

Mr Bharat Kumar Modhvadia and Mrs Jaya Bharat
Modhvadia

Abbeydale Nursing Home

Inspection report

Croyland Street
Kirkdale
Liverpool
Merseyside
L4 3QS

Tel: 01512982218

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection of Abbeydale Nursing Home took place on 19 April 2016.

Abbeydale Nursing Home provides nursing and personal care for up to 36 people, many with a diagnosis of dementia. The home is situated in Kirkdale, north of Liverpool city centre and is located near to public transport links and other community facilities.

There were 19 people living in the home at the time of our inspection.

Following the inspection in May 2015, the home was rated 'inadequate' overall. This meant the home was placed into 'Special Measures' by the Care Quality Commission (CQC). The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in Special Measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the 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 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 we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. A further inspection was undertaken on 5 and 6 November 2016 and the home was again rated as 'inadequate' overall so remained in 'Special Measures'.

A registered manager was in post. A registered manager is a person who has registered with the CQC 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.

Although some improvements had been made to medicines management since the last inspection we found that the management of medicines was still not robust. There were numerous errors in relation to the administration, storage and monitoring of medicines. The home's medicine's audit had not identified the discrepancies we found.

Recruitment processes had improved and were effective in ensuring that new staff were suitable to work at the home. Support for staff had also improved. Staff told us they were receiving supervision on a regular basis and had received an annual appraisal of their performance. Records confirmed this. Records also confirmed that staff training was up-to-date.

Staffing levels had improved since the last inspection. People living at the home told us there were enough staff on duty at all times. Equally, visiting families and staff said there were sufficient numbers of staff on duty at all times to ensure people's safety and to facilitate recreational activities. From our observations, we concluded there were enough staff to meet people's needs.

The service was working within the principles of the Mental Capacity Act (2005). Restrictions that were in place to maintain people's safety was done so lawfully and in accordance with the Act. Applications to deprive people of their liberty had been submitted to the Local Authority. Staff sought the consent of people before providing care. Arrangements were in place to assess people's capacity in relation to any complex decisions that they needed to make.

Families that we spoke with told us they thought the home was a safe place to live. They said there was good security in the home. We observed staff constantly checking on people throughout the day and supporting people in a safe way.

Staff could clearly describe how they would recognise abuse and the action they would take to ensure any concerns they had were reported. Training records confirmed the staff team was up-to-date with training in the safeguarding of vulnerable adults.

A process was established to manage and monitor accidents, including a process for analysing accidents on a monthly basis. We could see from the analysis that appropriate action was taken to minimise the risk of an accident happening again.

People and families were satisfied with the quality of the food and the choice of meals available. They told us the quality and choice of food had improved greatly.

People told us they had access to a range of health care practitioners when they needed it. Families confirmed this. We spoke with health care professionals who confirmed that they visited people living at the home on a regular basis. They told us the care provided was good but clinical care plans were not robust. We found clinical care records, including care plans related to clinical matters did not always reflect people's current needs and these discrepancies had not been identified either through the provider's external or internal auditing processes.

People told us they were happy living at the home. They said the staff were kind and caring and they had opportunities to join in recreational activities. Some people went out with the activity coordinator.

Arrangements to monitor the safety of the environment had improved. There were numerous audits and checks in place to monitor the safety of the environment, equipment and cleanliness. We found that the environment and equipment was clean, and well maintained. The manager was gradually developing the environment to ensure it was dementia-friendly. This development plan was on-going.

Staff, families and people living there said the manager was both approachable and supportive. They felt listened to and involved in the running of the home. People and families described the staff as caring, friendly and approachable and told us they were involved in developing and reviewing their care plans. This

was confirmed from the care records we looked at.

People living at the home, families, staff and health care professionals said the home was well managed. They said the culture within the service was open and transparent and that the manager was both approachable and supportive. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. No complaints had been received since August 2015.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service. Some of the audits were not effective as they had not picked up on issues we identified. These included the medicines audit and care plan audits.

The provider was informing the Care Quality Commission (CQC) of all the events CQC are required to be notified about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although some improvements had been made to medicines management since the last inspection we found that the management of medicines was still not strong. We found numerous errors in relation to the administration, storage and monitoring of medicines.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Effective measures were in place to regularly check the safety of the environment and equipment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. However, improvements were still needed in this area.

People living at the home got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments promptly when people needed them.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Although improvements had been made since the inspection in November 2015, we have not revised the ratings for this domain

Requires Improvement ●

above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service caring?

Good ●

The service was caring.

Families consistently expressed that were happy with the care their relatives received. We observed positive engagement between people living at the home and staff.

Staff treated people with respect, privacy and dignity. They had a good understanding of people's needs and preferences.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The care was individualised and centred on each person. Families said the registered manager and staff communicated with them in a timely way about any changes to their relative's health care needs.

Recreational activities were available for people living at the home to participate in. People had opportunities to go out to the local shops and other amenities.

A process for managing complaints was in place. Families we spoke with knew how to raise a concern or make a complaint.

Although improvements had been made since the inspection in November 2015, we have not revised the ratings for this domain above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Processes for routinely monitoring the quality of the service had been improved and regular audits were taking place. However, some of the audits were not effective as they did not identify some of the issues we found, such as the discrepancies with medicines.

Families said the home was well managed and that the registered manager was approachable. They said they were

included in discussions about developing the service. They had the opportunity to provide feedback by completing a satisfaction survey.

Staff spoke positively about the open and transparent culture within the home. They said the home was more organised than it had been previously.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Clinical record keeping, including care plans about people's health needs did not always reflect people's current needs.

Abbeydale Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 19 April 2015. The inspection team included two adult social care inspectors, a pharmacist inspector and a specialist advisor in dementia care.

Before our inspection we reviewed the information we held about the home, including the notifications the Care Quality Commission (CQC) had received about the service. Following the inspection we sought the views of three health or social care professionals who visited the home on a regular basis.

During the inspection we spoke with the registered manager, provider (owner), four members of the care team, five people living at the home and five relatives.

We looked at the care files for four people living at the home, four staff recruitment files, medicine administration charts for 11 people, staff rota's and other records relevant to the quality monitoring of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made general observations, looked around the home, including some bedrooms, bathrooms, the dining rooms and lounges.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Abbeydale Nursing Home in November 2015, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. This inspection checked the action the provider had taken to address the breaches in regulation. The breaches were in relation to staffing levels, the recruitment of staff, management of medicines and risk management in relation to care and treatment.

At the previous inspections; May 2015 and November 2015, we found that medicines were not handled safely. We looked at medication and records about medicines for 11 out of the 19 people living in the home.

We found that some improvements had been made in the safe handling of medicines. We saw that records about the application of creams by care staff were now being kept which gave evidence that creams were being applied. However, information about how often the creams should be applied was not recorded so it was not possible to tell from the records if the creams were being applied effectively or as prescribed. We also saw that creams which had been applied were not listed as currently prescribed. It was therefore possible that people were having creams applied that were no longer prescribed. The storage of creams had also been improved in that they were kept in a basket for each floor and locked away in the medication room. However, we found that not all creams were labelled. For instance, we found three unlabelled tubes of Metamium Ointment (a cream used as a barrier cream to protect skin from irritants in urine and faeces) in one basket. We saw that three different people were prescribed this cream which placed them at risk of cross infection if the creams were shared between people.

We found that care staff now made records about the use of prescribed thickening agents used to thicken people's drinks to minimise the risk of choking. However, we found that nurses made no records to show that they had safely thickened people's drinks when they gave medication. We also saw that the thickening agents were not stored safely because they were stored where people had access to them alongside the drinks in the lounge. It is vital that thickeners are stored safely because accidental ingestion has could lead to suffocation.

A medication policy dated September 2015 had been put in place. We found that some of the information in the policy needed to be expanded to ensure medicines were handled safely. For instance, the policy stated there must be a "clinical drugs waste disposal unit". We observed that waste medicines were just in a clinical waste bin on the floor of the medicines room. NICE guidance states that these unwanted medicines must be "stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy". NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. The home's medicines policy failed to provide suitable guidance to enable staff to store waste and unwanted medicines safely. If medicines are not stored safely they are at risk of being misused.

We found concerns with regard to medicines handling for the 11 people's medicines we looked at. At the last inspection we found that the provider had failed to ensure that the staff administering medicines

were skilled and competent to administer and oversee the safe administration of medication. The nurse on duty told us they had completed medicines training with the pharmacy that supplied medicines to home. They told us they had a competency assessment in 2015. However, we found no evidence that the nurses who previously managed medicines poorly at the home had had their competency checked to administer medicines safely since the last inspection. The registered manager told us that they believed the nurses were competent to administer medicines because they were nurses.

At the last inspection we found that people had not been able to have one of their prescribed medicines because the medicine was unavailable in the home. At this inspection we again found that another three people were unable to be given their prescribed medication because it was not available. One of those people ran out of a prescribed cream for six days. If medicines are unavailable people's health may be placed at risk.

At the previous inspection we saw that the records about medicines were inaccurate and did not always account for medication stock levels. At this inspection we found the same concerns. We found that when we compared the records with expected stock levels of medicines there were discrepancies. In some cases, more medicine remained in stock than was expected if the medication had been given as prescribed. We also found that there were fewer tablets than expected indicating that tablets were missing or unaccounted for. All medication must be accounted for to prevent misuse. The registered manager could not explain the discrepancies and had not been aware that they existed.

On the day of the inspection we found some tablets in a small pot, which was used to pass tablets hygienically to people. The nurse had signed the records stating that they had administered these tablets. We asked the nurse why they had made inaccurate records but the nurse did not give any explanation. This incident cast doubt upon the reliability of the records made about the administration of medicines. It is important the records accurately reflect the medicines people have or have not taken so their health can be assessed properly.

We also found that nurses failed to make clear records about medicines that had been discontinued by the doctor. During the inspection the nurse spent over two hours trying to find when a specific medication had been discontinued. The nurse had to make telephone calls to the doctor and look back through past medication records. It was important that this information is available so that all nurses can be assured that they are administering all medication that is currently prescribed for that person.

We saw that there was information in people's care files about the medicines that they were prescribed. However, this information was not updated and did not always match the current prescribed medicines. Accurate up to date information must be recorded to ensure people are given all their prescribed medication safely.

As the last inspection we found that some arrangements had been made to give regularly prescribed medicines at the correct time with regard to food. As at the previous inspection we observed that arrangements had still not been made to give all doses of medicines at the correct time. One person was prescribed an antispasmodic tablet to be taken 20 minutes before food as per the manufacturer's directions. The tablet should be given before food to help relieve the spasms which are usually worse after eating. We saw that arrangements had been made each morning to give the tablets before breakfast. However, the nurse told us that she had been too busy to give the tablet 20 minutes before lunch. She also told us that the meals had been served too early and lunch time medicines were not given until 1.00 pm. The records showed that this medication was always signed as given at 1.00 pm and 5.00 pm with no indication any attention had been paid to the manufacturer's directions. If people are not given medication at the

correct time they may suffer unnecessarily from the symptoms for which the medication was prescribed.

We saw that all 11 people whose records we looked at were prescribed medicines to be given either 'when required' or and or with a choice of dose. As at the last inspection we saw that there was still either no information or insufficient information to guide staff when administering medicines which were prescribed in this way. We saw that some of the records which had failed to give sufficient information at the last inspection had not been updated and were still in place. The registered manager told us that some information may be recorded in people's care plans; when we looked at people's care plans we found no such information was recorded. The registered manager also told us that when laxatives were prescribed the nurses would refer to the bowel charts to see if the laxatives were needed. However, we saw that for one person their laxatives were administered regardless of whether they needed them or not. It is important that clear guidance is recorded about when and how to give medicines prescribed in this way. If this information is missing especially for people living with dementia, medicines may not be given effectively or consistently and people's health would be placed at risk.

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

At the previous inspection we found that there were insufficient staff to meet people's needs and maintain people's safety. During this inspection we found that there were sufficient staff on duty at all times to meet people's needs.

People living at the home told us there were enough staff on duty at all times. A person said to us, "They [staff] come quickly if I ring the bell at night." Another person told us, "There are always staff to help and there are always staff in the lounge." The families whom we spoke with were also satisfied with the staffing levels. A family member said, "The staffing levels are much better. The staffing has doubled up. They [people living there] are getting looked after properly now." Another said to us, "There are more staff recently and always a staff in the lounge."

We spent periods of time observing the activity in both lounges and could see that a member of staff was regularly in the lounge. There was an unhurried atmosphere and staff took their time when supporting people. We noted that people's requests were responded to in a timely way.

We asked staff their views of the staffing levels. One of the staff told us there were two care staff on the upstairs unit and the nurse, along with a care staff, on duty on the ground floor unit. They told us the activity coordinator was available to provide support when needed and the registered manager often provided support with care activities. They consistently told us there were sufficient staff on duty to support people in a timely and safe way. A member of staff said, "It's okay for the number of residents we have got." Staff confirmed that there was always a member of staff allocated to monitor each of the lounges.

The registered manager used a dependency tool to determine staffing levels. They told us they had been basing staffing levels on feedback from staff and people living there, and altered staffing levels accordingly.

At the last inspection we found safe recruitment practices were not always in place. Sufficient checks and references had not taken place to ensure people were suitable to work with vulnerable adults. At this inspection we looked at how staff were recruited by examining four staff recruitment files. Effective recruitment processes were in place. We could see that recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. One member of staff did not have photographic identification. The registered manager had

discussed this with the member of staff as they did not have this type of identification, such as a passport or driving licence. We also noted that a member of staff had a large gap in their employment. The registered manager agreed to discuss this with them and record an explanation for the gap. A process was in place to routinely check that the nurses had renewed their professional registration with the Nursing and Midwifery Council.

At the last inspection we identified a number of concerns in relation to environmental risks, mainly in relation to fire safety. At this inspection fire safety checks were up-to-date and all recommendations made by the fire service had been met. Staff we spoke with confirmed they had received training in fire safety and records confirmed this. Detailed and lengthy personal emergency evacuation plans (PEEP) were in place for each person and these were supported by a one-page form that provided clear and useful information for use in the event of an emergency evacuation from the home.

One of the people living at the home was aware they should not smoke in their bedroom and said staff frequently reminded them of this. However, they admitted that they smoked regularly in their bedroom. They could not see any risks with this. Although there was a risk assessment in place, we discussed this with the registered manager who agreed to ensure measures were in place to reduce the risk of fire. This was important as the person had needs associated with memory loss.

We looked at the maintenance file. A maintenance audit took place in January 2016. A checklist was in place to monitor the safety of the building on a weekly basis and this was routinely taking place. Arrangements were in place for checking the safety of the water, safety of the windows and cleanliness of the environment. Arrangements were also in place for monitoring the safety of equipment, such as hoists, slings and mattress checks. These checks were regularly being carried out in accordance with the home's policy. Assessments were in place for chemicals used within the home. The contingency plan identified a home to evacuate to that was no longer in operation. We highlighted this to the provider and registered manager at the time of the inspection.

Families we spoke with were pleased with the cleanliness of the home. A family member told us, "The small is not as bad. It is much better." Another family member said, "Last year I was thinking of getting [relative] moved because it was terrible here. It smelt of urine. There have been lots of improvements and the smell has got better." A family member told us, "The rooms are a lot cleaner and the toilets are immaculate." We found some rooms were malodorous but checks of schedules showed they were being cleaned on a regular basis. The home had an external infection prevention and control audit in August 2015 and received a high score of 94%. We had a look around the home and noted it was clean, tidy and well maintained. Some of the bathrooms did not contain either a clinical waste bin or a domestic waste bin and other bathrooms contained an extra bin. Some clinical waste bins contained domestic waste. The registered manager agreed to check and address this.

At the last inspection we identified a number of concerns in relation to the management of individual risk. At this inspection we spoke with families about how staff managed actual and potential risks their relative's may present with. Families told us they were pleased with the care. There was a consistent view expressed that the care was better and people were safer because the staffing levels had been increased, meaning people were being monitored more closely.

We looked in detail at the care records for four people living at the home who had clear identified risks in relation to their care and welfare. They showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. These included a falls risk assessment, lifting and handling assessment, nutritional and a skin integrity assessment. Care plans had been developed

based on the outcome of risk assessments. Some care plans lacked detail, such as those in relation to what to do in the event of a diabetic crisis or what action to take if a person became distressed. It is important that care plans provide sufficient detail so that staff are clear and consistent in their approach when taking action to support the person and maintain their safety.

A process was in place for recording, monitoring and analysing incidents. A monthly analysis of incidents (mainly falls) was undertaken by the registered manager and it had been completed up to the end of November 2015. A post-falls checklist was in place to monitor the severity and impact the fall had on the person.

Staff we spoke with were familiar with the home's procedure for safeguarding adults and were clear about the process to follow should they have concerns about the safety of people living at the home. Staff told us if they were concerned in any way then they would approach the registered manager or report it to the local authority. Training records informed us the staff team was up-to-date with training in the safeguarding of vulnerable adults. An adult safeguarding policy was in place.

Is the service effective?

Our findings

At the inspection in November 2015, we identified breaches of regulation in relation to the 'effective' domain, which was rated as 'requires improvement'. This inspection checked the action the provider had taken to address the breaches in regulation. The breaches were in relation to seeking consent and staffing training.

With regards to consent, at the previous inspection we found that consent was not always obtained in line with the principles of the 2005 Mental Capacity Act (MCA); there was a lack of understanding regarding deprivation of liberty safeguards and mental capacity assessments were not decision specific. During this inspection we found improvements had been made in this area.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with families who had relatives living at Abbeydale who lacked mental capacity to make important decisions about their care. They told us the communication was good and prompt if any changes or decisions needed to be made about care.

A policy in relation to the MCA and DoLS was in place. The registered manager confirmed that applications for DoLS authorisations had been submitted to the local authority for the people assessed as needing it. Some people were awaiting assessment and the registered manager said they were in regular contact with the local authority to check the status of these assessments. The registered manager had a system in place to keep a check on the expiry date of the DoLS that had been authorised.

We looked at the care records for a person who had an authorised DoLS in place. The information on the DoLS request for authorisation was detailed and informative but there was no local care plan explaining what the DoLS meant in practice, which would have been useful for staff. Some of the DoLS paperwork was in the care records and some was held separately by the registered manager. We highlighted to the registered manager that this was a fragmented approach to record keeping. Had the registered manager not been available then we may not have had access to the most up-to-date DoLS information.

A process was in place for obtaining consent from people who lacked mental capacity for complex decision making. This process was also being used for obtaining consent from people for routine non-complex decision making, which is not in keeping with the spirit of the MCA. We discussed this with the registered manager at the time of the inspection.

We spoke with nursing and care staff about their understanding of DoLS. Staff told us they had received training in the MCA and DoLS. Staff had a good understanding of DoLS and the team leader (senior care worker) knew which of the people were subject to a DoLS authorisation. The nurse on duty was unsure about the number of people on a DoLS and had to make reference to a list on the wall to confirm this. It is important that staff are aware of who is on a DoLS so they are sure who could be legally restricted and who could not.

In terms of consent to care, we noted from the care records we looked at that people or their representative had consented to their photographs being taken and consented to their care plans. For example, we saw recorded in a person's care review for March 2016, "Family involvement in decision making."

Throughout the day we observed and heard staff encouraging and prompting people with decision making regarding their care needs in a positive way. Before providing support, we heard staff explaining what they were going to do in a way the person understood.

We could see from the care records that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plans were in place for some people. These were in accordance with the MCA and coordinated by the person's GP. The DNACPR form had been completed by the GP and families had been consulted regarding this clinical decision.

We observed two advanced care plans (ACP) were in place alongside the DNACPR. This was confusing as the ACPs lacked detail in terms of demonstrating a structured discussion with the person and/or their family regarding wishes and plans for the future. The nurse advised us that an ACP was put in place once a DNACPR was agreed. This showed a lack of understanding of the ACP process and we highlighted to the registered manager that a DNACPR notice did not automatically lead to the generation of a core ACP.

At the last inspection we found that effective training was not in place to support staff in their role. In particular, staff had not received training to support them in caring for people living with dementia. We found improvements had been made in this area.

Records confirmed that nursing and care staff were up-to-date with training the provider required them to complete for their role, including training in dementia care. We could see from the records that some of the ancillary staff were waiting to complete adult safeguarding training. The registered manager had a system in place to monitor that status of staff training.

The staff we spoke with confirmed they were up-to-date with the training. They were able to list the training they had recently attended. For example, the nurse on duty told us they had recently completed infection control and wound care training. Care staff told us they had completed training in adult safeguarding and DoLS. They told us the quality of the training was good.

All the staff we spoke with all told us they felt well supported in terms of receiving regular supervision and an annual appraisal. A member of staff said, "We get regular supervision with the manager." The registered manager's records showed that staff supervision was up-to-date. The registered manager completed the annual appraisals each year in April.

We spoke with a member of staff who had just completed their induction. They told us they had two days as an extra member of the team shadowing a more senior member of staff. They said this was adequate as they only worked part time and also said they felt well supported by the other staff. The registered manager advised us that the induction programme was in line with the Care Certificate. The Care Certificate is an

identified set of standards that health and social care workers must adhere to in their daily working life.

The care records that we looked at confirmed that people living at the home had regular access to health and social care professionals depending on their individual needs. Some people received specialist health care input when necessary. This included input from the local community mental health team and the speech and language therapy service. A record template was in place to record all consultations with health or social care professionals. Families told us there was good communication from the staff regarding their relative's health care needs.

We could see from the care records that nursing staff carried out regular health checks for people, including blood sugar monitoring for people with diabetes. People's weight was monitored on a regular basis and the registered manager monitored the weights; if a person's weight deviated from a defined threshold then the person was referred to the appropriate health professional. The people and families that we spoke with told us that staff organised for them to see a health professional in a timely way when they needed it.

We spoke with two health care professionals following the inspection. Both said the people living there seemed happy and one advised us that the quality of nursing care was adequate with the support from community services for complex issues. The other professional highlighted that the nursing care delivered was good but the care planning and record keeping around regarding clinical care would benefit from improvement. This supported our findings as we found that people were receiving the care they needed, such as dressing changes but this was not always reflected in the care records.

There was a unanimous view expressed by people living at the home and their families that the quality of food had improved greatly since the last inspection. A person living at the home said, "The food is always good." Another person told us, "The food has gone better. The roast dinners are good and we get them twice a week." The person went on to say that too often there were chips on the menu. We checked the menus displayed and there were chips regularly on the menu but there was also an alternative choice of meal. The menus were also discussed at the meetings held for people living at the home and we did not see that the person had mentioned this at the meetings.

A family member said, "The food has really changed a lot and it is better." They told us they regularly had a meal at the home and thoroughly enjoyed the food. Another family member told us, "The food is brilliant and has much improved. [Relative] has put on weight since the new chef came. We used to have to bring her food but we don't need to anymore."

We observed that people readily ate their lunch and they told us after that they enjoyed it. Hot and cold drinks were available throughout the day. A cold drink station was available in each of the lounges, providing orange and blackcurrant juice. The staff provided people with hot drinks and snacks, such as biscuits and crisps at regular intervals throughout the day.

We had a look around the environment to see how well it had been adapted to meet the needs of the people living there. Adaptations had been made towards developing a dementia-friendly environment. There were signs on some doors, such as the bathroom and dining room, and people had photographs and names on their bedrooms doors if they wished. This helped to orientate some people and promote their independence. We observed that the environment would benefit from further modifications, such as appropriate clocks to orientate people to time, better directional signage and different coloured toilets seats.

The upstairs lounge lacked any items and features of interest. Furniture was arranged in a way that did not

particularly lend itself to a cosy and homely environment. We discussed this with the registered manager who told us they had plans to develop the environment further. For example, they were planning to develop a sensory garden. People living at the home also told us about this as they had been included in discussions about what the garden would look like and what it would include. The registered manager sent us the plan for the sensory garden after the inspection.

We recommend that the service considers current best practice guidance in relation to advanced care planning and revises its practice accordingly.

Is the service caring?

Our findings

People living at the home spoke very well of the staff and the way staff engaged with them with them. They told us they were treated with dignity, and staff that respected their privacy. A person told us, "I can't complain about the staff. They are always there to help. No one shouts at me. If they did I would interfere and tell them." Another person living there said the staff were caring because, "When I was hot one day a carer brought me a fan." People also told us they could get up and go to bed at whatever time they wished.

Because not all of the people were able to share their views with us, we spent periods of time throughout the day observing and listening to how staff interacted with people. There was a calm and unhurried atmosphere throughout the inspection. People were comfortable and at ease when staff approached them. Staff mainly spent time with people when they were providing care and support. We observed staff supporting people with mid-morning refreshments and encouraging them to make choices about what snacks to have. Staff were kind and caring in the way they engaged with people. Staff spoke about people with warmth and demonstrated a positive regard for the people living at the home. A member of staff said about the people living at the home, "They are like family to us."

A life history booklet was in the care records we looked at. Although some were completed in more detail than others, overall they provided useful and an informative history about the person, including their likes/dislikes and preferred routines. Through observation and conversation with staff it was clear staff had a good understanding of people's individual needs and preferences. People's needs in respect of their cultural and spiritual beliefs were recognised and one care file included a plan of care to advise how staff could support the person to continue practising their religion and meet their spiritual needs. We spoke to the person who confirmed their needs in this area were being met.

Families told us they were invited to participate in regular reviews of their relative's care. From the care records we looked at we noted that the people who were able to had signed their care plans. Families had signed care plans if their relative lacked capacity to do so. This showed that people and/or their relatives were involved in the planning and reviewing of care.

Communication plans were in place for the people that needed them, which meant there was guidance in place for staff to communicate with people who had needs in this area. The quality of these was variable. For example, we saw one communication plan that provided detailed and clear guidance about how staff should communicate with the person. On the other hand we saw another stated, "Staff to learn body language and read facial expressions" but there was no further information describing what the type of facial expressions and body language the person displayed and what they meant.

For people who had no family or friends to represent them, they had access to advocacy services. We noted from the care records that a person had legal representation for their property and finances. People living at the home and families told us they could visit whenever they wished. A family member told us that they came to visit their relative every day and said, "If I come at lunchtime I get a dinner. I don't get charged for it. It's nice to have a meal with [person]." Another family member said, "The manager always has time to talk to

you even if she is busy."

Is the service responsive?

Our findings

At the last inspection in November 2015, we found that improvements had been made within the 'responsive' domain. Although there were no breaches to regulation, we identified that further improvements needed to be made.

People living at the home told us that their particular wishes and preferences were responded to appropriately by staff. For example, a person told us that the registered manager encouraged people to sit at a dining room table for their meals but said their wishes to have their meals in the lounge were respected. However, one person told us that they had for some time asked for a second shower a week but as yet this had not happened. The person's family had raised this with us when we inspected the service in May 2015. With the person's agreement we mentioned this concern to the registered manager during the inspection.

The non-clinical care plans we looked at were overall comprehensive and focused around each person's specific and current needs. Changes were made to care plans when it was identified that a person's needs had changed. For example, it was identified from a care review that a person's sight had deteriorated and the care review identified the person had been referred to the optician and were awaiting a prescription for new glasses. Furthermore, a clear and individualised care plan had been put in place for a person who experienced anxiety when using a mobility aid. We also noted that the care plan regarding a person using a hoist was specific to that person's needs as it detailed the hoist sling number and how the equipment should be used to support the person to move.

We had a look around the home and some people permitted us to look at their bedrooms. The bedrooms we looked at were personalised to each person's taste. A family member said, "[Relative's] room has got lots of personal stuff in it and she has been given a new chest of drawers and wardrobe." Another person had new furniture in their room but very few personal items and told us they liked it that way. Some people had keys to their bedrooms and a person told us they always locked their bedroom door when they went out to the shops or to visit friends. One person did not like anyone going in their room and the staff told us they had to negotiate with the person so that the room could be cleaned.

The registered manager employed an activity coordinator three days a week. We could not see from the care records or from discussions with staff that recreational and social activities were based on people's interest and preferred hobbies. The activity coordinator confirmed that activities were not organised to take account of people's preferences. Activities that took place each week with people included bingo, jigsaws and colouring. Pamper sessions were also held on a weekly basis. The activity coordinator told us they also supported people to go out for walks to the local shops and café. They told us they had plans to access memory boxes at Liverpool museum.

The activity coordinator said they found it hard to motivate people and generally it was the same people who participated in the activities. We spoke with a person who we had seen playing bingo in the morning. They said they enjoyed that activity and always liked to play it when it was on. We heard from a family that their relative did not like joining in activities and that the staff respected that. A computer was available in

the lounge for people to access. This included Skype access should people wish to contact family and friends. Staff were available to provide support to people if they needed it. One of the rooms had been refurbished to include settees and a large television screen. The activity coordinator told us they held 'movie' events in this room. A snooker table was available for people to use. One of the people told us they had used it a few times,

When we observed the bingo in the morning we noted that many people did not participate but seemed content to sit listening and watching. We asked why the television was on in the background when nobody appeared to be watching it. Staff told us one of the people (playing bingo at the time) became upset if the television was switched off. We later asked the person about this and they confirmed that they liked the television on when they were in the lounge.

People living at the home and families that we spoke with were aware of how to make a complaint. A person said to us, "If I wasn't happy I would be the first to speak up." A family member said to us, "If I see things I don't like I will open my mouth and say." We observed that the complaints process was displayed in the foyer. A complaints policy was in place. The last complaint received was in August 2015. We noted that the complaints o file had been addressed appropriately.

Although improvements had been made since the inspection in November 2015, we have not revised the ratings for this domain above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

At the inspection in November 2015, we identified breaches of regulation in relation to how the service was led. The 'well-led' domain was judged to be 'inadequate'. This inspection checked the action the provider had taken to address the breaches in regulation. The breaches were in relation to record keeping and informing the Care Quality Commission (CQC) of notifiable events.

Since the last inspection we established that the registered manager had been making appropriate notifications to CQC. These included notifications in relation to allegations of abuse, serious injuries and DoLS that had been authorised.

A registered manager was in post and they were registered with CQC on 1 February 2016. The ratings from previous CQC inspection were displayed in a prominent place in the home.

We asked people living at the home their views of the leadership and management of the home. The feedback was positive. A person living at the home said, "I'm made up with the manager. We are getting a lovely garden with a butterfly bush, vegetable patch and benches to sit on. I don't want to move." The person also told us, "The meals have improved. I have lost a stone in weight. I eat salads now."

We also asked families who were visiting at the time of the inspection their views. The feedback was equally positive. Families told us they had seen improvements since the registered manager joined the service, and since the previous inspection. Families described how there had been improvements to the cleanliness and odour of the home, the quality and choice of food and staffing levels. A family member said to us, "You can approach [manager]. They are very approachable. [Relative] is settled here now and looks much happier. I like that it is secure." Another family member told us, "[Manager] has kept the place going. They are phenomenal. I want [relative] to stay here."

We spoke with staff and asked them about both the leadership of and improvements that had been made to the home. A member of staff described how meetings were now in place for staff, relatives and people living at the home. They said the recreational activities had improved and that the food had also improved. Another member of staff said there was more structure in place, better support for staff and regular staff supervision. They said, "The best thing that has happened is that the nurses are now helping out." A recently recruited member of staff said, "Everything is for the residents. The manager is fair but resident's needs have to be met first. I like it here. It is organised."

Processes were in place to seek feedback and involve people living at the home and their families in the development of the service. Monthly meetings were held for people. We noted from the meeting minutes that this forum provided people with the opportunity to provide feedback about matters, such as the menus, the home's newsletter and to put forward any suggestions about how the service could be improved. The meeting minutes we looked at showed that people were satisfied with the service and had been involved in discussions about developing the sensory garden.

Monthly meetings were held for relatives. The registered manager advised us that these were not well attended. Two relatives attended the February 2016 meeting and no concerns were raised but it was acknowledged at the meeting that there had been significant improvements to the home.

Staff also had the opportunity to provide feedback and contribute to the development of the service through meetings that were held on a monthly basis, including separate meetings for nurses and care staff. From the meeting minutes we noted that topics, such as care planning, new keyworker system, policy of the month, storage of topical creams and completion of records was discussed. Staff told us they had a handover between each change of shift. The handover was verbal and also included written information in relation to the support each person living at the home required, dietary requirements and any updates regarding people's health/medical status.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue. Having a whistle blowing policy supports with the promotion of a transparent and open culture within the home.

The registered manager advised us that they had started to have regular meetings with the district nurse and pharmacist, in order to build relationships and encourage partnership working. Records were in place of these meetings which showed that people's needs were discussed with relevant health professionals.

We asked the registered manager what improvements had been made to the quality and safety monitoring of the service. They told us a management consultancy had been commissioned to support the service. The consultancy had set the service up with an electronic system that covered care planning documentation, audit activity, policies and procedures, staff induction and quality assurance surveys.

A dedicated member of the consultancy visited the service bi-monthly and completed a full audit based on CQC's key lines of enquiry (KLOE). We looked at the audit for March 2016, including the recommendations for improvement that had been made. Some of the areas identified that needed to be improved upon we had also found on this inspection, including the upstairs lounge looking institutionalised, malodorous areas and the competency of nurses. The registered manager advised us that this external audit had rated the safe domain as 'inadequate'. The registered manager was able to demonstrate that they had taken action following this audit. For example, a 'grab bag' had been put in place and crockery had been purchased to encourage better presentation of blended food. Flooring had been replaced in one of the malodorous rooms. The registered manager told us that they planned to renew all flooring, refurbish bathrooms and replace lounge chairs but said they could only do this once the embargo to admit new people was lifted.

The registered manager had a schedule of internal audits that were completed each month. These included audits of: accidents; maintenance; security; emergency procedures; cleaning; laundry; medicines; care plans and equipment. Documentation was in place to support that these audits took place. We looked at a selection audits, including those for accidents, care plans and medicines.

An audit of accidents was routinely undertaken each month. Actions taken based on the audit were recorded, such as referrals to the falls team and medicine reviews by the GP. We could also see that falls risk assessments were updated and sensory equipment installed if needed.

The registered manager advised us that they completed the medicine audits with the providing pharmacy that visited each month. The audits for January and February 2016 highlighted minor issues and the audit for March 2016 did not identify any issues with medicines management. There was clear evidence in place

that when discrepancies were found, such as an inaccurate stock balance that an investigation was completed and action taken. However, the audits had not identified the on-going issues we found with medicines. They had not brought about sustained robust improvement of medicines handling, which brought into question their effectiveness.

Approximately 10 care plans were audited by the registered manager each month. Actions identified were passed to the nurses to complete and then re-checked to ensure they had been completed. We looked in detail at four care records and noted some minor issues in relation to missing dates, a surname of a person spelt incorrectly and times not included when daily records were completed. Clinical care plans did not always reflect people's current needs. For instance, care plans in relation to medicines to be given 'when needed' were not always accurate. For example, we saw that a care plan had not been revised following the GP making changes to the person's medication.

As a further example, we looked at two care plans in relation to tissue viability. Information about the dressings required was not recorded for both people. Both lacked detail about the person's wound and treatment required. For example, one of the care plans included no information about the wound, the type of dressing required and the frequency of the dressing changes. It was unclear whether the nurses made a record on each occasion the dressings were changed. These recording issues had not been identified though the care plan audits.

This was a breach of Regulation 17(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we spoke with two health care professionals who have routinely visited the service over a long period of time. Both told us that service had improved greatly under the current management. Improvements they mentioned included refurbishment of the environment, the provision of a cinema room, a snooker room and the plans for the sensory garden. One of the professionals said, "The current manager is dynamic and is committed to improving standards of care in the home." The other professional told us, "[Manager] has done an amazing job and made great improvements to the environment." However, one of the professionals advised us that the area which had not improved sufficiently was in relation to clinical practice, most notably medicines management and care planning in relation to tissue viability. They told us that the registered manager was proactive in requesting support from the local clinical services, and since the inspection had requested the support from the tissue viability team.

Quality assurance surveys were sent out to people living at the home, families and staff in January, February and March 2016. Feedback had been analysed and was presented in a graph format on whether the responses were poor, fair, good or excellent. The highest scores were either good or excellent with a small percentage (2%-3%) scoring fair. Nobody scored the service as poor.

The policies and procedures supplied by the management consultancy were comprehensive but generic in nature. For example, the medicines policy lacked detail in accordance with national guidance on the safe management of medicines in care homes. We advised the registered manager and provider of this at the time of the inspection.

Following the inspection the registered manager sent us an action plan and further updates regarding changes they had made based on feedback at the inspection. Action taken included, facilitating a meeting with the nurses to address and action the medicines management and tissue viability issues. We were provided with assurances that the nurses have had a medicines competency assessment and are due further competency assessments. The registered manager confirmed that a nurse we were concerned about

who undertook casual work at the home was no longer working there. The registered manager confirmed that thickener for fluids was now stored safely. A large dementia-friendly clock had been purchased and one-page profiles had been completed for each person.