienced member of staff. We were informed that the care home was usually staffed with one senior carer and three care assistants from 8:00 a.m. until 9.00 p.m. During the night two care assistants were on duty.

We looked at staff rotas and noted that the home was usually staffed as per the above feedback. We noted that the rotas did not always clearly indicate the hours worked by staff as terms like "long day"; "early" and "night" had been recorded. We received assurances from senior staff that the rotas would be amended in the future to reflect the actual hours worked by staff.

We enquired how the staffing levels in the care home were calculated to ensure sufficient staff were deployed to meet the needs of people using the service. We noted that individual dependency assessments were available on each person's file however there was no system in place to demonstrate how the staffing model reflected the needs of people using the service and the layout of the home.

During the inspection we observed examples which showed staffing levels were not sufficient. On the third day of the inspection we observed that the medication round was still not completed at 11:10am. At 11:18am we saw one person who was just being given their breakfast and another who had just finished having a shower. We spoke with staff who reported they felt they needed more staff on duty especially at night in order to respond to people's needs. We noted that in addition to providing direct care to people using the service, staff were also expected to deal with laundry tasks and to engage people in activities. Staff also raised concerns that there were no senior staff on duty at night to provide leadership and guidance and a formal on-call system was not in place.

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

The local authority has since taken steps to increase staffing in the care home in order to mitigate environmental risks and to ensure the needs of people using the service are safeguarded. This has included the introduction of hourly observations on people using the service.

Ancillary staff were employed in domestic and catering roles only.

We requested to sample four staff recruitment records to check that effective recruitment procedures had been completed. We found that various records required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were not in place in each file.

For example, in one employee's file we found no evidence of a start date; an incomplete application form



with no employment history; only one reference and no proof of identity or medical fitness.

In another person's file, we found no evidence of: references; proof of medical fitness; identity or a Disclosure and Barring Service certificate (DBS). A DBS check aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Other shortfalls were noted in the other two files checked too.

The above is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures for infection control were in place, however records indicated that these were out of date. Training records were not up-to-date and indicated that only six of the 21 staff on the rota had completed infection control training.

We asked the senior care assistant who was acting as the manager to provide us with evidence of infection control audits for the care home. The senior care assistant told us that they had not completed any infection control audits and were not aware of the whereabouts of any previous infection control audits undertaken in the home.

We were unable to locate any evidence of infection control audits or monthly surveillance reports within the care home during our inspection. Furthermore, an Infection Control Practitioner undertook an unannounced visit to the care home to review infection control issues during the third day of our site visit and identified many concerns. The concerns included the absence of a valid risk assessment for the safe management of water; out of date policies and procedures; the cleanliness of the environment; decontamination of equipment; state of the cleaning cupboard / COSHH room; cleanliness of bedrooms; condition of waste management bins; absence of hand hygiene audits and the condition of the laundry.

Staff spoken with reported that they had access to personal protective equipment and we could see that paper towels, hand sanitiser dispensers, paper towels and gloves were located around the care home.

We noted that some parts of the care home were in need of cleaning. We also noted that toilet check forms stored in bathrooms and toilets had not been kept up-to-date and that the records did not identify which area they related to. The laundry was found to be in need of maintenance, was disorganised, full of clutter, unsecured and allowed access to electric and gas facilities. The laundry processes and layout was also not compliant with Department of Health's HTM 01-04 (Decontamination of linen for health and social care) regulation guidance dated March 2016.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local authority has taken action to replace equipment such as pressure cushions and commodes as they were either contaminated or not fit for purpose due to their condition.

Prior to our inspection, the provider notified us that a Care Home Medicines Management Technician from Halton Clinical Commissioning Group had undertaken an audit of the care home's medication systems. Following the audit a number of concerns were identified which included the identification of missing controlled drugs. The provider informed us that the matter had been referred to Cheshire Police who were in the process of undertaking an investigation.

A number of other concerns were identified including: the absence of trained senior members of staff on duty at night to administer medication; the need for key staff responsible for administering medication and also checking the competency of staff responsible for managing medication to complete appropriate training; the necessity for staff to ensure that people using the service received their medication at the correct times and the importance of the care home undertaking regular medicines management audits.

We looked at the home's medication systems with a senior carer who was acting as the manager and responsible for administering medication. We were informed that no action had been taken in response to the above findings and no medication audits had been completed in response to the findings by the Care Home Medicines Management Technician. We found that the last medication audit on file for the care home had been completed during December 2017.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the provider had failed to take action to mitigate risks to people using the service in respect of medicines management.

We checked a sample of medicines and medication administration records (MAR) during our inspection in the presence of the senior carer. We observed that a copy of the medication policy for the home was not readily accessible for staff to refer to.

Medication was dispensed by a designated pharmacist using a blister pack system and medication checked was found to be safely stored within a medication trolley. We noted that some medication boxes had not always been dated when opened and received assurance that action would be taken to improve this practice.

Records of the fridge and room temperatures were monitored and recorded however some gaps were noted.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Separate storage facilities were available for controlled drugs and medication requiring cold storage. We undertook a check of the controlled drugs storage facility and found that the number of drugs corresponded to the controlled drugs register.

Risk assessments were in place around people's needs, however these were not kept up-to-date and were not sufficient to protect people from the risk of harm. For example, one person had lost 11.9Kg over a six month period. This had not been identified by the registered provider because this person had not been weighed since November 2017, despite being at risk of weight-loss. The local authority safeguarding team were carrying out an investigation into this. In another example, a person had fallen twice during the night, however their falls risk assessment did not include information on this, or explore ways of mitigating this risk.

The above is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A business continuity plan had been developed for the service which had last been updated during January 2013 and was in need of review.

The Commission was notified that the Cheshire Fire and Rescue Service served a Fire Enforcement Notice on the home during September 2017. We saw evidence of an action plan which indicated that action had been taken in response to the Notice.

However, we found no evidence that an asbestos or legionella risk assessment had been completed for the care home or routine sampling of the water. We raised this issue with the provider who told us that he had a copy of an asbestos risk assessment at home which he would forward to the CQC inspector. The provider also told us that he was not aware of the need to undertake a legionella risk assessment or routine checks of the water system as he had been informed by contractors that the water system was a "closed system." Furthermore, the provider told us that domestic staff were responsible for opening all taps and shower heads on a weekly basis but we could not find records of these tests.

We sampled a number of test and maintenance records during our inspection. We found that records relating to the fire extinguishers; electrical wiring; passenger lift; portable appliances; gas boiler servicing and hoist servicing were in place.

However, we saw evidence that the stair lift had failed an equipment service during April 2018 and was still out of order. We noted that the fire alarm had not been serviced for over six months and there was no evidence that the gas cooker in the kitchen or call bell system had been routinely serviced or checked. We also noted that some call bell points were not working correctly during our inspection. In response the local authority increased staffing levels and introduced hourly observations on people using the service.

During our inspection we identified a number of risks within the home and the grounds. We found no evidence of environmental risk assessments and therefore asked the provider to complete this task as a matter of priority to help identify hazards and manage risk. This work had not been completed at the time we completed our inspection.

No analysis of accidents and incidents was being carried out by the registered provider, which meant that action could not be taken to prevent incidents from re-occurring.

Failure to assess and manage risks could place people using the service at risk of harm.

The above is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It is also a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the provider had failed to ensure that the premises and equipment were not clean, properly maintained and fit for their purpose.

There was no safeguarding adults policy and procedure in place to offer guidance to staff on their duty of care to protect vulnerable people from abuse and how to whistleblow. In addition the registered provider did not have a copy of the local authority's adult protection procedure. This meant that clear processes were not in place for staff to follow.

Records held by the Care Quality Commission (CQC) indicated that there had been no whistleblowing concerns raised in the last 12 months and only one safeguarding incident. This was a statutory notification from the provider regarding an allegation of abuse. Records viewed confirmed that the incident had also been referred to the local authority safeguarding team in accordance with local policies and procedures.

Prior to our inspection we received information of concern that people were attempting to leave the premises and that these incidents were not being reported as a care concern. During the inspection we

observed an ongoing risk of people absconding from the service without the required level of support. We discussed this with the local authority who increased staffing levels to mitigate this risk.

We asked to look at safeguarding records for the care home. No centralised records were available for inspection. This meant that the registered provider did not have oversight of those safeguarding issues occurring within the service which placed people at ongoing risk of harm.

Some staff spoken with during the inspection lacked awareness of the different types of abuse and how to raise concerns or whistleblow should the need arise. We looked at staff training records and noted that five of the eight staff spoken with had completed safeguarding of vulnerable adults training via electronic e-learning with scores ranging from 55% to 100%. Two staff spoken with had no record of having completed this training during their employment at the care home and training records were not up-to-date.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

Cartref Residential Care Home provides accommodation and personal care for up to 24 people. Accommodation is provided on the ground and first floor of the large Victoria property which is situated within its own grounds.

Prior to our inspection, we received intelligence that there have been incidents of some people attempting to leave the care home. We therefore undertook an extensive tour of the care home to check the environment and identified several hazards and risks to people using the service.

For example, we found that locking systems on the main front door, two side extension doors, the front small room (known as the small 'foyer') and side gate were either not appropriate or working correctly. For example, the front door of the care home provided access to stairs and the side and rear grounds and was fitted with a standard 'yale' type lock only. The small foyer was fitted with a simple thumb turn lock providing direct access leading to a ramp and access to the front of the home, car park and the main road. The rear door from the dining room to the rear ramp provided access to unkempt and dangerous grounds and was fitted with a simple fire door release bar. The door had also not been fitted with an internal alarm to alert staff if a resident had opened the door. The two side doors of the extension were also fitted with thumb turn locks and a simple electric switch mechanism. One of these doors provided access to a ramp and a gate that had been poorly fabricated and was fitted with an electromagnetic lock which was not working and again provided access to the front of the home, car park and the main road. The other side door of the extension provided access to more stairs and access to the rear garden.

We requested the provider to make arrangements to upgrade the locking systems and internal alarm during the inspection. An electrician subsequently attended the home in response to our concerns. The provider informed us that he had requested a quotation for the necessary work and would arrange for the work to be undertaken by his electrician. This work was outstanding on the last day of our inspection, however staffing levels were increased by the local authority to mitigate the risk of people leaving the service without the required level of support.

In one toilet we found a cupboard situated behind a toilet cistern. This was not fitted with a lock and provided direct access to a 240V consumer unit and other electrical devices. In another toilet we found a similar cupboard providing access to pipework. The locks to the COSHH cupboard and the upstairs office were also faulty providing unrestricted access to chemicals.

Externally, the grounds were not safe. The area was dirty, covered in dried leaves from Autumn 2017 and the block paving was covered in moss and weeds presenting a slip hazard. Garden furniture was broken, dirty, rotten and in need of replacement. There was clutter, chemicals, petrol, a set of ladders and a scaffold tube (leaning upright outside the kitchen window), shoes, various objects, broken concrete seats, abandoned building materials and other trip hazards all over the garden.

The rear and side grounds provided access to the laundry area that was fitted with a gate which had not

been fitted with a lock. This provided unrestricted access to a staircase leading to the laundry area which again presented risks to people's health and safety including trip hazards and access to electric and gas facilities.

Again, we requested the provider to take action to mitigate risks to people using the service. In response the provider made arrangements for a handyman to fit locks to secure the cupboards and access to the laundry steps. The provider also made arrangements for the external grounds to be tidied and the local authority has since jet washed the patio area. We understand that the local authority also plan to bring in their landscape gardeners to improve the garden area.

We noted that many of the people using the service were living with dementia, frail and had limited mobility. Staff told us that people using the service had access to only one wet room which was located on the ground floor of the care home. We noted that accessibility could be difficult for people requiring the use of a wheelchair or mobility aids. Moreover, it was not possible for people who required the use of a hoist to access the bath which meant their options were limited to a shower or a wash.

We were informed that another wet room was being developed on the first floor but this was not operational at the time of our inspection. There was also another bathroom on the first floor which was fitted with a standard bath. Staff told us that this was not used as people using the service were unable to access the bath due to their limited mobility.

No significant effort had been made to develop a "dementia friendly" environment. Signage was poor and the layout of the home was difficult to orientate. The main staircase was not fitted with a safety gate and although a gate was fitted to restrict access to the loft area on the upper floor, this was not very secure. We observed the loft area to be cluttered with lots of trip hazards and one window was found to not be restricted and opened very wide enabling access to the roof.

We have spoken with the provider and local authority regarding this potential risk. We have received assurance that the local authority will risk assess the hazard and take whatever actions are necessary to minimise risk.

Three wardrobes viewed were also not secured safely to the wall to prevent them falling forwards and some radiators were not fitted with guards to prevent burn injuries. We also noted that some hot water outlets were not fitted with thermostatic valves and water temperatures were noted to fluctuate to temperatures which placed people at risk of scalds.

Additionally, we noted that some call bell points were not working and that some were not equipped with call system leads.

The above is a breach of Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was evident that people had been encouraged to personalise their rooms with photographs, memorabilia and personal possessions wherever possible and that people had access to a range of individual aids to assist their mobility and to help promote independence. For example, we observed that people had access to airflow mattresses, pressure relieving cushions, walking sticks and wheelchairs. However, an infection control practitioner highlighted that some items were in need of cleaning or replacement.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with staff.

We noted that policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), however these had last been updated in 2014.

Staff told us that they had not completed training in this subject, lacked awareness of this protective legislation and the whereabouts of the provider's policies and procedures and were not clear which people using the service were subject to a DoLS. Furthermore, there was no centralised record in place to help identify which people had DoLS in place or when they needed to be reapplied for.

We checked staff training records and found no evidence that staff had received this key training as highlighted by staff during discussions.

If staff do not understand the principles of the MCA and are not sure which people are subject to a DoLS or the conditions attached to the authorisation, there is a risk that they may fail to protect a person using the service or apply any restrictions incorrectly.

The above is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training information during the inspection and noted that the provider utilised both electronic and face to face training for staff.

Staff spoken with told us that their induction training was basic and consisted of shadowing other colleagues on three different shifts, undertaking a tour of the care home and discussing areas such as fire safety and the needs of residents.

We found no evidence in the staff files we viewed to confirm staff had received induction training. Staff spoken with told us that they were not aware of any induction records having been completed. Likewise, there was no evidence that new staff had received induction training that met the requirements of the Skills for Care 'Care Certificate.' The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of any robust induction programme.

Training records viewed were not up-to-date at the time of our inspection. It was therefore not possible to gain an accurate overview of the training completed by staff or their outstanding training needs.

Staff spoken with raised concerns regarding the training systems in the care home. For example, two staff reported that they had received no induction or other training since starting work in the care home and when we looked to check their training records their names were not on the training matrix. We spoke with other staff who raised concerns regarding the limited range of training they had completed and the quality of training. Another staff member reported that they had received a telephone call from a training provider on the first day of our inspection advising that their place on a level 2 diploma in Health and Social Care had been cancelled due to lack of funding from the provider.

We noted that some staff had completed electronic e-learning with an external training provider for: continence promotion; dying, death and bereavement; first aid awareness; health and safety and safeguarding of vulnerable adults. The training scores ranged from 55% to 100% and there was no system in place or records to verify that the competency of staff had been checked. This was contrary to the advice on the training provider's website which stated that "the training certificates do not mention a pass or fail, they simply give a percentage scored. This means your organisation can decide whether that percentage is suitable or not. You could always do the course again, if necessary".

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

Initial assessment systems were in place to enable the needs of people using the service to be assessed prior to moving into the care home and following admission. However, we found that they were not always complete.

The senior care assistant who was acting as the manager told us that staff endeavoured to work in partnership with other teams and services to ensure people received effective care and support. During our inspection we observed a district nurse, social workers, local authority staff and other health professionals such as occupational therapists visit the care home to undertake reviews of the people living in the home.

We could see from records that staff made referrals to appropriate health professionals for assessment, advice and treatment where they had identified concerns about someone's health.

Records viewed confirmed people received visits from GPs and other health professionals subject to individual need. We found that the details of any visits were recorded so staff members knew when these visits had taken place and what had been advised or prescribed.

During our inspection, we visited the kitchen area and spent time with the cook on duty in order to obtain information regarding the catering service, menus and the dietary needs of people using the service.

We enquired about the last food hygiene rating for the care home and noted that the Food Standards Agency had inspected the service during August 2017, following which they awarded a rating of five stars. This is the highest award that can be given.

We noted that the kitchen was well stocked and key information relevant to the operation of the kitchen and food monitoring was recorded in a catering file. Information on the dietary needs of people including allergies or special diets such as pureed, calorie controlled, diabetic or fortified meals had also been displayed on the kitchen wall for catering staff to view.

We noted that the kitchen windows were open and that there were no fly screens fitted in the kitchen.



Likewise, we saw that the kitchen door was sometimes wedged open. We raised these issues with cook and received assurance that she would discuss the installation of fly screens with the owner to ensure safe working practices.

A four week rolling menu plan had been developed by the provider which offered a selection of food choices and was reviewed periodically. The daily menu was also recorded on a white board outside the kitchen for people to read. At the time of our inspection the menu had not been developed in an accessible format.

The cook told us they prepared a quantity of the two main meal options each day and that people were supported by staff to make their individual meal choices on a daily basis.

Food was transported to the home's dining room which was equipped with six tables and 21 chairs. Dining areas were appropriately equipped with tablecloths, table mats, condiments and cutlery.

People had the choice to eat their meals in their rooms, one of the lounges of the care home's dining room. We observed that portion sizes were good and that the food presented was appealing and nutritious. Staff were observed to be attentive to people's needs during meal times and remained on hand to offer assistance to people who required support with eating and drinking. Feedback received from people using the service regarding the standard of catering and food was good.

# Is the service caring?

## Our findings

People and their relatives spoke positively about staff. One person told us, "Staff are great" whilst another commented, "They're (staff) marvellous". Two people's relatives also told us they found staff to be welcoming and friendly. Whilst people's comments were positive, we identified areas of significant concern during the inspection which are not characteristic of a 'caring' service. This has impacted on the rating that has been given in relation to the caring domain.

Prior to our inspection, the CQC received information of concern that people were not always receiving appropriate levels of personal care and that people were being left sat in lounge chairs all day in soiled clothing.

During our inspection we observed that people looked clean and well groomed. However, the local authority identified that staff had failed to re-order continence products for some people using the service and that products prescribed for other people were being used inappropriately. The senior carer who was acting as the manager made arrangements to reorder items from the continence service on the first day of our inspection.

We saw that staff that engaged with people using the service in a warm and friendly manner. We asked staff specific questions relating to the care needs of people they cared for and noted that they were aware of matters that were important and unique to people such as their preferred routines, support requirements and known risks. Staff also told us that they had been given time to 'get to know people' by working alongside experienced staff when they commenced employment and that they had read important information contained within care plans.

Visitors spoken with told us that they were encouraged to visit their relatives at different times of the day and confirmed they were made to feel welcome. Visitors also told us that communication between the care home staff and themselves was good and confirmed that they were kept up-to-date on significant issues.

People living in the care home spoke very highly of the care staff and confirmed that they were asked their preferences and that their choices were respected. However, we observed that people spent prolonged periods of time in the lounge area with little meaningful interaction from staff which increased the risk of people becoming isolated.

We also noted concerns regarding privacy and confidentiality. For example, we observed that the office doors located on the ground and first floor were often left open which provided direct access to people's personal records and other sensitive information. Likewise, one person's window opened out into a conservatory area and we overheard a health care professional having a private discussion with a service user. We asked for the window to be closed to ensure the person's was safeguarded.

On the third day of our inspection, we attended a meeting with relatives and noted that underwear and clothing belonging to people using the service had been left drying on the radiators in the lounge. This

highlighted a lack of awareness regarding the need to respect people's dignity.

We used the Short Observational Framework for Inspection (SOFI) tool as a means to assess the standard of care provided to eight people living in the care home during the afternoon. During this period we saw that people were placed haphazardly in one of the lounge areas and four people were unable to see the television from the angle they were sitting. In one example a person was sat in their wheelchair which had been positioned in front of another person, restricting their access to the television. We did not observe anyone who was watching the film, and one person commented it had been shown "nine or ten times" since they had first entered the service for respite three weeks ago. During this period there was no meaningful engagement from staff who periodically walked through the lounge, which also acted as a thoroughfare to other parts of the premises.

Information on Cartref Residential Care Home had been produced in the form of a Service User Guide to provide people using the service and their representatives with key information on the service.

The Service User Guide was on display in the reception area of the care home for people to view and contained a Statement of Purpose. The document was not dated and was in need of review it was not up to date. For example, the document referred to the National Minimum Standards and the Care Standards Act 2000 which has since been superseded by the Health and Social Care Act 2008. Likewise, the document contained incorrect information regarding the management of the home.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if they felt the service was responsive. Two people's relatives told us that they found staff to be communicative and let them know if any developments had occurred with their relative's care needs. People's comments with regards to activities were not positive. They told us, "There's nothing here. Everyone just sits around. It's boring" and "There's not much going on. I just do my own thing."

We looked at the care plan files of four people who were living at the care home and noted that files contained some important information on the needs of people using the service and their support requirements. However, we also identified examples where these had not been updated to include important information. For example, where people had fallen this had not been included in the relevant care plan. Reviews of care records had not taken place since November 2017 which meant that information was not up-to-date.

Daily monitoring forms were being completed in a haphazard and inconsistent manner by staff, and these were also being completed on plain pieces of A4 paper. For example, one person who required their weight monitored on a regular basis had not been weighed since November 2017. In another example a person who required support with repositioning every two to three hours had a 28 day gap in their monitoring charts during which time it was not clear if they had received support with this or not. A visiting health professional informed us that this person had experienced a deterioration in their skin integrity whilst being at the service.

Food and fluid intake charts were being inconsistently completed. These did not include the total intake the person required per day. In one example we observed that a person had only had 490mls of fluid on one day, and on another they had only had 500mls. Whilst this person was at risk of dehydration, records showed that fluid intake had only been monitored for five days during May 2018. The local authority were aware of this person and were investigating concerns into their wellbeing.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had developed a policy on complaints which was last reviewed in 2014. We saw that information on the care home's complaints procedure had been included in the Service User Guide however information on how to raise a complaint was not displayed prominently in the care home. Furthermore, an accessible version of the policy had not been developed to provide guidance to people using the service and / or their representatives on how to make a complaint.

We asked the provider for information on any complaints that had been received in the last 12 months. The provider informed us that there had been no complaints and that in the event a complaint was received it would be recorded in a blue book in the office.

During our inspection, we attended a meeting with 16 relatives who had been invited to the care home to attend a meeting with the Director of Adult Social Services for Halton Borough Council. During the meeting relatives raised concerns regarding the operation of the service such as the cleanliness of the home; people receiving and wearing clothing belonging to other people; the standard of personal care provided and failure to provide basic care such as making sure hearing aids were fitted and working.

We were unable to locate evidence of any complaints as an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons had not been developed.

The above is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for the planning and facilitation of activities during our inspection. We noted that the provider did not employ additional staff for this role and that the care staff were expected to provide activities in addition to their other roles and responsibilities.

People using the service did not have access to a programme of activities and we noted that there were not many activities provided during the period of our inspection. We observed a quiz taking place and a sing-a-long session, but for long periods of time people were left to sit in communal areas without any meaningful interactions with staff. During one morning we observed two people were sat in the lounge whilst the television played a commercial for eye cream on repeat for a period of 20 minutes. Whilst numerous staff walked through the lounge, they did not act to put something more engaging on.

Activity records were in place, however these had not been updated since February 2018. These showed that activities on offer included quizzes, "singing and chit chat" and "nail care". People told us that they felt bored and did not feel that activities were of a good enough standard.

## Is the service well-led?

### Our findings

We asked people who used the service or their relatives if they felt the service was well led. No direct comments were received.

At the time of our inspection, the care home did not have a registered manager in place to provide leadership and direction to staff. We were informed that the previous registered manager had resigned from his post during November 2017. 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.

Following the departure of the registered manager the provider had appointed a deputy manager to oversee the temporary management of the care home. However, this person was absent from their duties at the time of our inspection due to ill-health. Consequently, a senior care assistant had been appointed by the provider to act as the manager of the care home. The provider informed us that a new manager had been appointed who was due to commence employment at the home in June 2018.

The provider (Alverant Limited) was owned by one individual who was listed at Companies House as the sole director of the company.

We spoke with the registered provider and asked him what systems and processes he had in place to ensure oversight and scrutiny of the regulated activity. The provider told us that he usually undertook one or two weekly visits to the care home during which time he would deal with administrative matters such as such as timesheets and the delivery of wholesale meats and other food products. We observed the provider dropping off bread and meats on the second day of our inspection.

The provider also told us that he completed "Regulation 26" reports on a monthly basis. This is a report that registered persons were required to complete on a monthly basis under previous legislation.

On the last day of our inspection the provider presented the inspection team with a copy of one of these reports which had been completed during May 2018 and stored at his home address. This confirmed that the provider had looked at statistical data concerning the operation of the care home, service delivery issues, reportable incidents, meetings and visits.

The record provided no evidence that the standard of the environment had been kept under review and previous records could not be located by the provider or the inspection team within the care home. The registered provider told us that had had asked senior carers to undertake a check of the building and record their findings on the notice board in the office so that he could arrange for any remedial work to be completed. He also told us that he had delegated responsibility for other checks on the service to staff.

We found the administrative and filing systems at Cartref to be very disorganised and experienced

difficulties in accessing information. We found that 'monthly maintenance and grounds audit checklists had been completed up to January 2018. Likewise, we noted that 'medicines management audits' had been completed up to December 2017. The last 'Tissue Viability Audit' on file was dated August 2017.

Despite having these auditing systems in place, a number of concerns were noted with the condition of the environment and also the management of medications within the home. This highlighted that effective systems and processes had not been established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.

Furthermore, neither the CQC inspection team, registered provider or representatives from the local authority's quality assurance team were able to locate evidence of any other routine audits by the provider or care home staff. We also found gaps in records relating to areas such as the weekly testing of the fire alarm system.

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

Periodic monitoring of the standard of care provided to people living in the home funded via the local authority was also undertaken by Halton Borough Council's Quality Assurance Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We noted that a basic 'Residents Questionnaire' had been developed by the provider, copies of which were available in the reception area of the care home. We asked to view all surveys and feedback received from people using the service and their representatives in the last 12 months.

The senior carer who was acting as the manager and another experienced senior carer told us that the surveys had not been sent out for a long time and they could not remember if or when they were last distributed. We also found no evidence within the care home that the surveys had been distributed, results analysed or an action plan produced. This is necessary to demonstrate that the provider was assessing, monitoring and working to improve the quality and safety of the service provided.

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

Upon arrival at the care home on the first day of our inspection we noted that the ratings from the previous inspection report were not being displayed prominently within the care home as required by law. We observed that the provider was displaying an out of date inspection report dated 10/12/2015.

The above is a an offence under Regulation 20 A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person is required to notify the CQC of certain significant events that may occur in the care home. We noted that one person had developed an 'ungradable' pressure ulcer which the registered provider had failed to notify us of. In addition, during the inspection a safeguarding concern was raised and being investigated by the local authority. Despite this, at the time of writing the report we had not been notified of this by the registered provider.

This is an offence under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We noted that the provider had developed a mission statement for the care home, the details of which were included in the 'Service User Guide'.

This highlighted that "We are dedicated to offering the best standard of residential care for the elderly in a homely environment that will encourage independence and respect the dignity and privacy of all residents". Staff spoken with told us that they were not aware of the mission statement for the home.

Due to a number of concerns highlighted throughout the inspection, the local authority sought agreement with the provider to take over the management of the care home on the second day of our inspection. We also received assurance that staffing levels would be increased during the day and night time to mitigate risk. This included ensuring that a senior care assistant was rostered to work alongside two care assistants at night.

We observed that various staff from the local authority and other health professionals were present in the care home during our inspection undertaking reviews of people living in the home. We also noted that local authority staff had started to undertake audits of the care home in order to identify risk, were helping to improve the environment and had started to increase staffing levels to ensure the safety and wellbeing of people living in the home was safeguarded.

We noted that the registered provider had developed policies and procedures for staff to reference however staff were not aware of the content or location of the policies and many were in need of review.