Alverant Limited

Cartref Residential Care Home t/a Alverant Limited

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on the 10 and 17 January 2018.

The service was last inspected in December 2015. The overall rating was Good, but the Safe standard was not met and 'required improvement'. This was mainly due to low staffing levels, but the home is now fully staffed.

Cartref is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cartref Care Home provides accommodation and personal care for up to 24 older people, many of whom have dementia care needs. Respite care is also offered. The home is situated in the historic village of Farnworth in Widnes, Cheshire. The service is provided by Alverant Ltd. At the time of our inspection the service was accommodating 23 people. Accommodation is provided on the ground and first floor of the large Victoria property which is situated within its own grounds. There is a large car park at the front of the building for visitors to use and a garden with seating areas at the rear of the building for people to access.

Whilst we had no complaints from people living in Cartref or their relatives about the amount of staff on duty in the home we noted that only two care staff were on duty between the hours of 9.00pm until 8.00am. An on call out of hours rota was also in place to address any emergencies. We spoke with the provider and recommended that the night staffing levels be reviewed with a view to three staff being on duty between the hours of 9.00pm and 8.00am.

At the time of the inspection there was no registered manager in place at Cartref. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The deputy manager and two senior care staff were present during our inspection and they were open and transparent throughout the inspection process and were seen to interact with people using the service, their representatives and staff in a caring and helpful manner.

We saw that people living at Cartref Care Home presented as clean, appropriately dressed and happy in their appearance. Staff demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights and the importance of providing person centred and compassionate care.

We saw lots of positive interactions, banter and humour being exchanged between staff and people living in the home appeared comfortable and relaxed.

Holistic assessments of need had been undertaken and care plans and risk assessments produced to ensure staff understood how to meet needs of people living in the home and to keep people safe. The deputy manager told us he was in the process of auditing and updating care recording processes to ensure clear consistent detailed information continued to be recorded in all care files.

Recruitment practices identified that relevant checks had been completed before staff were offered employment and staff files were organised.

Staff received training, supervision and support to enable them to understand their role and how to deliver person centred care. We saw that all mandatory training had been updated and staff supervision had recommenced.

Policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been developed. They provided guidance to staff on this protective legislation and detailed the process involved to protect the rights of people who may lack capacity. Likewise, systems were in place to safeguard people from abuse and to ensure complaints were listened to and acted upon in a timely manner

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. People also had access to health care professionals and referrals were made for specialist input when required.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives about the service provided periodically. This consisted of surveys and a range of audits. Whilst the system had not been fully utilised due to lack of management, we saw that the deputy manager had recommenced the audits and he provided copies of these at the time of our visit.

Medicines were ordered, stored, administered and disposed of safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff who were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff received supervision and had access to induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and people had access to wholesome and nutritious meals.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good

The service was caring.

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

Staff responded well to peoples individual needs.

Staff understood the importance of ensuring people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and outlined people's preferences, wishes, likes, and dislikes.

People had access to a complaints procedure and complaints were dealt with in accordance with this policy.

Staff were trained in end of life care.

Is the service well-led?

Requires Improvement

The service was not well-led.

Systems were in place to monitor the quality and safety of the service.

There was not a registered manager in post at the service.

People and staff spoke positively about the service.

There were regular staff meetings.

Cartref Residential Care Home t/a Alverant Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 10 and 17 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector

We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We invited the local authority to provide us with any information they held about Cartref Care Home. They advised us that there were some issues on their most recent compliance visit and the provider was subject to an improvement action to address these. We viewed the most recent Healthwatch enter and view report. We also spoke to two health and social care professional prior to our inspection. They raised no concerns regarding the standard of care at the home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home. We spoke with a total eight people living there, six visiting relatives and friends and seven staff members including the deputy manager, cook, two seniors and five care staff. We did speak with more people living in the home but they found it difficult to tell us what they thought of the care in the home due to their health conditions. We also had telephone discussions with the service provider.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of four care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

People told us they felt safe and secure within the home. Comments included "I am fine. They keep me safe and out of harm", "My room is snug and its always warm, safe and comfortable" and "They lock that door and make sure no one comes in before they know who they are. The girls (staff) keep us all safe, we are never afraid".

Staff records we saw demonstrated that the home had used robust systems to ensure that staff recruited were suitable for working with vulnerable people. The deputy manager told us that the service was in the process of recruiting more staff and he showed us the recruitment policy used. We looked at three staff files which identified that full pre-employment checks had been carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work and a Disclosure and Barring Service (DBS) certificate for each member of staff was in place prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults.

During our last inspection in December 2015, the service did not have enough staff to be able to meet people's needs. This was because as well as providing care and support, staff were also completing cleaning tasks and trying to plan activities. Following this inspection the provider sent us an action plan detailing how they were going to ensure this was addressed.

We saw during this inspection that additional staff had been employed to solely undertake domestic duties and extra care staff were on duty during the day to provide care and support the people who lived in the home.

Prior to this inspection we received mixed responses concerning the staffing levels in the home. We had also received a concern prior to our inspection regarding the night staffing levels within the home, so we checked this. Rotas showed the number of staff on duty at the home appeared to be consistent.

During our inspection, we observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it. However, staff told us they were concerned about night care as they felt there was sometimes not enough staff on duty during the night hours. We looked at the dependency tool used to help determine the number of staff needed and noted that two staff were on duty during the night. However we were told that floor and mattress alarms had been provided in people's bedrooms to alert staff if people got out of bed during the night to enable staff to be responsive. We saw that there were two people living in the home who required the use of a hoist. We saw that the premises accommodated nine people on the ground floor and fifteen people on the upper floor. The fifteen upper bedrooms were not close and were spread over a large area. Staff said that they were generally able to manage with two staff during the night, however they said on occasions they had been very busy when more than one person summoned assistance. We saw that the service had an on call night duty rota which identified the nominated person for on call night duty if an emergency occurred. People we

spoke with told us they had no problems if they needed support from staff during the night and records looked at did not identify any delays with staff attending to people's needs. However we discussed the night staffing levels with the provider and recommended he review the night staffing and peoples dependency levels with a view to having three staff on duty during the hours of 9.00pm until 8.00am.

Staff also advised that there were no laundry assistants employed by the service and as a consequence all staff needed to assist with laundry duties. The situation of the laundry room in the cellar area of the home necessitated that staff were away from the main areas of the home when they were carrying out laundry duties. Staff said that although this was a necessary part of their role they felt it impacted unfavourably upon their caring duties. We recommend that the registered provider review their systems and processes in place for the management of laundry.

We saw that a log was kept of all accidents and incidents which included issues such as falls and medication errors. The deputy manager told us that this log was used as 'Lessons learned' and included reference to actions taken following accidents and incidents and staff reflection on what could be done to improve the management of incident. Referrals were also made to the local authority under the heading of 'Care Concerns'. The deputy manager told us that action was then taken if required to ensure staff were supported and provided with supervision and refresher training.

We saw that risks to people's health and well-being were assessed. These explored areas such as; nutrition, falls and pressure areas. Assessment identified the hazard to the person and the control measures or action needed to help minimise the risks to people so they were kept safe.

The service had a safeguarding procedure in place, designed to ensure that any concerns that arose were dealt with openly and people were protected from possible harm. Staff working in the home were aware of the relevant process to follow and confirmed that they had received training in protecting vulnerable adults. The deputy manager told us and records showed that updated safeguarding training had commenced. The local authority safeguarding manager confirmed that the deputy manager had been proactive in respect of ensuring staff of the home had knowledge and understanding of the process.

Staff members were also familiar with the term 'whistle blowing' and said that they would report any concerns in respect of poor practice to senior managers. (Whistleblowing is an option if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.) This indicated that staff were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been reviewed and the deputy manager had updated records to ensure that people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as fire prevention, hot water, legionella, gas and electric installation. We saw that the provider had checked that these were all in date and had arranged for updates were necessary. We saw that an action plan was in place following a visit from Halton Local Authority contracting team in respect of areas of concern they identified about environmental checks and infection control. Discussions with the manager and the provider confirmed that actions had been taken to rectify the problem. They were able to provide safety certificates to show action identified by Halton had been addressed. Feedback from Halton contracting officers and infection control officers also identified that actions had been taken to ensure full compliance in this area.

Control of substances Hazardous to Health assessments were completed in respect of personal care items

such as deodorants and information provided to staff regarding safe usage. We were told and records showed that fire safety, infection control and health and safety training was provided for all staff as part of the induction and updated on an annual basis. Staff spoken with confirmed they had completed training and had access to personal protective equipment (PPE) such as gloves, where this was needed. Catheter support plans outlined the need to ensure good hygiene and reminded staff of the importance of wearing PPE.

Most of the areas in the home were well maintained and decorated. The home was undergoing a refurbishment programme and we saw that new floors had already been laid, and there was a plan to redecorate people's bedrooms, which people were positive about. The guttering in the conservatory roof was in need of attention and the provider told us that he was awaiting some good weather to enable him to deal with it. Fire doors had been updated and bedroom doors had been modified to ensure that all locks and closing mechanisms were safe and effective. However we noted that a fridge had been stored in the conservatory and other items such as unused wheelchairs and ornaments had also been placed in this area. We discussed this with the deputy manager and advised that the additional storage created a risk factor to the health and safety of the staff and people living in the home. He advised that the conservatory was not in use at this time and he would ensure that it was locked and not accessible until all the extra items had been removed.

There was a Business Continuity Plan in place which recorded what to do if people living in the home had to be moved to alternative accommodation in the event of an emergency such as fire or flood.

A senior staff member was observed dispensing the lunchtime medication to people who lived in the home. She checked the medication administration record (MAR sheet), used a small pot to put the tablets in and put a dot on the MAR sheet before taking the medication to each person requiring it. She ensured they had a drink with their medication and asked those who were prescribed PRN (as and when needed) if they required it before dispensing it to them. Once the person had taken their medication she signed the MAR sheet. All MAR sheets examined were completed correctly. We noted that medicines were stored safely within the home.

We noted that access to the home was through a locked gate which had a call bell attached. Visitors had to press this bell to request access to the home. There was also a camera focused on this area which allowed staff to see who was requesting entry before access was allowed. A visitor's book was available in the foyer of the home and staff told us that they ensured that every visitor to the home was 'signed in' to ensure the security of the home was maintained.

Good

Is the service effective?

Our findings

People told us they were well looked after in line with their wishes. Comments included "I am happy here because they (staff) know what I want and are able to look after me well" and "Nice staff, good food and they ask me what I want but they always know what I want because they understand me".

Feedback from a health and social care professional who visited the home included "The atmosphere in the home was lovely, the residents were all in the dining room, tables set having their breakfast with some age appropriate music playing in the background. Lunch will be liver, onion gravy and mash or sausages".

Staff reported feeling well supported in their role through induction, supervisions and regular training. We reviewed the staff training matrix and certificates within staff recruitment files which showed staff had training in areas such as first aid, moving and handling, catheter care, medication management and dementia awareness.

We saw that supervisions sessions were held three monthly and covered topics such as staff development and training and support. Supervision sessions between staff and their line manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs.

We saw that the home had taken some measures to create a more dementia friendly environment. For example we noted orientation boards in place to remind people using the service of the day, date, season and weather. The corridors and walls held some clear signage but presented as quite dark and dismal. We saw that some areas had been painted a lighter colour and the deputy manager told us this was an on-going process to try to brighten up the area. However we noted that some positive changes had been made to the building to include a bright and welcoming dining room and new flooring in the lounge and hallway. The deputy manager told us that they had commenced a full refurbishment programme and the environment would soon become 'far more dementia friendly'. He said pictures of 'old Widnes' and more colourful signage had been ordered to further improve the surroundings.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the manager.

We noted that policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of

capacity, best interest decision making and deprivation of liberty safeguards.

We saw that mental capacity assessments were undertaken and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The deputy manager had introduced a system which maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation had also been recorded.

We saw that best interest meetings had been held and noted that the deputy manager had recently made contact with Halton Local Authority for information and update re DoLS applications.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

A rolling menu plan was in operation at Cartref which was reviewed periodically in consultation with the people using the service. A copy of the menu plan was displayed in the dining area for people to view. People using the service were supported to make their individual meal choices on a daily basis and alternative options were also available upon request.

We spoke with the cook on duty and looked at the kitchen area. The kitchen area appeared clean and well managed. The cook showed us a file which contained important information for catering staff to view on people's food likes and dislikes; special dietary needs; portion sizes; texture of meals; allergies; ethnic, religious or cultural preferences and adapted cutlery, crockery or cups required. Catering records relevant to the operation of the kitchen were also available for reference.
The home had a dining room that offered a pleasant environment for people to socialise and eat their meals. Tables were appropriately laid with tablecloths, napkins, table mats, condiments and cutlery.

We undertook a short observational framework for inspection (SOFI) during a lunch time meal and noted that people using the service were offered a choice of meal and observed the cook taking the time to explain to a person who required a pureed diet the different types of food that had been prepared on the plate. Meals were attractively presented. Staff were seen to take time to communicate and engage with people in a caring and dignified manner whilst at the same time offering appropriate support to people who required assistance with eating and drinking. People using the service were also given the necessary time to eat and finish their meals at their preferred pace.

People were accepted and empowered to follow their own routines throughout the mealtime. For example we noted that one person liked to eat with their fingers, another person decided to get up and leave the dining room following their first course. Staff explained that the person liked to leave the dining area and usually returned within a short period. The person was seen to soon return and resumed their second course.

People had a drink of their choice and additional refreshments and snacks were provided throughout the day. We noted that staff were attentive to the needs of people requiring support at mealtimes and that people could eat their meals in the lounge areas or their bedrooms if they wished. People spoken with were generally positive about the standard of food and drinks provided.

We noted that staff had developed working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. Feedback from visiting health care professionals was positive about the effective care and referral system used by the home in relation to people's health care needs.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; dentists; chiropodists; opticians; and community psychiatric nurses subject to individual need.

A professional visit record was kept on file which staff had recorded their discussions with health professionals regarding the person. A 'hospital passport' was available in each person's file which contained a summary of all important information such as the person's level of capacity, resuscitation wishes and medical history.

The deputy manager showed us evidence of their engagement with wider partners to build and share good practice. We saw that they attended regular meetings with the local authority and other providers with a focus on sharing good practice and delivering effective care.

Good

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Cartref Care Home to be caring. People spoken with confirmed they were well cared for and treated with respect and dignity by the staff who worked in the home. Comments received from people using the service included: "Staff are lovely here. I love it"; "My family can visit when they want to"; "It's a good home, I like it"; "They [the staff] are wonderful to me"; "If I want a shower I can, if not I don't. I'm looked after so well" and "Marvellous girls [staff]. They look after me".

Relatives of people living in the home said they were more than happy with the care provision. Comments included "It's a good place. Nice friendly staff who treat the visitors well. We feel comfortable visiting here. (Name of relative) loves being here. She is happy and well cared for and is always smiling."

We spent time talking with people and undertaking observations within the home and noted that overall people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff communicated and engaged with people in a kind, friendly and compassionate manner and that people were encouraged to maintain their independence and to follow their preferred daily routines and lifestyle.

People's communication needs were also recorded within care files to guide staff on how people expressed their individual needs and to ensure people were supported to express their views. This included information on people's health needs which may impact on their verbal communication. One care file documented that the person was blind and partially deaf and requested that staff communicate verbally in a raised voice when they were talking to the person. Another file held details of a person who was totally deaf but liked to join in sing-alongs. Staff ensured that this person was provided with a song sheet of all the songs to be sung to enable him to join in.

Staff spoken with told us that they had been given opportunities to read people's care files and that this had helped them to understand the needs of the people they cared for.

It was clear from the interactions between staff and people who lived in the home that staff were aware of people's need for privacy and dignity. It was observed that any personal care was undertaken in privacy and staff were seen to refer to people by their preferred name and ask them what they wanted, rather than assume their needs. This demonstrated respect and dignity for the people they supported. Staff knocked on people's doors before entering and we noted that all engagement between staff and people who lived in the home was undertaken in a kind and courteous manner.

Staff supported people and their families with care and compassion. For example we observed three people who lived with dementia becoming anxious and disorientated. The staff immediately responded in a calming and soothing manner and used diversion therapy such as one to one support and interaction to alleviate people's distress.

We saw that people living in the home presented as clean, appropriately dressed and happy in their appearance. Staff spoken with were able to give examples of how they provided personalised care and support to people and demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights.

Staff were seen to be attentive and responsive to the needs of people with a diverse range of needs and were noted to take time to sit, talk and engage with people using the service whilst offering encouragement and support. It was evident that staff recognised and valued people's individuality and that they had a good awareness of the needs and preferences of the people they cared for.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided. Information about advocacy services to include Halton Speak Out Service were also available to ensure that people who could not express their own views were fully supported to have their say.

We saw that personal information about people was stored securely. People's records were securely stored in the main office. Computers were password protected. This helped to ensure that confidentiality was maintained. We reviewed the training matrix which showed that staff had received training in the principles of confidentiality and equality and diversity.

Good

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Cartref Care Home to be responsive. Those who were able told us that staff met their individual needs and responded well to any changes. Comments included: "I have seen my care plan", "Its fine, the girls help me when I need help and they keep their eye on me", "Staff look after me well and when I need extra help I get it" and "They ask me what I want and help me to do things such as when I want to get up or go to bed. We have some fun as well; we have a quiz or a singsong".

People told us the call bells were answered quickly. Comments included "They come fairly quickly if I press the call bell." and "They come quickly when I ring".

People and their families told us they were involved in the care planning and were given choices in relation to how they were supported. Each plan contained an outcomes form completed with the person regarding their expectations of the service. One person told us, "I was involved in the care plan with my family." People's relatives told us they were also consulted. Their comments included, "Myself and family were involved in the care planning", "Staff made sure they knew all (name) needs", "I was involved at the start and I am invited to all care reviews and asked my opinion of how things are going because (name) cannot explain this for herself."

We noted that care records provided information around the many different aspects of support which staff needed to be familiar with such as health, personal care, catheter care and mobility. These plans were sufficiently detailed to guide staff on how to support people effectively. We reviewed moving and handling plans within care files and found these contained specific and clear instructions on how to maneuverer people safely. For example, two care files contained step-by-step guidance on how staff were required to use hoisting equipment. We saw that staff were responsive to changes in people's needs, for example, one person's mobility had deteriorated and staff promptly made a note on the care file, reported the change to the senior and a referral was made to ensure a moving and handling assessment was undertaken.

We looked at the care plan files of four people who were living at the home. We found that the provider had drawn up guidance and documentation to update the current care planning process for staff to follow which included an index system. Files viewed were easy to follow and contained important information such as: pre admission assessments of need; admission details; life story information; care plan records and associated risk assessments. Care plans outlined individual needs and the actions required by staff to ensure they were met. Records had been kept under monthly review or sooner in the event a person's needs had changed. A range of supporting documentation such as observation records; health care records; communication notes and daily records were also available for reference.

Through our discussions with people using the service, their relatives and staff, it was evident that staff knew the people they supported well and delivered a person centred service. Care plans were person centred and contained information about people's likes, dislikes, hobbies and backgrounds. People's files contained a document entitled 'What is important to me' which outlined the person's preferred daily routine, interests

and significant family relationships. For example, one care file documented that the person liked to listen to music and especially enjoyed listening to 1960s records. This information enabled staff to understand more about the person and promote rapport building between staff and the people they support.

People told us they enjoyed taking part in the activities. This followed a new 'seize the day' initiative where people living at the home were consulted with regarding what activities they would like to do in the future. Care files contained an 'Individual Activity Record'. During our inspection visit, there was evidence of activities taking place including a singalong and dominoes game. An activities coordinator was not employed at the home however staff told us they generally had sufficient staff on duty during the day to enable them to keep people occupied.

The registered provider had developed a complaints procedure to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response. Information on how to raise a complaint or concern had also been included in the statement of purpose and in the residents' handbook.

The service was not supporting anyone who received palliative care but had given consideration as to their processes in respect of people at the end of their lives. The staff training matrix showed that end of life training via the six steps programme had been provided and the registered provider was aware of their obligations in relation to this. Care records contained information in respect of whether people had completed 'Do Not Attempt Resuscitation' (DNAR) forms.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the registered provider and the management of the service. One person told us, "I think the home is very well run". Another person said "This is a great place to live. Ian (deputy manager) is lovely and makes sure we are well looked after and the staff know us inside out. Great place to spend my days, happy, warm and well looked after" .A relative told us, "I've no issues with the management, it's a well- run home. We went all over to find a place for (name) until we found Cartref. It may be a bit old and tired looking but the happy atmosphere, care and support is fabulous".

The staff we spoke with all said they thought the service was well-led and that it was managed effectively. They told us that things had greatly improved and that the deputy manager was direct and supportive. They said he listened to what was being said and acted upon any issues right away.

There had been recent changes to the management structure at Cartref. Cartref had been without a registered manager for approximately a year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The entrance area of the home held information about the previous CQC rating and displayed a copy of the last CQC report.

A manager was appointed in July 2017 and left in November 2017 therefore the home continues to be without a registered manager. The registered provider told us of their on-going attempts to recruit an alternative registered manager. This would offer an additional layer of governance, checks and balances.

We saw that team meetings had been arranged by the newly appointed manager, the last one had taken place in December 2017 and we viewed the minutes of these. We saw topics such as safeguarding, training and health and safety were discussed.

Staff told us there was an open culture within the service and they were also able to raise any issues informally.

Prior to this inspection we were provided with information from Halton Local Authority about their concerns about the running of the home. As a consequence they had recently undertaken a quality monitoring visit. They reported concerns in areas such as health and safety and infection control. They had drawn up an action plan which the home had now addressed. We saw that audits had commenced for the safety of the building, finances, care plans, medication and the water temperatures. We saw that all requirements and recommendations had been followed up with a plan of action by the deputy manager. For example, we saw that one audit had identified the need for more staff, and a plan to advertise was put into action using additional methods rather than the online job websites. Another related to maintenance checks of essential services and we saw that this had been addressed with immediate effect.

Discussions with the deputy manager identified that he was aware of his role and responsibilities and of the requirement to report all notifiable incidents to the Care Quality Commission. He told us that he had looked at staff training and supervision. He also advised that he had contacted local authority safeguarding staff to ensure that the home had the correct processes in place to maintain people's safety.

We saw that the deputy manager was fully visible around the home and he chatted with staff and people who used the service on a daily basis to gain their views about the overall running of the home.

The deputy manager attended multi agency meetings with other providers with the aim of sharing good practice and to promote the on-going improvement in services in the local area. This showed that the organisation was working in partnership with different establishments, to help shape and develop the future of service delivery

Discussion with the provider indicated that he met with or spoke with the deputy manager on a daily basis about all aspects of the running of the home. The provider told us that the deputy manager was a great asset to the home. However he was aware of the fact that the home needed to have a registered manager in place. We saw that the provider had advertised for a manager for Cartref and he told us that he had widened his search. He advised that he is urgently seeking to appoint a manager who will become registered with CQC.