

The Augustinian Nursing Sisters

# The Augustinian Nursing Sisters Ince Blundell Hall

## Inspection report

Ince Blundell Hall  
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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 inspection took place on 23 and 24 June 2016 and was unannounced.

Ince Blundell Hall provides accommodation, support and nursing care for up to 22 people. The service admits people for long term care but also offers short term support for people who require respite care. The home is a Catholic service although is open to people outside this faith. The home is a listed building, set within 55 acres of well-maintained grounds and has many features within it, such as a private chapel.

During the inspection, there were 21 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this visit we completed a comprehensive inspection, but we also checked to see whether the provider had completed the actions they told us they would take following the last inspection in October 2015.

We found during the last inspection that medicines were not always managed safely. During this inspection we found that medicines were still not always managed safely. Staff had not completed competency assessments in relation to medicines and the medicines policy had not been updated to reflect the electronic systems in place. Although the stock balances we checked were accurate, audits showed that there were regular inaccuracies in the stock balances.

We received mixed feedback regarding staffing levels from people living in the home and staff. A number of staff had left the home and others were due to leave and agency staff were being utilised to help ensure there were enough staff to meet people's needs. Although some people told us they did not feel there were enough staff, nobody told us that they had to wait long for the support they required.

People we spoke with told us they felt safe living in Ince Blundell Hall.

We found through discussion that staff had a good understanding of safeguarding processes and had completed training regarding this.

We found that accidents and incidents were recorded and reported appropriately. Audits were completed and any actions identified were completed to help reduce further incidents.

Risk management systems were in place to assess and manage risks in relation to the environment as well as risks to individuals. We found that actions had been taken to minimise risks identified in people's risk

assessments.

Safe recruitment processes were evident within the home to ensure staff were suitable to work with vulnerable people.

Staff had completed mental capacity and Deprivation of Liberty Safeguards (DoLS) training; however we found that DoLS applications were not always made for people who may require one. Records showed that consent was sought in line with current legislation.

Staff were supported in their role through induction, supervision, appraisals and regular training. Staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager when required.

Most people told us they enjoyed the food available in the home and they had enough to eat, but did not always have a choice of meal. Staff told us people had a choice of meals and could have alternative meals and snacks whenever they wanted. The chef was aware of people's dietary needs and preferences and told us they always prepared an alternative meal when they knew a person did not like the meal on the menu.

People told us staff were kind and caring and treated them with respect. People's dignity and privacy was respected by staff during the inspection and interactions between staff and people living in the home were warm and genuine. People told us that their independence was encouraged.

People we spoke with did not recall being involved with the creation of their care plan, but were happy with the support they received and records we viewed showed that people or their relatives had been involved with the care planning process.

We found on discussion, that staff knew the people they were caring for well, including their needs, choices and preferences. People we spoke with told us their beliefs were respected by staff and they were supported to attend mass whenever they wanted.

Records showed that planned care was not always evidenced as provided. This meant that people's records did not provide an accurate record of their care and treatment.

Most care plans did not provide information regarding people's preferences and only one of the care files viewed contained information regarding the person's life history.

Care plans we viewed provided advice and guidance regarding the care people required to meet specific health needs and had been reviewed regularly.

People had access to call bells in their rooms to enable them to call for staff support when required. However, some communal areas did not have call bells so people were unable to call for assistance when needed.

People we spoke with told us that there were no activities available within the home, except at Christmas. Although some people enjoyed the peaceful atmosphere of the home, others would enjoy more activities to participate in.

Processes were in place to gather people's views, such as quality assurance questionnaires and regular meetings.

People had access to a complaints procedure and knew how to raise concerns.

Not all actions the provider told us they would take had been addressed.

Effective monitoring systems had been implemented to help monitor and improve the quality of the service. Completed audits identified actions and most of these had been addressed. Regular board meetings were held to help ensure relevant people were kept informed of issues relating to the running of the service.

The last rating awarded to the service was not displayed as required. The registered manager ensured that this was displayed by the end of the inspection and the website was due to be closed.

Feedback regarding the management of the home was positive. Staff told us the registered manager was very supportive and that they could approach them with any concerns.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. □

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

## 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.

Medicines were not always managed safely.

There was concerns raised regarding staffing levels, though we found sufficient numbers of staff were on duty to meet people's needs.

People we spoke with told us they felt safe living in Ince Blundell Hall.

Staff had a good understanding of safeguarding processes and had completed training regarding this.

Accidents and incidents were recorded and reported appropriately and risk management systems were in place to assess and manage risks.

Safe recruitment processes were evident within the home to ensure staff were suitable to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

DoLS applications were not always made for people when required.

Consent was sought in line with current legislation.

Staff were supported in their role through induction, supervision, appraisals and regular training.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

Most people told us they enjoyed the food available in the home and they had enough to eat, but did not always have a choice of meal.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were kind and caring and treated them with respect.

We observed people's dignity and privacy being maintained by staff.

Records we viewed showed that people or their relatives had been involved with the care planning process.

Staff knew the people they were caring for well, including their needs, choices and preferences.

People's beliefs were respected by staff and they were supported to attend mass.

Relatives were able to visit at any time.

### **Is the service responsive?**

The service was not always responsive.

Planned care was not always evidenced as provided.

Most care plans did not provide information regarding people's preferences and only one of the care files viewed contained information regarding the person's life history.

There were no regular activities available within the home.

Care plans provided detailed guidance regarding specific health needs and had been reviewed regularly.

Some communal areas did not have call bells so people were unable to call for assistance when needed.

Processes were in place to gather people's views.

People had access to a complaints procedure and knew how to raise concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Not all actions the provider told us they would take had been addressed.

**Requires Improvement** ●

Effective monitoring systems had been implemented to help monitor and improve the quality of the service.

Feedback regarding the management of the home was positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. □

Care Quality Commission (CQC) had been notified of relevant events in accordance with our statutory notifications.

# The Augustinian Nursing Sisters Ince Blundell Hall

## **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. The purpose of the inspection was to monitor progress since the last inspection in October 2015 when breaches in regulation associated with the Health and Social Care Act 2008 were identified and to check that the provider had completed the planned improvements. We had also received information regarding low staffing levels prior to the inspection and we looked into this during the inspection.

This inspection took place on 23 and 24 June 2016 and was unannounced. The inspection team included an adult social care inspector, a specialist advisor who was a registered nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission (CQC) had received from the service and we spoke with the commissioners of the service.

During the inspection we spoke with the registered manager, chief executive officer, seven people living in the home and five members of the care team. We also spoke with a relative and a visiting health professional who will be referred to as visitors within the report.

We looked at the care files of four people receiving support from the service, five staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

When we carried out a comprehensive inspection of Ince Blundell Hall in October 2015, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was rated as, "Requires improvement." This inspection checked the action the provider had taken to address the breaches in regulation and to look into concerns we had received regarding staffing levels within the home and the quality and safety of the service. The breaches were in relation to safeguarding, medicines management and risk management in relation to care and the environment.

We found during the last inspection that medicines were not always managed safely. Stock balances of medicines were not all correct and processes were not always followed when destroying medicines. During this inspection we looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available for staff and included guidance on areas such as actions to take in the event of a medicine error, self-administration, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink). There were no people receiving medicines covertly and nobody was self-administering their medicines at the time of the inspection, though processes were in place to enable this to happen safely. The policy had not been updated to reflect the electronic medicine administration recording system in place within the home, though the provider had told us following the last inspection that this would be completed by March 2016.

Medicines were stored securely in locked trolleys and secured to the wall of the clinic room. We checked the stock balance of four people's medicines and found them to be correct. Records relating to medicines however, were not always completed fully. For instance, we found that on three occasions, a controlled drug (medicine which requires special storage and record keeping arrangements because of its potential for misuse) had been administered and no time of administration had been entered into the records. This meant that records were not accurate and people were at risk of medicine errors occurring.

During the last inspection we found that the process in place for destroying medicines was not always followed. During this inspection, we found that this practice was still not always followed. For instance, one entry recording the destruction of medicines had only been signed by one staff member and the process requires two. There was no signature list of staff who administered medicines and the staff member we spoke with was unable to identify whose signature was recorded on that occasion.

A medicine fridge was available, though no medicines were being stored within it at the time of the inspection. The fridge was on and the registered manager told us there was usually a record of temperature monitoring but this could not be found on the day of the inspection and staff we spoke with were unaware that the fridge temperature was monitored.

We also found that when bottles of medicine were opened, they were not dated which is not in line with good practice guidance. Records showed that staff had completed medicines training as well as training in

relation to the new electronic system in place; however staff had not had their competency assessed. Following the last inspection, the provider had told us that all staff would have a completed medicine competency assessment by March 2016. Audits completed by the registered manager showed that there were regular inaccuracies in the stock balance of people's medicines. Medicines were not always managed safely and in line with current guidance within the home.

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

We looked at how the home was staffed. Prior to the inspection we had been informed by the registered manager that a number of staff had resigned and were due to leave the home and that there was a recruitment drive underway to employ new staff to ensure people's needs could be met. We were later advised by the Local Authority that the service had informed them they felt unable to ensure sufficient numbers of staff could be sourced to ensure the safety and wellbeing of people living in the home and that the provider had made the decision to reduce the number of people they supported on a temporary basis until adequate staff were in post and appropriately trained.

On the first day of the inspection, along with the registered manager and chief executive officer, there were eight members of the care team, a chef, a maintenance person and domestic staff on duty to meet the needs of 21 people. We received mixed feedback from staff regarding staffing levels. One staff member told us there were not always enough staff on duty, especially on the top floor of the home. Another staff member however, told us there were enough staff but were concerned there would not be once more staff had left after working their notice period. A third staff member felt there were enough staff. People living in the home also had mixed views. One person told us, "They're always short of staff" and another person said, "I don't think there's enough, that's the problem." A third person told us, "I've no cause for complaint; [staff] are always available."

We observed care being provided in a timely way, such as during lunch and we heard call bells being answered within a short period of time. Nobody told us they had to wait for care when they needed it.

The registered manager told us they were using agency staff to help ensure staffing levels were appropriate to meet people's needs and that they were working closely with the Local Authority and Clinical Commissioning Group regarding this. They hoped that by reducing the number of people they supported, they would be able to maintain adequate staffing levels and ensure people received safe and effective care and treatment.

People we spoke with told us they felt safe living in Ince Blundell Hall. When asked what made people safe, one person told us, "There's always staff about and I tell them when I'm going out for a walk" and another person said, "If you want anything, there's always someone there to speak to."

During the last inspection, we found that not all incidents that should have been reported to the safeguarding team had been, not all staff had a good understanding of the safeguarding process and some staff had not received training in safeguarding. During this inspection we spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. All staff we spoke with had a good understanding of safeguarding procedures and were able to explain how they would report any concerns appropriately. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available to staff. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made. Staff we spoke with told us and records we viewed showed that staff had completed safeguarding training.

We looked at the environment and found that arrangements were in place for checking the environment to ensure it was safe. During the last inspection in October 2015, we found that there were no effective processes in place to assess and manage risks in relation to legionnaire's disease. During this inspection we found that these processes had improved. A risk assessment had been completed by an external company and the maintenance person made regular water temperature checks as well as regular cleaning of shower heads to help reduce risks to people in relation to Legionnaire's disease.

A fire risk assessment of the building was in place and people who lived at the home that required support to evacuate had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. Safety checks of equipment and services had been undertaken, such as fire fighting equipment, fire alarms, automatic door closures, hoists, lifts and electrical equipment. There was a system in place to report any maintenance work required and this was signed off when completed to ensure the home was kept in a good state of repair.

We looked at accident and incident reporting within the home and found that accidents were reported and recorded appropriately. Regular audits were completed and any actions identified were completed. For instance, following one incident it had been recorded that a nail cutting policy should be implemented to reduce the likelihood of any further incidents. This policy had been created and staff were aware of it.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place, such as regular weight monitoring or pressure relieving equipment. We also viewed risk assessments completed to assess risks specific to people's needs, such as people who were diagnosed with epilepsy. The risk assessments contained clear guidance on how people's needs should be met should they have a seizure. This meant that staff had guidance on how to reduce risks people may face.

We looked at how staff were recruited within the home. We looked at five personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. There were procedures in place to monitor the on-going registration of nurses to ensure they remained safe to practice. We found that safe and effective recruitment processes were in place within the home.

There were no concerns raised regarding the cleanliness of the home. People we spoke with told us they felt the home was clean and that equipment was well maintained. Bathrooms contained paper towels and liquid soap for handwashing which was in line with current best practice guidance and hand gel was available to staff.

## Is the service effective?

### Our findings

In October 2015 we identified breaches in Regulations and the effective domain was rated as 'requires improvement.' The concerns identified were in relation to the lack of on-going staff support and not gaining consent in line with the Mental Capacity Act 2005. During this inspection in June 2016, we found that improvements had been made regarding these areas; however concerns were identified in relation to Deprivation of Liberty Safeguards.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best 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).

At the last inspection in October 2015, the registered manager agreed to review whether any people living in the home required a DoLS application to be made. During this inspection in June 2016, we found that no DoLS applications had been made and this was confirmed by the registered manager. The registered manager also told us that they did not believe any person in the home met the criteria to require an application to deprive them of their liberty. One person's care file we reviewed led us to believe that they did require a DoLS application to be made based on their needs and we asked the registered manager to contact the Local Authority DoLS lead to discuss this further and seek their advice. Since the inspection, the registered manager has told us that they had discussed this with the DoLS lead and had been advised to put in a DoLS application for the person. We requested that the registered manager review whether any further DoLS applications were necessary for other people living in the home. There was a potential that people were being deprived of their liberty unlawfully as the registered manager had not made DoLS applications appropriately.

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

At the last inspection, we found that consent was not always gained consistently in line with the principles of the MCA 2005. During the most recent inspection, we found that improvements had been made with regards to seeking people's consent to care and treatment. Records we viewed showed that staff had completed mental capacity and DoLS training.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit. People we spoke with also told us that staff sought their consent regularly. Care files we viewed showed that people signed to show their consent for staff to access medical records, for care planning, medicine administration and photography. When people were unable to provide consent, mental

capacity assessments were completed appropriately. For instance, one person's care file we viewed recorded that the person lacked capacity to consent to the use of bed rails. Discussions were held with the relevant people and it was agreed that they should be used in the person's best interest. This meant that consent was sought in line with the principles of the MCA 2005.

We looked at staff personnel files to establish how staff were inducted into their job role. Records showed that staff received an induction that covered areas such as health and safety, roles, standards and responsibilities, policies and procedures of the home training that the provider considered mandatory. Staff told us they felt their induction was sufficient. The registered manager had developed files for staff that had recently commenced in post, which included the care certificate, though these had not yet been implemented. The registered manager told us as they were currently recruiting a number of staff and they planned to commence the care certificate once all newly recruited staff were in post. Staff we spoke with were aware they were due to commence the care certificate. The care certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

We looked at on-going staff training and support. Staff told us they felt well supported and records showed that they received regular supervisions and an annual appraisal to help support them in their role. Staff also told us that they received regular training and records we viewed showed that staff had received training in areas such as safeguarding, first aid, moving and handling, health and safety, fire safety and infection control. The registered manager told us they were looking to source clinical updates for nursing staff, such as phlebotomy. This meant that staff had access to relevant information to enable them to meet people's needs in a safe and effective manner.

Staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager when required. Staff told us both the registered manager and chief executive officer were very supportive and easy to approach.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as speech and language therapists, dietician, G.P and district nurses. All people we spoke with told us that staff arranged appointments for them and contacted the doctor quickly if they were unwell. A visiting health care professional told us staff were providing care in accordance with people's needs.

We asked people about their view of the meals available to them and feedback was mixed. Most people told us they enjoyed the food and it was described as, "Magnificent", "Excellent, there is too much" and "The food is fine." Another person told us, "You get your meals on time and they're piping hot." Everyone told us they had enough to eat, though some people did tell us that they did not always get a choice of meal, especially at lunchtime. Staff told us people had a choice of meals and could have alternative meals and snacks whenever they wanted.

We spoke with the chef who told us there was a four week rota that they had created following discussions with people living in the home. The chef was made aware of people's dietary needs and preferences when they first moved into the home. They told us they knew what people liked to eat and if a person did not like the meal for lunch, they would always have an alternative ready prepared for them. The registered manager told us they planned to review the menu's and would ensure the alternative meals available and currently provided, were recorded on the menus.

The chef told us they prepared evening meals at lunchtime as they only worked until 2pm. They told us that

staff then heated the meals in the small kitchens based on the units. Staff we spoke with told us they also prepared meals in the small kitchens if people wanted something other than what had been prepared or if it was something that could not be reheated. We discussed this with the registered manager who told us that they were planning to make changes to meal provision and that evening meals would be altered so that they were freshly prepared at tea time rather than being reheated.

## Is the service caring?

### Our findings

People living at the home told us staff were kind and caring and treated them with respect. Comments included, "The staff are lovely and kind", "[Staff] are very good" and "Perfectly friendly and helpful." One person told us, "I'd give full marks for life here; peace is the biggest quality and the attention you get."

Staff told us that people living in the home were well looked after and that they enjoyed working in the home. One staff member told us that everyone gets along like a family and another staff member told us they would recommend the home to their loved ones.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms and referring to people by their preferred name. Personal care activities were carried out in private and people did not have to wait long if they needed support. Interactions between staff and people living in the home were warm and genuine and when asked if staff treated them with respect, one person told us, "Yes, with great respect."

People we spoke with did not recall being involved with the creation of their care plan, but were happy with the support they received and records we viewed showed that people or their relatives had been involved with the care planning process. This was evident through signed consent forms and recorded communication with family members.

People told us that their independence was encouraged, though staff always tried to ensure their safety and wellbeing. Care plans we viewed were written in such a way to guide staff to promote people's independence, such as ensuring wash items were within reach to enable a person to participate in personal care as much as possible. Another person's care plan reminded staff that that the person required lots of encouragement to maintain their independence. Staff we spoke with all told us they regularly encouraged people to be as independent as possible. This helped to ensure that people's independence was promoted within the home.

We found on discussion, that staff knew the people they were caring for well, including their needs, choices and preferences. For instance, one care file we viewed reflected that a person had specific dietary requirements due to swallowing difficulties and staff we spoke with were all aware of the person's individual needs. All staff members we spoke with told us they were able to get to know people well and one staff member told us that they were able to anticipate people's needs due to this. Another staff member told us they were able to get to know people well enough to help provide personalised care, such as knowing when people had their own specific plate they liked to use for meals. This helped to enable staff to provide care based on people's needs and preferences.

The home had a chapel within it where mass was held daily. Many of the people living in the home had been involved with the church for a large proportion of their lives and told us the ease of access to daily mass was part of the reason they enjoyed living in the home. People we spoke with told us their beliefs were respected by staff and they were supported to attend mass whenever they wanted.

We observed relatives visiting throughout the inspection. The manager told us there were no restrictions in visiting, encouraging relationships to be maintained and people we spoke with told us their relatives were able to visit at any time.

For people who had no family or friends to represent them, contact details for a local advocacy service were available and were on display within the home for people to access. Most people we spoke with were aware of advocacy services available, but had not accessed them.

## Is the service responsive?

### Our findings

During the last inspection in October 2015, we found a breach of regulations and the responsive domain was rated as 'requires improvement'. The breach was in relation to care not being planned to meet people's individual needs and risk assessments not completed accurately. During the most recent inspection in June 2016, we found that some improvements had been made, however other concerns were identified.

We viewed a number of care files that contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission. We observed care plans in areas such as personal care, mobility, nutrition, communication and skin integrity. Care plans we viewed provided advice and guidance regarding the care people required to meet specific health needs. For instance, one care plan provided clear and detailed information on what support a person needed should they have a seizure. Another person's file contained a care plan regarding the use of oxygen and what support the person required to manage this safely and effectively.

Most care files contained regular reviews of individuals care plans and records showed that people's relatives had been involved in reviews where appropriate.

One care file we viewed however showed that planned care was not always evidenced as provided. At the last inspection we identified that when people required support to reposition, this support was not recorded when provided and the registered manager told us they would implement records to enable staff to record this support. At this inspection, we found that records were in place; however they were not always fully completed. For instance, one care file recorded that the person required support to reposition every two hours to protect their pressure areas. Staff told us they provided this support regularly; however records we viewed contained long periods of time where no support was recorded. This meant that people's records did not provide an accurate record of their care and treatment. The person's skin integrity was compromised and there was a risk this would deteriorate further if the planned care was not provided.

People had access to call bells in their rooms to enable them to call for staff support when required. However, there were areas of the home that did not have call bells. We observed a person sitting in the conservatory with no means of calling for staff support if it was required. A person told us they walked along the corridor to find staff if they were in a room without a bell and another person told us they sometimes used a portable bell if they were going to sit in a communal area with no nurse call bell. We were also told that one person whistles when they require support from staff if they do not have access to a bell. This meant that there was a risk that people may not receive the support they require in a timely way. The registered manager told us that staff monitor the communal areas on a regular basis if people are spending time in them.

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

Not all care files contained information regarding people's life histories. Following the last inspection the

provider told us they would complete life histories for all people living in the home by March 2016 to enable staff to gain a good understanding of individuals, their experiences and preferences. Most care plans did not provide information regarding people's preferences, such as their dietary preferences, social activities, or daily routines. Although one care file we viewed contained care plans that reflected some information regarding a person's preferences, in relation to their care and treatment, most did not.

During the inspection in October 2015, people we spoke with told us they did not have a choice regarding the gender of staff that supported them with personal care needs. At the most recent inspection, people told us that this had not changed and they still did not have a choice as to who provided their personal care, though they did not have a specific preference. One person told us, "I just ask for the person who I'd like, but if they're not available I have whoever is available."

During the last inspection, people told us there were no activities available and that they would enjoy it if more activities were organised. The registered manager had told us they knew improvements were required and they would ensure activities were available for people. During this inspection, we asked people to tell us about the social aspects of the home and how they spent their day. People told us they attended mass, read, watched television, went for walks and listened to the radio. People we spoke with told us that there were no activities available within the home, other than at Christmas. Although some people enjoyed the peaceful atmosphere of the home, one person told us, "I watch television, there's nothing else to do." Completed quality assurance questionnaires also reflected that some people were 'dissatisfied' with the activities available. A staff member told us they were aware some people would like more activities. There was no activities coordinator employed and the registered manager told us they had discussed activities with people and one person had suggested armchair exercises but these had not yet been implemented. This meant that care was not provided in a way that met people's individual choices and preferences.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing. Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance questionnaires had been completed by seven people during 2016 and these looked at how satisfied people were with areas such as activities, the atmosphere of the home, food, cleanliness and how they were involved within the home. Records showed that regular resident and relative meetings had been held since the last inspection to share information and gather people's views, though not all people we spoke with were aware of these meetings.

People had access to a complaints procedure and people we spoke with told us they would feel comfortable if they wanted to make a complaint and knew how they could raise any concerns they had. The registered manager maintained a complaints log, however there had been no complaints received since the last inspection.

## Is the service well-led?

### Our findings

During the inspection in October 2015 we identified a breach in Regulations and the well-led domain was rated 'requires improvement.' The breach was in relation to lack of systems to monitor the quality and safety of the service. During the most recent inspection we found that improvements had been made in this area.

After the last inspection, the provider told us what actions they would take to improve the service and ensure they were compliant with the regulations. We found that most of these actions had been completed, such as safeguarding training for all staff, implementation of medicine audits, repositioning charts and assessment of risks in relation to the environment. There were a few areas that had not been fully addressed, such as medicine competencies which the registered manager planned to complete at the end of the current training module and the completion of personal life histories for people.

During the visit we looked at how the registered manager and provider ensured the quality and safety of the service provided. In October 2015 we found that no audits were completed to assist the registered manager in assessing and improving the quality and safety of the service. During the inspection in June 2016 however, we found that that effective monitoring systems had been implemented.

We viewed completed audits which included areas such as medicines, consent, health and safety and accidents. The audits identified areas that required improvement and actions were recorded. We found that most recorded actions had been addressed. For instance, the accident audit reflected that a person required a referral to the falls prevention team and there was evidence that this referral had been made. The registered manager also told us that they had completed audits to look at areas of compliance following the last inspection and was already aware of what required further improvement. The registered manager was aware of most of the issues identified during the inspection. This meant that systems were in place to monitor the quality and safety of the service.

The registered manager told us that regular board meetings were held to help ensure all relevant parties were kept informed about the running of the service. There were however, no reports from these meetings to view. The chief executive officer was based within the home and told us that they were involved in the day to day running of the service, so was very aware of any issues and was able to manage them in a timely way.

Following the last inspection the service was rated as 'requires improvement' overall. The rating awarded to the service was required to be displayed within the home in a conspicuous place so that all people had access to it. During this inspection, we found that the rating was not displayed within the home; however the registered manager ensured that this was on display on a notice board before the end of the inspection. Ratings were also required to be displayed on websites and we found that the provider had not included the rating on their website. We discussed this with the registered manager and chief executive officer who told us they no longer used the website and would seek advice to have the site removed from the internet.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. Staff told us the registered manager was very supportive and that they could

approach them with any concerns and would be listened to. Staff told us the management team were managing a difficult situation very well and were trying to transform the service.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months and covered areas such as staffing, compliance, medicines, care certificate, training and standards of care within the home.

The registered manager had contacted relevant health professionals to advise them of the temporary changes they planned to make in the number of people they would be able to support in the home and to seek advice and support from them. This was completed in a timely way and we have received positive feedback from those professionals as to how the difficult situation was being managed by the registered manager.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Ince Blundell Hall.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	Deprivation of Liberty Safeguards applications were not made for people appropriately.