

Meridian Healthcare Limited

Fazakerley House Residential Care Home

Inspection report

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04 July 2018

06 July 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place over three days on 28 June and 04 and 06 July 2018. The first and second days were unannounced and the third day was announced.

The last inspection of the service was carried out in July 2016 and during that inspection we found a breach of regulation 9, person centred care. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to make the required improvements.

During this inspection we found improvements had been made, however we found breaches of regulations 12, 15 and 17. This was because; medication was not always managed safely and parts of the premises and equipment were unclean and unsafe. In addition the quality monitoring processes failed to identify and mitigate risks to people.

Fazakerley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fazakerley House accommodates up to 45 people who require personal care. At the time of the inspection there were 43 people using the service. The service provides accommodation over two floors.

The service had 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.

The management of medication was not always safe. On the first day of inspection the medication room was unlocked with no staff present. There were items of pre-dispensed medication in pots on top of a cabinet which posed a risk to people who may have entered the room. We raised this at the time with a senior member of staff and they immediately locked the door to the medication room.

Parts of the environment and items of personal equipment were unclean and unsafe. An outside patio and a wooden summerhouse which people used were littered with weeds, cigarette ends and general waste, including used disposable gloves. Cigarette ends had been disposed of in a plastic bin which also contained used tissues and sweet wrappers, posing a fire risk. Items of personal equipment including wheelchairs and stand aids were heavily stained with food debris, dust and spillages. This increased the risk of the spread of infection. The patio and summerhouse were cleaned and made safe on the first day of inspection and by the second day of inspection personal equipment had had been cleaned.

Although people's care was planned based on assessments carried out, some people's care plans lacked information about how their needs were to be effectively met. Some people's care plans did not clearly demonstrate what was the expected outcome for the person and there was a lack of monitoring of some

people's care.

The environment was equipped with aids and adaptations such as handrails and a passenger lift to help people move about safely and independently. However, there was a lack signage and stimulus for people living with dementia, such as items and focal points to support reminiscence. We were provided with information regarding plans to develop the environment.

People's dignity and confidentiality was not always respected. Staff used dirty equipment to help people with their mobility and safety and an outside area which people accessed was unattractive. People's confidentiality was not fully protected as files containing personal information about people were left in communal areas. Staff did however approach people in a kind and compassionate way and they used their knowledge of people to provide them with comfort and reassurance at times they were upset.

The approach to care planning for some people was person centred in that their care plans took account of the person's views and preferences about how their care was to be provided. Work is in progress to ensure that each person's care is planned using this approach. Staff responded to people's needs in line with their care plans.

The registered providers quality assurance framework was not always effective. Checks carried out on the environment, equipment and care records failed to identify and mitigate risks to people which we found during our inspection. Records of daily checks carried out on the environment and equipment did not accurately reflect the findings. Although the concerns had been actioned by the second day of inspection, a consistent approach is needed to ensuring risks to people are identified and mitigated.

People told us they felt safe living at the service and that they would tell someone if they were worried about anything. Staff had access to training and procedures for safeguarding people from abuse. They knew the different types of abuse and how to report any safeguarding concerns. Allegations of abuse had been reported to the relevant agencies.

The recruitment of staff was safe. Applicants were subject to a series of checks prior to an offer of employment being made. This included checks on their criminal background, previous work history, skills and qualifications. There were sufficient numbers of suitably skilled and experienced staff deployed across the service to meet the needs of people and keep them safe.

Staff were provided with training and support for their role. New staff were provided with induction training which was linked to the Care Certificate. All staff were required to complete annual refresher training in topics linked to the Care Certificate as well as other topics relevant to their role and people's needs. Staff received support through one to one supervisions and staff meetings.

People's mental capacity had been assessed and plans put in place to guide staff on ensuring people's rights were protected within the law. Records demonstrated that best interest decisions were made with the involvement of people and relevant others.

People's nutritional and hydration needs were assessed and planned for. People were given a choice of food and drink which was prepared in accordance with their likes, dislikes and dietary requirements. Food and fluid intake was monitored for people where this was required. People commented positively about the provision of food and drink.

People received appropriate healthcare to meet their needs. People accessed healthcare services as and

when they needed to, including their GP, dieticians and community nursing teams. Records were maintained for each person detailing the contact and input from external healthcare services.

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 was not safely stored.

Parts of the environment and items of personal equipment were unsafe and unclean.

People felt safe living at the service. People were safeguarded from abuse and the risk of abuse.

The recruitment of staff was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care plans lacked information about how to effectively meet people's needs and the intended outcome.

The environment lacked stimulation and signs to orientate people living with dementia.

People's rights were protected in line with the Mental Capacity Act 2005.

People enjoyed a variety of food and drink to meet their needs and choices.

Staff were provided with training and support they needed for their role and to meet people's needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

There was a lack of consideration of people's dignity and confidentiality.

Staff provided emotional support to people with good effect.

People were treated with kindness and compassion.

Is the service responsive?

The service was not always responsive.

Staff focused on none care tasks rather than providing people with opportunities for stimulation.

People received care and support which was responsive to their needs.

People had Information about how to make a complaint and they were confident about complaining.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The processes for monitoring the quality and safety of the service were not always effective.

Risks to people were not always identified and mitigated.

People and relevant others were given the opportunity to put forward their views about the service and how it could improve.

Requires Improvement ●

Fazakerley House Residential 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 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.

This inspection took place on 28 June and 04 and 06 July 2018. The first and second days were unannounced and the third day was announced. One adult social care inspector and an expert by experience carried out the inspection on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second and third days.

Prior to the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the registered provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted local authority commissioners, safeguarding teams and Knowsley Healthwatch for information about the service and we used the information they shared with us to help plan the inspection.

During the inspection we spoke with ten people who used the service and five family members. We used the Short Observational Framework for Inspection (SOFI) at different intervals throughout the inspection visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, an area director, ten care staff and other staff who held various roles including kitchen staff and housekeeping staff. We looked at records relating to the care of six people, four

staff recruitment files, staff rotas, staff training records and quality monitoring records.

Is the service safe?

Our findings

The management of medication was not always safe. On the first day of inspection the medication room was unlocked with no staff present. The room was located on a hallway which people used frequently to access their bedrooms, toilets and a communal lounge/dining room. On entering the room, we saw three pots on top of a cabinet containing medication which had been pre-dispensed. Each pot was labelled with a different person's name. These practices were not in line with the registered providers medication policy which stated; 'Medicines should be stored securely' and 'Medicines should not be removed from the containers from which they were supplied until the point of administration. Guidance set out by the National Institute for Health and Care Excellence (NICE) for managing medicines in care homes states; Care home providers should include in their processes for storing medicines securely: 'Secure storage with only authorised care home staff having access.'

Some people living at the service experienced periods of confusion and memory loss and would be at risk if they entered the medication room and ingested the medication. We immediately raised our concerns with a senior member of staff and they ensured the medication room was locked. The registered manager later informed us of the action they had taken. This included removing the designated person responsible for the management of medication at the time of the incident, from medication duties pending further training and checks on their competency. The registered manager also reported the incident to the Local Authority as a care concern and recorded it in line with the registered providers system for reporting incidents and near misses.

There was a failure to store and safely administer medication at the service. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Parts of the premises and equipment were unclean. Schedules which were in place for cleaning equipment had not been followed. Items of equipment used by people to help with their mobility and safety were unclean. Wheelchairs, stand aids, walking frames and mats used to protect people who were at risk of falls were dusty and heavily stained with food debris and spillages. Some carpets along hallways on the ground floor were heavily stained and some carpet thresholds had a build-up of dirt.

A garden and patio area on one side of the building which housed a wooden summer house was unclean and unsafe. There were mature weeds growing in between the paving stones and a large amount of cigarette ends scattered across the patio, in borders and inside the summerhouse. The areas were also littered with used tissues and several used disposable gloves. The summer house was a designated smoking area used by people, visitors and staff. There was a plastic bin placed inside the summerhouse near to the exit and it was overflowing with cigarette ends, used tissues and sweet wrappers. This environment posed a fire risk and a risk of the spread of infection. We immediately raised our concerns with the registered manager and they promptly arranged for the area to be cleaned and made safe. The plastic bin was removed and replaced with a metal bin for the disposal of cigarette ends and the weeds and litter cleared up. The area remained clean and safe on the other two days of inspection and we were given assurances by the registered manager that regular checks would continue to take place to ensure the safety and

cleanliness of this area.

There was a failure to ensure the premises and equipment were clean. This was a breach of Regulations 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were assessed. However, risks associated with the environment and equipment as described above were not identified and mitigated.

In addition, risks people faced and how they were to be safely managed were not clearly set out in individuals care plans. For example, a risk assessment identified that one person was at risk of falls and slips. However, their care plan failed to provide clear information about the support they needed to minimise the risk of harm.

There was a failure to ensure risks to people were assessed and mitigated. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse. Staff knew the different types and indicators of abuse. They were confident about sharing any safeguarding concerns either with senior staff or directly with external agencies including the local authority safeguarding team.

Safeguarding training was made available to all staff and they had access to information and guidance about how to recognise, deal with and report safeguarding concerns. The registered provider required staff to complete on line (on the computer) annual refresher training in the topic of safeguarding. Records showed that just over 50 per cent of staff had completed the training and that it was overdue for others. This had been identified and actioned through recent checks carried out by the registered manager and area director. We were notified after the inspection that most staff had gone on to complete the training.

People told us they felt safe living at the service. Their comments included, "I feel safe here," "It's safe and secure. I'm not worried about a thing" and "If I was treated badly I'd tell someone right away." Family members told us, "I'm certain 'relative' is safe, they wouldn't be here if I thought otherwise" and "No worries at all. 'Relative' would tell me if they had any concerns."

Accidents and incidents which occurred at the service were recorded and reported in line with the registered provider's procedures. A record of these events which involved individuals was held in their care files and a copy was held centrally. Such events were audited by the registered manager as a way of identifying any patterns or trends and how the risk of re-occurrence could be reduced. Records showed actions were taken to help reduce any repeated occurrences.

Records including safety certificates showed that systems and utilities were regularly checked and safe for use. This included hoists and wheelchairs, the passenger lift, fire systems and firefighting equipment, gas, electricity and water quality. Each person had a personal emergency evacuation plan (PEEP) which was regularly reviewed and updated when a change in their needs occurred. This information provided staff and others, including emergency services, with information about how best to assist each person out of the premises in the event of an emergency.

Safe processes were followed for recruiting new staff and this was evidenced through recruitment records which were maintained for each member of staff. Applicants had completed an application form with details of their previous work history, qualifications, skills and experience. They attended interview and were subject to a series of pre-employment checks including a check carried out by the disclosure and barring

service (DBS). A DBS check informs employers if prospective employees are barred from working with vulnerable adults, or have a criminal record.

There were sufficient numbers of staff on duty to keep people safe. All staff had undertaken training in topics of health and safety and they knew of their responsibilities to work independently or as part of a team to keep people safe.

Is the service effective?

Our findings

People's needs were assessed and planned for. However, care plans and associated records for some people lacked information about how their needs were to be effectively met and what was the expected outcome for them.

One person had an air flow mattress on their bed and their care plan stated they required this to reduce the risk of them developing pressure ulcers. However, the person's care plan did not specify the type of air flow mattress in use and what the setting of the mattress should be. There were no other records in place with this information to show that daily checks had been carried out to ensure the airflow mattress had been working effectively. We did not evidence any impact on the person, however the lack of information put them at risk of not receiving effective care. After we raised this with the registered manager they updated the person's care plan with the required setting of the airflow mattress. A chart was also put in place with instructions for staff to monitor the setting daily and record their findings.

Dietary records and eating and drinking care plans for two people stated that they required their food cutting up into bite size pieces. However, there was no further information explaining why this was and what the expected outcome was for each person. Through discussion with staff we established that both people lacked the physical ability to cut up their own food. Staff were required to do it for both people with an outcome of enabling them to eat independently. After we raised this with the registered manager they arranged for both people's care records to be updated with the relevant information.

The environment was adapted to help people with their mobility and independence, for example, there were handrails along hallways and in bathrooms and toilets. There was a passenger lift which provided people with easy access to their bedrooms on the first floor. However, there was a lack of stimulus for people living with dementia. For example, communal areas including lounge/dining rooms and hallways lacked focal points, pictures and other items from the past which could help stimulate people's memories and provide opportunities for interaction. We were provided with information which showed ideas to enhance the environment for people living with dementia were being explored.

People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool. Any identified risks and how they were to be managed were detailed in care plans. This included modification of food and drink for people who were at risk of choking and malnutrition and dehydration. Care plans also detailed other dietary needs such as any aids and adaptations people needed, their food preferences, allergies and intolerances. Staff ensured people had access to regular snacks and drinks and they monitored people's food and fluid intake where this was required. People told us they were offered a good choice of food and drink which they enjoyed. Their comments included; "The food is good, I enjoy my food," "I choose what I want when they bring it to me," "We get two choices" "There is plenty of food and drink" and "Staff ask me what I want. Very good."

Staff were provided with the training and support they needed for their role. New staff commenced an induction training on their first day of employment. Staff were assigned a mentor whose role it was to

provide them with support and guidance throughout their induction. Initially new staff shadowed more experienced staff as a way of getting to know people and their needs. This also gave them an opportunity to become familiar with the environment and emergency procedures. Training completed during the 12-week induction period was linked to The Care Certificate which is an identified set of national standards that health and social care workers should follow when starting work in care. All staff were required to complete annual refresher training in topics linked to the Care Certificate. This included topics such as safeguarding, health and safety and equality and diversity. Staff completed non-practical training on line (on a computer) and attended practical training such as moving and handling in a classroom setting. Training was sourced through accredited training providers.

Data held by the registered manager enabled them to monitor staff training. The data included an overview of courses completed and results of competency checks which staff had undertaken on completion of each course. It also alerted the registered manager of training which was due to expire and needed updating. Staff had either completed or planned training required of them.

Staff told us they were well supported by the registered manager and other senior staff. They said they felt at ease discussing any concerns about their work or approaching the registered manager and senior staff for advice and support. Staff received supervision through one to one meetings either with the registered manager or senior staff. Regular staff meetings were held

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their capacity assessed appropriately. Information was held for those who had appointed lasting powers of attorney (LPA) for either finances or health and welfare, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff had completed training in the MCA and associated DoLS and they had access to related information and guidance. People's rights were protected in line with the MCA. The registered manager and other staff worked in partnership with relevant authorities to ensure appropriate DoLS applications were made for people. The details of DoLS authorisations were included in care plans and monitored to ensure they were being applied appropriately. Staff obtained people's consent before providing care and support and they gave people choices about things such where they spent their time and who with.

People's healthcare needs were assessed and planned for. Care plans detailed people's healthcare needs and how staff were to support them. Details of the person's GP and any other primary healthcare services people were registered with were included in their care records. The records also detailed other external healthcare professionals and teams involved in people's care, such as district nurses, dieticians and community mental health teams. A record was maintained detailing contact people had with healthcare professionals. The records showed that staff had supported people to access the healthcare they needed and had followed advice and guidance from healthcare professionals. This included referrals made to

specialist teams including; dieticians, speech and language therapists (SALT) and district nurses.

Is the service caring?

Our findings

The lack of cleanliness to the environment and items of personal equipment undermined people's dignity. On the first day of inspection staff used dirty equipment to help people with their mobility and safety, including wheelchairs, walking frames and stand aids. People were sat in an outside patio area which was unattractive. The patio was covered in weeds and there were a large amount of litter and cigarette ends scattered around it and in the summerhouse. Equipment and the patio area were cleaned after we raised our concerns with the registered manager.

People's confidentiality was not always fully promoted. On the first day of inspection records containing personal information about people were left on a sideboard in a communal lounge. This included two files, one which contained daily notes and another which contained records of people's personal care routines and the care delivered. The area was accessed by none care staff and visitors to the home including family members and contractors. This meant that there was a risk that unauthorised staff and others could access people's personal records. The records were stored away after we raised this with staff and they were kept secure on the other two days of inspection.

People's personal belongings were not always treated with respect. On the first day of inspection we found nine pair of glasses and two hairbrushes in a sideboard drawer in one communal lounge and items of clothing stuffed in a draw in a sideboard in another communal lounge. Staff were unsure who the items belonged to, one staff member suggested they may belong to people who no longer lived at the service.

Throughout the inspection staff approached people in a caring and patient way and treated people with kindness and people told us this was usual. Their comments included; "Staff are lovely, they do their best for me," "Lovely staff," "Nothing is too much trouble," "All the staff are very patient," "They are polite and kind always," and "Caring to me."

Staff were patient and gentle when speaking with people and they listened intently to what people had to say. Examples of this were at meal times when staff sat with people who needed assistance to eat and drink. They sat close to the person they were assisting and provided gentle prompting and encouragement throughout the meal. Staff did not rush people, they gave people time in between each mouth full of food. Another example was when staff sat and comforted a person who regularly became upset. It was clear through our observations that staff knew the person well and what techniques to use for reassuring them during these periods. This included inviting the person to sing their favourite song and talk about other things which interested them. On each occasion when the person became upset staff used these techniques with good effect as the person went on to laugh and joke with staff.

Some people had difficulties communicating verbally, however they communicated using other methods such as by use of sounds and gestures. Staff were aware of people's preferred methods of communication and they used them to communicate effectively with people. Staff were patient when communicating with one person whose speech was unclear. They knelt and maintained eye contact with the person and listened to them carefully.

Information about the service was given to people prior to them moving in and it was available in the reception area. The information pack included details of the management and staffing arrangements and the services and facilities people should expect from the service. People were also provided with Information about advocacy services. An advocate is an independent person that helps people to express their views or speaks on their behalf. No one at the time of the inspection was receiving an advocacy service.

Staff respected people's human rights, equality and diversity. For example, they knew how important it was for some people to be able to express themselves through their appearance. Staff supported this by ensuring people were assisted to dress in their preferred clothes and to wear makeup and jewellery.

Visitors to the service were welcomed and offered refreshments. Visitor's told us they could visit at any time and spend time with people either in private or in communal areas. A family member of one person who was receiving end of life care told us that staff had been very kind. They said they could spent as much time as they liked with their relative and were offered meals and drinks, throughout their visits.

Is the service responsive?

Our findings

At our last inspection we found there was a lack of opportunities for people to engage in activities and other forms of stimulus. This was due to the deployment of staff. For example, an activity co-ordinator who was in post at the time, only worked 16 hours each week during the afternoons Monday to Friday. In addition, when care staff were not meeting people's care need requirements they were undertaking domestic tasks, including clearing dining tables after mealtimes, washing dishes and preparing dining rooms for the next meal. Whilst we found some improvements during this inspection, further improvements were required.

Staff told us they didn't always have time to sit and talk to people or offer them any activities because they were too busy doing other things. However, on the first day of inspection we observed three care staff setting tables in one dining room whilst people occupied the adjoining lounge and conservatory. On the second and third days of inspection the deployment of staff was better organised. Staff focused less on tasks and when not delivering hands on care, they sat with people and engaged them in conversation and offered activities. On the second day of inspection a pre-arranged dog therapy session took place for people which was facilitated by an activities co-ordinator from a sister service in the area.

There was no activities co-ordinator in post as the previous one had left since the last inspection. The registered manager did tell us that the vacant post had been filled and they were waiting on satisfactory pre-employment checks for the new employee. Following the inspection, we received confirmation that satisfactory checks had been received and that the new activities co-ordinator had commenced work at the service. The registered manager advised us that there was an expectation for the activities co-ordinator to work flexibly around people's needs.

People's needs were assessed prior to them moving into the service or within 48 hours following an emergency placement. A care plan was developed based on assessments carried out by the provider and other assessments obtained from external health and social care professionals. A person-centred approach to care planning was more evident for some people than others. The registered manager explained that this was because some people's care plans needed to be re written making them more person-centred.

Care plans included a section about the person's view and preferences regarding the delivery of their care and support. There were good examples where care plans captured this information. Information recorded included; the person's preferred gender of carer and personal care routines, such as when they preferred to get up and retire to bed, whether they preferred to bath or shower and the clothes they liked to wear. Care plans detailed the amount of staff and any aids and equipment people needed to assist them to achieve the outcome of their care plan.

We tracked people's care to check that they were receiving care and support in line with their care plan and found that they were. For example, one person was dressed in their preferred choice of clothing and they spent their time as they wished. Another person was provided with adapted cutlery and crockery so they could eat and drink independently. A third person was assisted by two staff into the standing position with the use of a stand aid. Any identified risks and the risk control measures were incorporated into care plans

and staff followed these.

Information about people's needs was communicated to relevant staff through daily flash meetings which were recorded and through the completion of daily records for each person.

The registered provider had policies in place for equality and diversity and staff had completed training in this area. Care records included details about people's chosen lifestyles and how they were to be supported, including their faith, important relationships and significant events which they liked to celebrate.

Some information was made available to people in different formats, for example in large print and using pictures and symbols. The manager knew about the accessible information standard and explained that they were looking at other ways of producing information which could be shared with people in a format which they could easily access and understand. This included menus which at the time of inspection were only available in small print.

People and relevant others were provided with information about how to complain about the service should they need to and the information was also displayed in the reception area. This information set out the registered providers procedure for making a complaint and how complaints would be dealt with. There was also a touch pad facility in reception area which people and visitors to the service could use to share their views about the service. People told us they knew how to complain and would so if they needed to. Their comments included; "I'm happy to complain if I needed to," "I do know I can speak up but I'm ok" and "Yes I know I can tell someone if I'm unhappy about something." The registered manager maintained a record of complaints made, the records included details of the complaint, who made it and the registered providers response.

People's end of life wishes was recorded for those who chose to discuss them. At the time of the inspection one person was receiving end of life care. An end of life care plan was in place for the person and being followed to ensure they remained comfortable and free from pain. The care plan had been developed with the input of other healthcare professionals including the person's GP and specialist nursing teams. A 'Do Not Attempt Resuscitation' (DNAR) certificate was prominently displayed in the care files of people who had expressed this wish. The certificates had been authorised by the relevant medical professional.

Is the service well-led?

Our findings

The service had 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.

The registered provider had a comprehensive quality assurance process for checking on the quality and safety of the service and making improvements, however it was not always effective.

On the first day of inspection there was a failure to identify and mitigate risks to people. This included risks associated with the environment, items of personal equipment and the storage of medication and personal information. Although we did not evidence any impact on people there was a risk to their health, safety and well-being. Immediate action was taken to mitigate the risks after we raised them with the management team.

As part of the registered providers quality monitoring process, the registered manager or a nominated member of staff were required to carry out twice daily 'walk round' checks and record their findings and any required actions. Areas which required checking during walk rounds included, cleanliness of personal equipment, the environment and grounds, and review of care records. We viewed records of walk round checks carried out between 19 and 26 June 2018, the week prior to this inspection, and found that they failed to identify areas for improvement which we found on the first day of inspection. Written statements entered onto the records to reflect findings of checks carried out on personal equipment, the environment and grounds for the week prior to the inspection included, 'Fine' and 'Yes.' This was not consistent with our findings. It was evident by the number of mature weeds, litter and cigarette ends on the patio and in the summerhouse that the area had not been cleaned or maintained for some time. The build-up of dust, food debris and spillages found on personal equipment also evidenced the items had not been cleaned for some time.

Audits carried out on care plans and associated records also failed to identify that care records lacked information about people's needs, how they were to be met and what the intended outcome was for the person. This included a lack of information around the required setting of an air flow mattress which one person used to reduce the risk of them developing pressure wounds. There was also no audit trail in place to show that the mattress setting had been regularly checked to ensure it was working effectively. Other care records including risk assessments and associated care plans for two people lacked information about outcomes for people.

There was a failure to undertake robust auditing and monitoring of the service. This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsible for the day to day management of the service. They had the support of a team of senior care staff with designated responsibilities, including management of

medication, development and reviewing of care records and overseeing the work of junior staff. A senior carer was nominated as the person in charge in the absence of the registered manager. An area director had responsibilities for the oversight of the service including ensuring that the registered providers systems and processes for assessing the quality and safety of the service were followed. During a recent visit to the service the area director had identified areas for improvement including some which we identified during our inspection. This included a lack of maintenance of the outside patio area. However, the registered manager had failed to address the issues raised. The area manager assured us during inspection that this was being addressed.

People and relevant others including family members were invited through the use of surveys and at meetings to express their views about the service and put forward ideas for improvement. Results of surveys and minutes of meeting showed people and others had openly expressed their thoughts and ideas about various aspects of the service, including dignity and respect, food, staffing, the environment and communication and management. The results of the most recent surveys were being collated and it was expected that they would soon be available at the service. The results from the previous survey carried out in 2017 were made available to people and others along with actions put in place to make improvements based on people's comments.

The registered manager and staff worked in partnership with others to meet people's needs. This included working with health and social care professionals such as GPs, mental health teams and relevant others such as family members.

There was a range of policies and procedures for the service which were kept under review by the registered provider to ensure that they were in line with current legislation and best practice. Staff knew about the registered provider's policies and procedures and of their responsibilities to adhere to them. The documents were made available to staff at the service in written format or electronically (on a computer).

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Providers are legally required to display their CQC rating. The ratings from the last inspection were prominently displayed in the reception area at the service and they were available on the registered provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was not safely managed and parts of the environment were unsafe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Parts of the environment and equipment were unclean.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality of service that people received were not always effective. Risks to people were not identified and mitigated.