

Tudor Bank Limited

# Alt Park Nursing Home

## Inspection report

Parkstile Lane  
Gillmoss  
Liverpool  
Merseyside  
L11 0BG

Tel: 01515465244

Website: [www.tudorcarehomes.co.uk](http://www.tudorcarehomes.co.uk)

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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 1 and 2 November 2017 and was unannounced.

Alt Park is a purpose built care home situated in Gillmoss, a suburb of Liverpool. Alt Park provides nursing and personal care for up to 35 older people who have dementia. There is a car park to the front of the building and accommodation is located on two floors, with access to all areas of the home by a passenger lift. During the inspection, there were 28 people living in the home.

At the last inspection in May 2017, we found that the provider was in breach of Regulations in relation to the safety of the environment, risk management, medicines management, recruitment, staff training, consent, care planning, feedback systems, audit systems, policies and procedures and submission of notifications. The service was rated as inadequate and placed in special measures. This inspection looked to see whether sufficient improvements had been made to ensure the provider was meeting the fundamental standards of care.

At the last inspection we found that medicines were not always managed safely. There were gaps in recording, PRN (as and when required) protocols and plans for covert (hidden in food or drink) medicines were not detailed. During this inspection we found that some improvements had been made and plans were now detailed. However, we found that one medicine was not given as prescribed as minimum times between the doses were not always maintained and not all stock balances were accurate. The provider was still in breach of regulation regarding this.

In May 2017, we found that people's personal emergency evacuation plans (PEEPs) were not detailed and risk assessments were not always completed accurately. During this inspection we found that risk assessments had not all been completed accurately and provided inconsistent information about risk to people. Information within care plans was not always clear or consistent to ensure staff had relevant information as to how best to support people. We also found that planned care was not always evidenced when provided and PEEPs had not all been updated. Risk was still not assessed accurately for people and the provider was still in breach of regulation regarding this.

At the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we found that applications to deprive people of their liberty had been made appropriately, however mental capacity assessments were not always completed when required. When assessments were in place, they had not all been completed in line with the principles of the MCA. The provider was still in breach of regulation regarding this.

In May 2017 we found that the audit system in place was ineffective. During this inspection we saw that the provider had implemented a new audit system which was comprehensive and identified areas that required improvement. Many of the actions highlighted had been addressed, however, due to the limited time since the new provider took over, not all of the actions had been completed.

Many of the concerns identified at the last inspection had been addressed, but not all had been fully addressed. It was evident that the provider had made a number of improvements but they needed further time to complete all of the required actions. The provider was no longer in breach of regulation regarding this.

During the last inspection we found that the provider failed to notify CQC about incidents that had occurred. During this inspection we found that notifications had been submitted regarding events and incidents that the provider was required to inform us of. The provider was no longer in breach of regulation regarding this.

In May 2017, we found that new staff were not fully supported in their roles. During this inspection we saw that all staff had completed an induction in line with the requirements of the care certificate; had regular supervision and an annual appraisal. We also found that staff had completed training in courses considered mandatory to ensure they had the knowledge to support people safely. The provider was no longer in breach of regulation regarding this.

In May 2017, we found that the environment was not always maintained safely. During this inspection we found that improvements had been made and the environment was safe. Chemicals were stored safely and systems were in place to help ensure people's safety in the event of a fire. Window restrictors were in place and the home was adequately lit to ensure people could move around safely. The provider was no longer in breach of regulation regarding this.

During the last inspection we saw that staff were not always recruited safely. During this inspection we looked to see if improvements had been made and they had. All appropriate checks had been completed prior to staff starting in post. The provider was no longer in breach of regulation regarding this.

People told us there were always enough staff on duty to meet people's needs in a timely way and staff were knowledgeable about safeguarding and how to report any concerns they had.

Accidents and incidents that had occurred within the home were recorded and reported appropriately. We saw that appropriate actions were taken following incidents.

People's dietary needs were known and met within the home. A menu was available for people and staff were available to support people to eat and drink when required.

People told us that staff were kind and caring and treated people with respect. We observed people's dignity and privacy being respected by staff and support was provided discreetly. Care files were stored securely in order to maintain people's confidentiality.

We saw that interactions between staff and people living in the home were warm and familiar and it was clear that staff knew people well. Care plans provided information regarding people's preferences and lives which helped staff get to know them as individuals.

Visitors were able to visit the home when they chose and told us they were made welcome. When people had no friends or family to support them, staff involved advocates in their care.

Not all care files had been updated regularly to ensure they reflected people's current needs. Care plans were not all sufficiently detailed as some provided vague guidance as to how best to support people, such as when people became agitated. However, we saw that staff provided individualised care during the inspection.

Improvements had been made regarding gathering feedback as regular meetings had taken place with people's relatives and quality assurance questionnaires had been completed. A complaints procedure was also available and people told us they knew how to make a complaint, but had not had to recently.

There was a schedule of activities available to people and the inspection we saw staff providing activities during the inspection and encouraging people to participate.

A new manager commenced in post on the day of the inspection. 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 rating from the last inspection was clearly displayed within the home and on the provider's website as required.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not always managed safely.

Risk was not always accurately assessed and care plans did not all provide clear information regarding people's needs.

The environment was safely maintained.

There were sufficient numbers of staff on duty who had been recruited safely.

Staff were knowledgeable about safeguarding and how to report any concerns they had.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Consent was not always gained in line with the principles of the Mental Capacity Act 2005.

Staff were supported in their roles through an induction, training, supervision and an annual appraisal.

People were supported to maintain their health and wellbeing by the staff and other external healthcare professionals.

People's dietary needs were known and met by staff within the home.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring and treated people with respect.

We saw that people's dignity and privacy was respected by staff.

Care files were stored securely in trolleys within a locked office in order to maintain people's confidentiality.

Interactions between staff and people living in the home were warm and familiar.

Visitors were able to visit the home when they chose and told us they were made welcome.

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

The service was not always responsive.

Care files had not all been updated regularly to ensure they reflected people's current needs.

Not all care plans were sufficiently detailed to ensure staff had access to clear guidance on how best to support people.

Systems were in place to gather feedback from people, including a complaints process.

Activities were available to people both within the home and in the local community.

**Requires Improvement** ●

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

The service was not always well-led.

A new audit system had been implemented and identified areas that required improvement. However, not all actions had been addressed.

Notifications had been submitted regarding events and incidents that the provider was required to inform us of.

A new manager commenced in post on the day of the inspection and had begun the process to register with CQC.

Staff were aware of the home's policies and procedures, including whistle blowing.

The rating from the last inspection was clearly displayed within the home and on the provider's website as required.

**Requires Improvement** ●

# Alt Park 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 inspection took place on 1 and 2 November 2017 and was unannounced. The inspection team included two social care inspectors 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 service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service and the local safeguarding teams to get their opinions of the service.

We used this information to plan how the inspection should be conducted.

During the inspection we spoke with the provider, the manager, the relief manager, deputy manager, a visiting health professional, one person living in the home, three relatives and six members of the staff team; including the chef and maintenance person.

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

Many of the people living in Alt Park were unable to share their views with us, due to memory difficulties. 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.

# Is the service safe?

## Our findings

At the last inspection in May 2017, we found that the provider was in breach of Regulations and the safe domain was rated as 'inadequate.' The breaches were in relation to the safety of the environment, risk management, medicine management and staff recruitment. During this inspection we looked to see whether the provider had made improvements and were meeting legal requirements.

At the last inspection we found that medicines were not always managed safely as there were gaps in the recording of administration, not all medicines were administered as prescribed, PRN (as and when required) protocols did not provide sufficient information and people receiving their medicines covertly (hidden in food or drink), did not have detailed care plans in place to ensure staff knew how to administer their medicines safely.

During this inspection we looked to see if medicines were managed safely. All medicines were stored in a locked, temperature controlled room. If medicines are not stored at the correct temperature, it can affect how they work. A medicine policy was available to help guide staff and records showed that staff had completed training and been assessed as competent to safely administer medicines to people.

We saw that systems were in place to support best practice. For instance, when people were prescribed a medicine which was administered through a patch being applied to the skin, body maps were used to record the location where the patch was situated. If patches are applied to the same area, they could cause skin irritation. Medication administration charts clearly reflected when people had an allergy and this helped to prevent people being administered something that could cause them harm.

People who were receiving their medicines covertly had care plans in place to inform staff how each medicine could be safely administered, such as crushed or dissolved. This helped to ensure that staff could administer the medicines safely. When people were prescribed medicines on a PRN basis, we saw that protocols were in place to inform staff when to administer these medicines even when people were unable to tell staff when they required them. This helped to ensure people received their medicines when they needed them.

We found however, that not all stock balances we checked were accurate. Most medicines were dispensed from a blister pack, but those that were boxed had a corresponding stock balance sheet. We found that these were not always filled in accurately and so did not assist in ensuring records regarding medicine administration were up to date. We also found that one medicine was not given as prescribed as minimum times between the doses were not always maintained. This meant that medicines were not always administered as prescribed and the provider was still in breach of regulation regarding this.

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

In May 2017, we found that risk was not always managed appropriately as people's personal emergency



evacuation plans (PEEPs) were not detailed and risk assessments were not always completed accurately in order to manage risk to people.

During this inspection we looked at care files and saw that risk assessments were completed in areas such as malnutrition, moving and handling, falls, pressure areas and use of equipment, such as the bath. Some risk assessments we saw were detailed, completed accurately and reviewed regularly. However, we found that not all risk assessments correctly identified risk to people. For instance, one person's moving and handling assessment reflected that they were not at risk of pressure sores, but their pressure area risk assessment showed they were at risk. The pressure area care plan reflected that they had developed a pressure sore, but the risk assessments had not been updated when the person's needs had changed. This meant that risk to people were not accurately assessed and could lead to people not receiving an appropriate level of care. On the second day of the inspection, we saw that the risk assessments had been updated to reflect the person's current needs and accurate level of risk and relevant care plans had also been updated.

We found that the falls risk assessment tool in place was confusing as the scoring system was not clear. We discussed this with the provider who showed us a new tool that was due to be implemented within all care files.

Information within care plans was not always clear or consistent. For instance, one person's dependency assessment reflected that they required two staff to support with their mobility; however their safe systems of work care plan indicated that they were independently mobile. We discussed this with the deputy manager who confirmed that the person's needs had changed and the care plan had not been updated to reflect this, but the dependency assessment had. This meant that staff may not have access to clear and consistent information regarding people's care needs. By the second day of inspection we saw that the care plan had been updated.

We also found that for one person, planned care was not always evidenced as provided. For instance, the person's pressure area care plan stated that the person required support to reposition every two hours. Staff told us that this care was provided regularly; however records we viewed contained gaps in the provision of this care overnight. The person's wound care plan reflected that they had a dressing that required changing every other day. The wound record did not always evidence the dressing was changed, but we saw that this was sometimes recorded within the daily records. This meant that there was no clear record to establish when the dressing was due to be renewed.

Not all PEEPs had been updated since the last inspection. For example, one person's PEEP showed that they required the support of a staff member and a wheelchair in the event of an emergency evacuation. However, the person resided on the first floor of the home and there was no information as to how they would get down the stairs, although equipment was now in place to ensure they could be evacuated safely. On the second day of the inspection the deputy manager showed us that an updated PEEP was not available which fully reflected how the person would be supported to evacuate the home.

Risk was still not assessed accurately for people and the provider was still in breach of regulation regarding this.

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

In May 2017, we found that the environment was not always maintained safely as not all fire doors closed

securely, window restrictors did not meet current requirements, fire alarms were not checked regularly and there was no evacuation equipment, chemicals were not all stored securely and lighting was not adequately maintained. We also found that there was no system in place to make checks on areas such as fire doors, call bells and window restrictors.

During this inspection we looked to see if improvements had been made and found that they had. Records showed that the provider had installed a new fire alarm system and it was tested weekly to ensure it was in good working order. We also saw that fire doors were either closed, or held open with self-closure devices that would close in the event of a fire and a system was in place to check the fire doors regularly. We saw that fire doors closed securely within their frames. New fire evacuation equipment was also in place and staff had received training in how to use it in the event of an emergency.

Window restrictors had been replaced following the last inspection and met current standards, however at the time of the inspection, the provider was replacing all windows within the home. The new windows would include restrictors built into them.

When we looked around the home, we found that chemicals were all stored safely and key code locks been fitted to the cleaning cupboard door, as well as the staff room, to ensure that only staff could access them. This meant that people were no longer exposed to those hazards within the home. We also found that all areas of the home were well lit as new lighting had been installed.

External contracts were in place to ensure maintenance in areas such as gas, electrics, lifting equipment, call bells, portable appliance testing, fire equipment and the passenger lift. Regular internal checks were also made and recorded, in areas such as wheelchairs, water temperatures, emergency lights and evacuation equipment. The provider had made improvements since the last inspection and the environment was safely maintained. The provider was no longer in breach of regulation regarding this.

During the last inspection we saw that staff were not always recruited safely as not all safe recruitment practices were followed, such as recording a full employment history and having photographic identification of staff.

During this inspection we looked to see if improvements had been made and they had. Staff files we viewed contained evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks. 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. We found that staff were recruited safely and the provider was no longer in breach of regulation regarding this.

Although most people were unable to speak with us due to memory difficulties, one person told us they felt safe living in Alt Park as staff looked after them well. Relatives we spoke with agreed it was a safe place for their family members to live and one relative told us their family member always appeared to be happy and well looked after.

Staff we spoke with were knowledgeable about safeguarding and how to report any concerns they had. A safeguarding policy was available to guide staff in their practice and contact details for local safeguarding teams were on display within the home. Staff had attended training and we found that appropriate safeguarding referrals had been made. Since the inspection, we have been made aware of an incident that is still under investigation and we will continue to work with the provider regarding this.

People told us there were always enough staff on duty to meet people's needs in a timely way. Their comments included, "There are always enough staff, in fact there sometimes seem too many" and "There are always staff in all the lounges." Our observations during the inspection showed us that there were enough staff as people did not have to wait for support and we saw that staff were available to intervene when needed and provide support and encouragement to people.

We looked at accidents and incidents that had occurred within the home. We found that they were recorded and reported appropriately. A log was maintained and reviewed each month which looked for potential trends to enable preventative actions to be taken. We saw that appropriate actions were taken following incidents. For example, one person had had a fall and records showed they were referred to the falls team for assessment and advice.

# Is the service effective?

## Our findings

During the last inspection in May 2017 we found the provider in breach of Regulations and the effective domain was rated as 'requires improvement.' The breaches were in relation to consent and staff support systems. During this inspection we looked to see if improvements had been made.

At the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA). This was because best interest decisions were not always in place for people who were assessed as lacking capacity to make certain decisions and appropriate people were not always involved in the process.

During this inspection we looked to see if the service was working within the legal framework of the MCA. 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 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). Records showed that DoLS applications had been made appropriately and four authorisations were in place. A schedule was maintained which included the date the application was made, date the authorisation was granted. We reviewed the care file for one person who had an authorisation in place and saw that it was clearly recorded within their plan of care.

We found however, that mental capacity assessments were not always completed when required. For example, one person's care plan reflected that they received their medicines covertly and there was information from the pharmacist as to how they could be administered safely. However, there was no mental capacity assessment to establish whether the person had capacity to understand the consequences of not taking their medicines. This is not in line with the principles of the MCA, which states people should be assumed to have capacity unless an assessment finds otherwise. We discussed this with the deputy manager and on the second day of the inspection, saw that the GP had been contacted and had recorded that the person lacked capacity regarding their medicines.

Another person's file included a mental capacity assessment where the decision stated that the person had dementia and could not make any reliable decisions and were unable to participate. This showed that the assessment was not decision specific and had already made an assumption regarding the outcome before the assessment was completed. The assessment concluded that the person lacked capacity but there was no best interest decision recorded.

We found that consent was not always gained in line with the principles of the MCA and the provider was still in breach of regulation regarding this.

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

In May 2017, we found that new staff were not supported in their roles through an induction which met the requirements of the care certificate and staff had not completed regular training in areas considered mandatory.

During this inspection we looked to see if improvements had been made and found that they had. All staff had completed an induction in line with the requirements of the care certificate. The care certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Staff were also supported in their roles through supervision, some of which was completed in small groups. Staff also completed an annual appraisal.

Staff told us that training has increased since the last inspection and that they had completed courses in areas such as health and safety, dementia, fire safety, infection control, managing challenging behaviour, moving and handling and food hygiene. The deputy manager also told us trained nurses had completed a catheter management course and were waiting for dates to attend tissue viability and diabetes courses. Relatives we spoke with told us they felt staff were sufficiently trained and had relevant knowledge to support their family members.

We found that systems in place to support staff in their role had improved and the provider was no longer in breach of regulation regarding this.

People living in the home were supported to maintain their health and wellbeing by the staff and other external healthcare professionals. The care files we looked at showed that staff made appropriate referrals to relevant professionals for advice and guidance. For example, one person's file evidenced staff were in regular contact with the community mental health team regarding the person's mental health and how this could best be managed. Another person's file showed that following weight loss, staff had involved the dietician who had prescribed dietary supplements. Records also showed involvement from other professionals such as the speech and language therapist, GP, optician and the falls team.

Most relatives we spoke with told us staff reacted quickly if their family member's needs changed and were quick to contact the GP if necessary. A quality assurance survey we viewed stated, "Health concerns are acted upon promptly and effectively." A visiting health professional told us they received appropriate and timely referrals from staff.

We looked at how people's dietary needs were met and saw that all care files contained a risk assessment in relation to the risk of malnutrition. When people were at risk, appropriate action was taken, such as a referral to the dietician or speech and language therapist. One person's file we viewed showed they required a thickener in their drinks due to swallowing difficulties and all staff we spoke with were aware of this.

Feedback we received regarding meals was mixed. Comments included, "My [family member] always eats whatever she is given; it's adequate. She's put on weight since she arrived so that's positive", "Food is not that good", "It's very nice food and very healthy" and "It always looks ok."

We spoke to the chef who told us there was a four weekly menu that was 'tried and tested' and they prepared meals that they knew people enjoyed. A new menu board was in place which included pictures of the meals available that day. This helped people to see what was available, who may struggle to read a written menu. We saw that staff were available to assist people with their meals if required and people were

not rushed when receiving support. We also observed drinks and biscuits being served throughout the day.

We looked to see whether the environment had been adapted to support people living with dementia with orientation safety. We saw that one corridor within the home had recently been decorated in a beach theme, with items on the wall to stimulate interest and discussion. There was a sensory wall with artificial grass which staff told us people often stopped to feel. There were also pictorial signs for places such as the bathroom and garden. Bathroom doors had also been painted yellow to help people identify them. Other parts of the home had not been adapted. The deputy manager told us this was the beginning of the refurbishment and all areas of the home would be decorated in such a way to make it more dementia-friendly.

# Is the service caring?

## Our findings

People living at the home, relatives and visiting health professionals, all told us that staff were kind and caring and treated people with respect. Their comments included, "The staff are all lovely and very kind", "They [staff] always talk nicely to my Mum", "The staff are all friendly" and "The staff in here are marvellous. They are always kind and caring to all who live in here."

We observed people's dignity and privacy being respected by staff during the inspection. For example, we saw staff knocking on people's door before entering their rooms. We also heard staff referring to people by their preferred name. People did not have to wait long if they needed support and were given plenty of time to eat their meals; they were not rushed in any way. Records showed that the provider had a plan to install dignity locks on all communal bathroom doors to help further protect people's privacy.

We observed staff supporting a person to transfer using a hoist. They spoke to the person at all times, explaining what was happening and providing them with reassurance. We saw that the person was smiling and at ease with the transfer.

We also observed that personal care activities were carried out in private and if people were displaying behaviours that might compromise their dignity; they were supported quickly by staff in a discreet way. For instance, one carer realised that a person sitting in the lounge required support with personal care. They discreetly took the person's hand and asked them to go for a walk with them. They directed them to their room and provided the necessary support, then assisted them back to the lounge.

People told us that staff protected their dignity on a daily basis, including when providing personal care. One person told us, "All the staff are nice when they help me wash and I choose what to wear each day."

We saw that care files were stored securely in trolleys within a locked office in order to maintain people's confidentiality. This meant that only people who needed to know people's confidential information had access to it.

Interactions we observed between staff and people living in the home were warm and familiar. Staff spoke kindly to people and always engaged with them as they passed in corridors. We heard staff talking to people about things that were important to them, such as their family members.

It was clear from discussions and observations, that staff knew the people they were caring for well. For instance, one staff member we spoke with told us about a person who really enjoyed a lie in of a morning and another staff member when asked, was very knowledgeable regarding a person's specific dietary requirements.

Care plans we viewed included information about people, their preferences and their lives prior to moving into Alt Park. Due to memory difficulties, most people living in the home were unable to share these details, so it was clear that their families had been involved in their care plans and provided this information to staff.

This helped staff get to know the people they supported and provide effective care.

There was nobody living in the home at the time of the inspection that had any specific religious or cultural requirements that would impact on their care needs. Staff told us that they would support people to meet these needs should this be necessary.

We observed relatives visiting throughout both days of the inspection. Most relatives told us they could visit whenever they wanted and felt they were made welcome when they arrived. This helped people to maintain relationships that were important to them and prevent isolation.

For people who did not have the support of family or friends, details of advocacy services were available within the home. The deputy manager told us an advocate was involved in the care of one person and that they liaised with them when required.



## Is the service responsive?

### Our findings

At the last inspection in May 2017, we found that the provider was in breach of Regulations and the responsive domain was rated as 'requires improvement.' The breach was in relation to care planning. During this inspection we looked to see if required improvements had been made and whether the provider was now meeting all legal requirements.

In May 2017 we found that care plans did not always provide up to date information regarding people's current needs and planned care, such as dietary intake monitoring, was not always evidenced as provided.

During this inspection we saw that most care files had been reviewed and updated each month and reflected people's current care needs. We found however, that not all care records were updated regularly. For example, parts of one person's file we viewed had not been reviewed or updated since July 2017. The person's needs had changed since that time and the care file did not reflect these changes consistently. We have reported on this in more detail within the safe domain of this report. The provider told us they had brought in extra staff over the previous few weeks to review the care plans and were now working to ensure they were all updated and all actions identified were addressed. We saw staff working on this during the inspection.

We observed care plans in areas such as mental health, physical health, personal hygiene, medicines, pressure area care, continence, sleeping and nutritional requirements. Most plans we viewed contained information regarding people's preferences in relation to their care. For instance, one person's file reflected their preferred drinks, what time they liked to go to bed of an evening and whether they preferred a male or female carer to support them with their personal care needs.

Another person's file included some guidance to advise staff how they could support the person when they became distressed. We found however that this was vague as it advised staff to offer reassurance and use diversion techniques. This could be more detailed as to what works best for the individual and help staff to provide the most effective support to the person.

On many occasions during the inspection, we saw staff provide books, magazines or a small game to people when they were coming agitated as a means of diversion. One carer sat and read an article to a person about Merseyside and they responded positively to this. It was clear that staff knew what would be most effective for each person.

Care files we viewed all contained a pre-admission assessment; this ensured the service was aware of people's needs before they moved into the home and that they could be met effectively from the day they arrived.

At the last inspection we found that the systems in place to gather feedback from people about their views of the service required improvement and we made a recommendation regarding this. During this inspection we saw that improvements had been made. Records showed that regular meetings had taken place with

people's relatives. This enabled people to share their views on topics such as communication within the home, laundry services, activities and meals. Most relatives we spoke with told us they had attended meetings recently and felt they were very beneficial. However, not all relatives we spoke with were aware of the meetings. We discussed this with the provider who told us they had just purchased a new notice board which we saw on the wall. This would be used to share information with relatives, including dates of meetings, events, changes within the service and any changes made based on feedback received.

Records also showed and relatives we spoke with told us, that quality assurance questionnaires had been distributed to family members, people living in the home and staff, to request their views of the service and areas that could be improved. This enabled the provider to gather feedback regarding the home and to improve the quality of the service provided.

People also had access to a complaints procedure and this was displayed within the home. A complaints form was available for people to complete should they wish to; although people we spoke with told us they had not had reason to complain since the last inspection. A log was maintained which reflected that there had not been any recent complaints.

Relatives we spoke with told us they were usually kept informed of any changes to their family member's health and wellbeing. Staff we spoke with also told us they were informed of any changes within the home, including changes in people's care needs through daily handovers.

We looked at the social aspects of the home and found that there was a planned schedule of activities available to people. During the inspection we observed staff providing activities and encouraging people to participate. We observed singing and music on one day and staff supporting people to colour on the second day. There were also individual activities available and we saw that one person was supported to the local shops which they told us they enjoyed regularly.

## Is the service well-led?

### Our findings

At the last inspection in May 2017, we found that the provider was in breach of Regulations and the well-led domain was rated as 'inadequate.' The breaches were in relation to ineffective audit systems, lack of action to address previously identified risks within the service and failure to submit required notifications to the Commission. During this inspection we looked to see if improvements had been made and whether the provider was meeting legal requirements.

In May 2017 we found that the audit system in place was ineffective as it did not identify all of the concerns raised during the inspection, actions were not always identified following completion of audits and actions from external audits were not always addressed. We also found that the provider had failed to take action in areas we had made recommendations about at previous inspections.

During this inspection we saw that the new provider had implemented a new annual system of audits which covered all aspects of the home which helped them to maintain an oversight of the service. These included the maintenance of the building, health and safety, the interior and exterior of the building, end of life care, core values of care, activities, food and drink, safeguarding, medicines, personal care, care planning, accommodation, admission to the home and the ambience within the home. These audits had all been completed and actions had been identified where improvements were required.

We saw that many of the actions highlighted, had been addressed. For example, the safeguarding audit reflected that all staff required training in how to manage challenging behaviours and records we viewed showed this training had taken place. The activities audit stated that a schedule was required and we saw that this was in place. The accommodation audit identified that people would benefit from a bigger menu with pictures and we saw that a new pictorial menu board was in place in the dining room.

Not all of the actions identified within the audits had been completed, however not all of the target dates for completion had passed. We discussed this with the provider who advised they had an action plan with all of the outstanding actions on and that they were being worked on.

We saw that many of the concerns identified at the last inspection had been addressed, such as the fire safety risks, inadequate lighting, inappropriate window restrictors, storage of chemicals, staff training and support systems and safe staff recruitment. However, not all concerns had been fully addressed. Although all care plans and risk assessments had been audited, they had not all been brought up to date to accurately reflect risk to people and provide guidance to staff on how to best support people. We also found that the principles of the MCA were still not being adhered to. This had been identified within the care file audits, but had not been fully actioned.

A new boiler and fire alarm had been installed and a programme of refurbishment had commenced to ensure the environment was suitable to support people living with dementia. It was evident that the provider had made a number of improvements and had implemented systems to ensure improvements would be ongoing. Additional time would be required to enable all identified actions to be completed to

ensure the service provided high quality care and support. The provider was no longer in breach of regulation regarding this.

During the last inspection we found that the provider failed to submit notifications to CQC about incidents that had occurred within the home. During this inspection we found that notifications had been submitted regarding events and incidents that the provider was required to inform us of. This meant that CQC were able to monitor information and any risks in relation to Alt Park. However, the provider was no longer in breach of regulation regarding this.

The last registered manager left the service in July 2017. A new manager had been appointed and started in post on the first day of the inspection. They had begun the process to register with CQC to manage the service.

There was a new range of policies and procedures available to help guide staff in their roles. 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 we spoke with were aware of the aims and values of the service and worked with the shared vision of providing good quality care to people. One staff member told us, "I enjoy my job; caring, and am in it to look after service users and do whatever I can for them."

We also saw that the rating from the last inspection was clearly displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Consent was not always sought in line with the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk to people was not always accurately assessed and care plans did not all provide clear and up to date information regarding people's care needs. Planned care was not always evidenced as provided. Medicines were not always managed safely.