

HC-One Oval Limited

# Mersey Parks Care Home

## Inspection report

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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 07 and 08 August 2018 and was unannounced. This was the first inspection of this home since it had been acquired by the provider, late in 2017.

Mersey Parks Care Home 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.

The home is registered to provide accommodation and care including nursing, for 150 people. The site comprises four accommodation units and an administration block. Each of the units accommodates about 30 people. Two units specialise in residential care for people with dementia, a third provides general nursing care and the fourth provides general residential care. At the time of our inspection, there were 100 people living in the home permanently and two people were there for periods of respite care. The home is purpose built and is situated near good public transport links and is surrounded by a garden area.

The service requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection, there was a registered manager who had been with the service for some time, both for the previous provider and the current provider.

We inspected medication storage and administration procedures in the home. These were varied, as some of the documentation was incomplete and storage was not consistently good. We found evidence that some medicines administered did not have the correct or consistent documentation to show how decisions had been made about how to administer them.

There were approximately 140 staff, comprising registered nurses, carers, maintenance, domestic, kitchen and laundry staff and administrative staff. Many of the staff had been with the service for over 10 years. There were unit managers for each unit and a clinical services support manager. However, staff and some people and visitors felt there were not enough staff on duty. Staff and visitors told us there were insufficient staff. We have recommended that the service reviews staffing numbers.

Many staff had been trained by the previous provider, but the training schedule for this year was only a third completed. We have recommended that the service regularly reviews its training schedule.

The service was in the middle of moving all its paperwork and its policies and procedures over to those of the new provider. The documentation was in either the old providers or the new providers format, but it was not consistent throughout the home and many of the old care files were disorganised. We felt that insufficient resources were being used to enable care plan reviews and updates to happen. The registered

manager told us the provider would address this immediately. We saw that risk assessments had been completed which had identified risks to people's safety and well-being and these were being updated. We have made a recommendation that this process be speeded up.

The registered nurses who were employed in the home had all had their PIN number checked each month to ensure it was current. A PIN number was issued by the nursing and midwifery regulator, the Nursing and Midwifery Council, when registered staff were considered to have the skills, knowledge, good health and good character to do their job safely and effectively; this was also known as being, 'fit to practice'.

The registered manager had a good knowledge of the Mental Capacity Act and its associated Deprivation of Liberties Safeguards, but some staff told us they had not received recent training in this. Staff training showed generally poor take up, but we saw plans in place for much training to take place in the next few months. We also saw that there was little training available in dementia care. We found that some staff training was not up to date and that formal supervision of staff was erratic. We have made a recommendation about staff training and support.

The 'Accessible Information Standard 2016' requires that people with a disability or sensory loss are given information in a way they can understand. Part of the information the service provided was accessible, however other parts were not. We have recommended that the service reviews the way it communicates with people.

The registered manager was approachable and accountable and met the registration requirements of the home. However, audits had not always been completed satisfactorily or actions taken when they had. We have made a recommendation about quality assurance processes and audits.

We saw and were told by people and their relatives and visitors, that staff were kind and caring and they treated people with dignity and respect. There was good communication between staff and the people living at Mersey Parks Care Home.

The cleanliness and hygiene of the premises was good; all areas were seen to be clean on the day of the inspection. We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits.

There was a full activity programme over the seven days but people said there were gaps in the week with nothing taking place. People told us they had choice about how they spent their day and that they knew how to complain if they needed to. The units used security keypads, which helped ensure that only people with permitted access could come and go and sensors were in use where necessary, to alarm staff if people were in danger.

## 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.

People and staff told us there was sometimes insufficient staff on duty.

Medication was not always stored properly.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

The home was clean, comfortable and had had the necessary health and safety checks done.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Some staff had not received adequate training or supervision.

Menus were flexible and alternatives were always available. Most people said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly or more frequently if required.

The environment was being decorated to meet the needs and taste of the people living there. Refurbishment works were taking place throughout the home.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us their dignity and privacy were respected when staff supported them.

The people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

**Good** ●

Staff knew how protect people's confidentiality. People could see personal and professional visitors in private.

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

The service was not completely responsive.

Care plans were not up to date or informative. The information was disjointed due to the changeover to new paperwork.

The complaints procedure at the home was up to date and available.

There was a wide variety of activities scheduled.

**Requires Improvement** ●

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

The service was not always well-led.

The changeover from the previous provider's processes had been slow and some documentation was incomplete.

There were systems in place to assess the quality of the service provided at the home. However, these systems were not sufficiently robust.

People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and unit managers.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

**Requires Improvement** ●

# Mersey Parks Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was the first inspection of the service under a new provider. It was unannounced on the first day.

The inspection site visit activity started on 07 August 2018 and ended on 08 August 2018. It included talking to people and their relatives, visitors including professional health and social care people, care staff, the registered manager and administrative staff.

The inspection was carried out by two adult care inspectors, a specialist (nurse) advisor 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, in this case, older people who lived with dementia.

We checked with the local authority and looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us such as statutory notifications and a provider information return, which had been requested by us and returned completed, as requested. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We reviewed seven complete care records, seven staff records and rotas for August. We checked four medication records in detail plus other medication and health related records. We looked at staff training records for the whole staff group. We looked at other information important to the running of the service such as utilities certification, maintenance records and policies and procedures. We also carried out a SOFI (short observational framework for inspection), which observed the interactions of people who had difficulty communicating and the staff supporting them. We looked at the fabric of the home, its cleanliness and observed general practices and communication between people and the staff.

We spoke with 10 people who lived in the home, 11 visitors and relatives and two health and social care workers. We spoke with 17 care, nursing and ancillary staff, plus the registered manager and two unit managers.

# Is the service safe?

## Our findings

All the people we spoke with at Mersey Parks Care Home said they felt safe at all times. One person said, "I feel safe here, I am always frightened of falling but I know there are always staff about checking on me".

We observed medication rounds and saw that staff were caring and told people what their medication was for. We checked the medication rooms, stocks and trolleys in all four units. There were some omissions on the medication administration records (MAR), but these were immediately rectified. Three of the MAR sheets we sampled, did not have people's allergies or photograph on them. The 'controlled' drugs were kept in a secured cupboard and the stocks tallied with the records. Medication fridges' temperatures were recorded as within the appropriate range, apart from two days in June. One medication fridge had a broken lock and another had a working lock but the fridge was unlocked. A replacement fridge had been ordered two months previously and the registered manager chased the order up as a matter of urgency, when we brought the issue up.

We found unused medications in an overflowing box. One medication was dated May 2017. We discussed this with the registered manager who told us this had been an oversight and they arranged for the safe disposal of these medications. The temperatures of the medication rooms were recorded daily as within range, but the temperature in one of the medication rooms on the day of our inspection registered as 31C on the air conditioning unit. The maximum temperature should be 25C. The registered manager told us this unit would be checked and repaired if necessary and that temperature checks would take place at the hottest part of the day.

The homely remedies file showed that no remedies had been given out since start of June 2018, which we felt was unusual. The registered manager has subsequently told us that separate records for homely remedies have been discontinued and that these are now recorded on the MAR charts when they have been administered. Supplements were all labelled and stock rotated, the oxygen canisters were safely stored and the trolleys were appropriately locked. People were informed about their medication, were spoken to with politeness and reassurance and visitors reported that medication was given on time.

Covert medication is where a medication is disguised in some way, such as crushing it and combining it in with something such as a spoon of yogurt or honey. An example of when covert medication was sometimes given was when a person did not have the capacity to agree to its usual way of administration. We found that one person received apparently covert medication. In their records, there was a statement that they did not have capacity to make decisions about medication, however other records showed that the person had made decisions and had agreed a method of medication administration, which was to crush the tablets and put into food. The records were confusing and there was no documentation to show that a best interest meeting had taken place so determine whether they had or did not have the capacity to make decisions about taking their medication. We were later shown records which demonstrated that a doctor had recommended that a medication be administered in a certain way, i.e. by crushing and putting into food, to be more effective. We discussed the need for proper and consistent documentation in care plans, on MAR charts and other records along with need to adhere to correct processes, with the registered manager who



since told us that this has been addressed.

We saw the staff rotas for August 2018. The Springfield Unit had seven staff in the day, six in the afternoon and evening and four overnight. These figures included two nurses. The other units had five, four and three staff in corresponding times. This had been consistent staffing for some time. There was also a supernumerary 'clinical services manager' who was a nurse. They were reviewing the care plans and changing them to the new providers' documentation, but they were often needed cover absences on the units. The home did use agency staff, but told us that usually any absences were covered by existing staff working extra shifts which ensured continuity of care.

During the two-day inspection we observed staff on duty and saw that in the main, there were sufficient staff to meet the needs of people. However, on the second day, in Stanley unit we saw that a domestic was off and that a carer was doing domestic duties, which meant that there was a carer down. This situation was for a short time and had no apparent impact on people, but we saw care staff were very busy. Also, some of the 'supernumerary' staff were regularly rostered to work some shifts.

There were varied opinions about the staffing levels. One person felt there was enough staff on duty always and that their needs were met. They said, "I use my call bell and it is always answered very promptly." Other people felt that the staff were 'run off their feet so could always do with more staff'. One visitor stated, "I feel that they could do with more staff." Another visitor told us, "I did complain to the registered manager about the shortage of staff. If somebody goes off, the other staff have to cover. This puts pressure on other staff and can cause stress". The other visitors all felt that the staffing levels were adequate. However, staff reported that they were concerned that staffing levels were low. The home used a dependency tool to determine staffing levels. The registered manager told us they would re-assess peoples' dependency ratings and discuss the matter with the provider's quality team. One staff comment was, "Please listen, we need more staff".

We recommend that the service reviews staffing numbers to ensure that safe levels are maintained at all times

We sampled recruitment records for a variety of staff who had been employed for varying lengths of time. We found that the provider had always followed safe recruitment practice and that all staff had application forms, interviews, and that the appropriate checks had been made, such as two references, their right to work in the UK and criminal records checks. Registered Nurses had their registrations (PIN) regularly checked with the Nursing and Midwifery Council. The home used agency staff occasionally and checked their records to ensure they were safe. Appropriate employment policies were in place, such as grievance and disciplinary policies.

We saw that the home had a safeguarding policy. Staff were able to tell us about safeguarding adults and told us they had received training in this. They had a good understanding and were confident of the safeguarding process. Where necessary, the appropriate safeguarding referrals had been made to the local authority and any other bodies, as appropriate. Staff handbooks contained the policy and there were notices about safeguarding around the home.

At the time of our inspection, the area was experiencing very hot weather. We checked that the people living in the home had been cared for appropriately and were sufficiently hydrated. Staff had shaded windows, used fans, gave out ice lollies and if people went out, applied sun cream. There were no fluid charts in use but we saw staff encourage people to drink extra fluids and there were jugs of water and juice throughout the home. There was no reported ill health because of the prolonged heat.

We saw that there were risk assessments in place, for people in relation to many things, depending on individual needs. For example, we saw risk assessments for falls, choking, mobility, behaviour and skin damage. These risks had been continually monitored, with assessments being updated as needed. This showed that people's medical conditions and care needs had been appropriately assessed to minimise risks to their safety.

We found the home to be clean and well kept. There was an infection control policy in place. Infection control was aided by a clean environment and we saw that the communal toilets and the kitchen all had soap and towels available and were in a clean state. Some bins were however very full.

We checked and found that each person had a personal emergency evacuation plan (PEEP) in place. PEEPs provide staff and emergency service personnel with information about a person's needs and risks during an emergency such as a fire. They assist emergency service personnel to quickly identify those most at risk, where they are most likely to be in the home for example their bedroom location and the best method by which to secure their safe evacuation. A file was held centrally and one was held on each unit to cover that building.

The home evaluated incidents and accidents through reports produced regularly from electronic records and daily 'flash' meetings with unit managers and senior staff. They used best practice guidelines to ensure that people lived in a safe environment which met their needs.

## Is the service effective?

### Our findings

One person told us, "The food is lovely and we get a menu choice like a hotel. If I didn't like what was on offer they make you something else".

We spoke with the providers 'learning and development facilitator' who explained the system of training to us. There was a lot of face to face training and there was a training room in the administration block. Intranet training was also available for certain subjects, but there had been recent problems with staff accessing the system. We saw an analysis of training which showed that at 01 August 2018, only 31% of staff had received all their mandatory or refresher training, but that 52% had been assigned training. The facilitator showed us the training calendar, which also reflected the assigned training. They also told us there was a need to improve dementia training as the current dementia champion was away from the service for some months. Longer serving staff told us that they had received the previous providers' mandatory training plus additional specialist training as appropriate. The new provider had an induction training which followed the Skills for Care programme.

The provider's mandatory training included, for example, safeguarding, manual handling and first aid. Staff's opinion about training varied from staff to staff. Comments from staff included, "All of the training is now on line", "We are doing HC1's Touch learning development. I think it is good, much better than it was before", and "I had dementia training with another employer. Not had any with the previous provider or HC1. We have all these people here with dementia and we have not had dementia training". The learning and development facilitator told us that there was dementia training scheduled for the 30th August 2018. The registered manager later told us that this had since taken place earlier.

Staff were scheduled to have three monthly supervision. However, this had not happened for a lot of staff since the home had been re-registered with a new provider. Some supervision had occurred and was a mix of one to one and group supervision. We saw that a reminder was sent to all managers to ensure that supervisions did take place as planned and that compliance would be monitored through the providers' intranet and training system. The registered manager has confirmed that the schedule of training and supervision has now been reviewed.

We recommend that the provider regularly reviews the schedule of training and supervision to ensure that staff are given sufficient support and guidance in accordance with policy and best-practice.

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 to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to deprive someone of their liberty. The registered manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the MCA with records in place to show what actions had been taken in relation to people's mental capacity. However, some staff had not had MCA training and told us, "I have not had any formal MCA training, although I am familiar with it. MCA training is limited here at the moment". The registered manager has informed us subsequently to our inspection visit, that MCA and DoLS training had been scheduled to be rolled out to all staff on 30 August 2018.

Three people at the time of our inspection, had DoLS in relation to their leaving the building unaccompanied. One visitor told us, "I feel that my relative is safe because he is unable to get out, he was always wandering off when he was at home". The units used security keypads, which helped ensure that only people with permitted access could come and go. People who had the capacity to make decisions independently moving in and out of the premises were able to have the keypad numbers.

The other people in the home who could, were all able to go in and out of the home as they chose. One person told us, "I can do what I want anytime of the day. Nobody questions me if I want to go out." Another said, "I can go anywhere at any time, it's not a prison!".

We were told that people had given their consent to have their photographs taken and for their information to be appropriately shared, but we found this information difficult to verify, due to the changeover of care files. We saw that people's needs and choices were assessed but that their history was not consistently documented. Knowing a person's background history is a good way of meeting their needs. We discussed this with the registered manager who assured us that new plans for recording the persons history were to be implemented and staff would be informed to ensure that these were to be completed.

We observed lunch in three units. All appeared well staffed and calm. Everyone who needed assistance with their food was provided with it in a timely and appropriate manner. The menu for the day was presented outside the dining rooms and offered choices. People were asked about their choice when at their table, or staff verbally offered a choice to those people who chose to eat in their own rooms. Jugs of juice were placed throughout the home.

The dining rooms were well presented but in some of them the TV was on quite loudly, which appeared to upset at least one of the people there. We discussed this with the registered manager who told us that in future they would have softly playing music.

Peoples weights were monitored and recorded. We saw that referrals to dieticians had been made as appropriate. However, we saw that one person refused food and records showed that they had gradually lost some weight over a period of six weeks. Staff had referred them to a dietician and were waiting for their visit but nobody had chased it up as the person continued to refuse some meals and to lose weight. There were no separate food records for this person, which would make it difficult for a dietician to track the loss of appetite and weight. We discussed this with the registered manager who arranged for the dietician to be called out urgently and who agreed to discuss the matter with the chef and arrange for high calorie foods to be offered frequently to this person, in the meantime. The registered manager would also implement food charts for this person and any other similarly affected people.

All the people we spoke with said the food was 'excellent', with plenty of choice. One said, "The food is very good. I get a full cooked breakfast and a choice of meals throughout the day". Another person told us, "The

chef comes and chats with us regularly to ask if we like the meals or is there anything else we want on the menu".

Visitors confirmed that the food was good. One said, "Seems to be very good with plenty of choices." Another said, "I have sampled several meals and they have all been very tasty. I take my relative out for the afternoon several times a week. If I come back near the meal time they always ask me to join him for his meal". We sampled the food throughout the inspection and found it to be freshly prepared, tasty and at the appropriate temperature.

People were supported to eat healthy foods and to exercise as appropriate to them. They were encouraged to attend events and outings and visits and trips to dentists and opticians were enabled.

The kitchen had been recently inspected and had retained its five-star food hygiene rating. The kitchen was tidy, clean and well-ordered and all the temperature and cleaning records showed that the correct standards had been applied. The staff could prepare and cook foods to people's preference or to meet their cultural or dietary needs. At the time of our inspection, one person's relative chose to prepare their food themselves and the kitchen re-heated it for them. The chef had requested divider plates some time ago, for people who had a soft or pureed diet. The registered manager chased this order up.

The home had been built about 20 years ago and was mainly on one level. A complete refurbishment had started the day before our first visit. People had been consulted about the changes and had voted on options, which were designed to provide a dementia friendly environment. One unit at a time would be completed and the refurbishment was likely to take about six months. We saw that staff ensured there would be minimal interruption to people's lives. The garden surrounded the units and there were enclosed, safe spaces for people to sit out in. Part of the refurbishment plan was to repair some of the uneven paving which we saw.

We looked at the maintenance records for the home and checked to see that safety certificates for a fire alarms, electricity and gas, etc. were in place. These showed that inspections had been satisfactorily completed. The records were thorough and well-ordered and demonstrated that all the required routine checks had been completed and that any works required, had been carried out. The maintenance person followed advice from the Health and Safety Executive on health and safety in care homes, as well as the providers' own policies.

The home followed evidence based guidance to ensure that people's needs and choices were followed. Examples were the NICE guidelines, the Social Care Institute for Excellence recommendations on dementia friendly environments and training, the government white paper, 'No Secrets', along with the local authorities' safeguarding policy.

## Is the service caring?

### Our findings

People we spoke with said, "I am very pleased with my carers" and "The girls [staff] are really good".

We observed one carer having a conversation with a person. The person was really relaxed with the staff member and it was clear that a trusting relationship existed between them. Staff members were always polite, respectful and tolerant. We noted that there was a good rapport between staff and the people living in the home.

Relatives and visitors told us, "The staff really care for [name], they do all sorts for them, they have so much patience" and "Generally the carers are great. I would have no hesitation in recommending this place to others".

Comments from visiting professionals were, "The carers appear to be very caring. Always seem kind and considerate to the people they are caring for" and "I have only ever observed good caring practices".

People told us they were well provided for and all felt the staff listened to them if they ask any questions, or required attention or assistance.

Interactions between residents and staff were positive, with dignity and respect being evident. Staff told us that they would always knock on doors before entering and observations demonstrated that members of staff were respectful towards people. We observed that this was the case and this was confirmed by the people we spoke with.

We overheard staff speaking to people and offering them choices, regarding what to eat or whether they wanted to come to the dining room for their food.

We asked members of staff how they promoted dignity and respect towards the people they cared for. Some of the comments were, "Explain to the resident what you are going to do. Slowly encourage and motivate, treat as an individual" and "Always give options and choices. I treat people the way I would like to be treated".

All the people we spoke with were encouraged to some degree to maintain some independence with their personal care. All said they choose the time they get up and went to bed.

One person said, "I get up and wash and dress myself; I do not require assistance. The staff deal with everyone with dignity. They always knock before they come into my room." Another person said "The staff always treat me respectfully when they help me to have a shower. They then leave me as I can dress myself."

All visitors felt said their family members are treated with dignity and respect. One said "They are trying to maintain some independence with my relative. They watch him shave and then assist with his shower. They then encourage him to dress himself under their supervision."

We saw that people's bedrooms were clean and tidy and they contained individualised items, such as photographs, ornaments, paintings, and their own personal possessions.

We discussed diversity with the registered manager and they told us the home cared for or employed people from diverse ethnic and cultural backgrounds. The home was able to cater for cultural or religious diets and one person was assisted to attend Mosque every Friday, when their relative was unable to. Other people were enabled to meet their religious needs.

## Is the service responsive?

### Our findings

A visiting professional told us, "From what I have seen, I would say they work in a person-centred way. They really do focus on the person they are caring for".

Relatives told us they were consulted and invited to care plan reviews. One person said, "They let me know when care plan reviews are taking place".

We checked the daily communication records and saw that they contained up to date and relevant information, giving guidance and appropriate information to nursing and care staff.

We checked seven care files. They contained pre- assessments and detailed assessments, with the information being transferred to care support plans. Care support plans contained individualised and personal information and guidance for members of staff. However, we found the care files to be disorganised, with only two of the files we looked at having an index page. Some files had loose pages with no easy way of finding information needed. One unit manager struggled to find information that we had asked for. This was because of the lack of structure and organisation.

Although the care files were disorganised, some care and support plans had been reviewed and updated, where necessary, monthly or sooner if identified, for example from daily communication notes or changes to a person's health or care needs.

The care plans were being reviewed and re-written on a rolling basis, as the documentation was being changed from the previous provider's to the current provider. Four visitors told us they had been involved with the care plan or the care plan reviews. The service operated a 'resident of the day' scheme where, on each unit, one person would receive a full review of their needs, including their care plan, on a rotating basis. We saw the records for this, but observed that not all the identified tasks had been recorded as completed; notably the ones on the back page of the form, which included input/action or review from staff such as housekeeping, activities co-ordinators and the registered manager.

We saw there was a separate set of records for care plan reviews, which did not tally with the 'resident of the day' records. We found this confusing and could not be assured that all people living in the home were having their care plans reviewed on a regular basis. We understood that the home was in a period of transition in respect of many things, including documentation.

We recommend that the service implements the new format of care plans and other care related documents, with speed.

The registered manager has since confirmed that the provider has authorised additional resources to address this and complete the review and transition of the care plans.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that



people with a disability or sensory loss are given information in a way they can understand. We did not see any robust evidence that this had been implemented in the home, apart from some large print and/or pictorial posters. The provider's leaflet about the home did contain a statement that printed information could be provided in a wide range of accessible formats. However, information in people's care plans and another material relevant to them, was not often clear, concise, or accessible to the person that they were about.

We recommend that the provider reviews the provision of information to ensure that it meets the relevant standards.

At the time of this inspection there were no people receiving end of life care. The registered manager told us that in the past there had been people needing such care and that the staff had received training and guidance from health care professionals and that staff had a good understanding of palliative care. The registered manager told us that staff would be trained in end of life care for each particular person.

We asked the visitors or people if they knew how to complain if they were unhappy. They all told us that they knew how to, but had never had the need. One person said, "If I was not happy I would complain to the manager in charge of the block, It's [name] today." Most of the relatives and visitors told us they would complain if they felt they had a reason to, but most of the visitors said they had good rapport with the unit managers and that would be their first 'port of call' if they needed to complain. One told us, "No complaints at all. The carers are brilliant".

The visitors said they were asked if they were happy with the care and facilities provided for their family members. One said, "They ask me quite a lot if we are happy but I would always say if I wasn't".

The people we spoke with told us they got the right medical and social care and were happy with the facilities. One said, "They ask all the time if I am ok; they do not need to because I am always happy with my care".

All the people who lived in the home, told us they had choices. In some cases. Peoples lack of mobility restricted or impacted what they could do and this stopped some from going out unattended. They told us they could choose what time they got up, went to bed, what they wore and how they spent their days.

There was a full activity programme over the seven days. Some people said they were not interested in the activities but others told us they enjoyed them. One told us, "I love all the activities, I like the bingo and painting and drawing. I love it when the singers come in and we can have a sing a long and a dance". Another person said "There are always activities going on but I prefer to do what I like myself. I read a lot and I knit to pass my time". However, we did not see any planned activities taking place, during the two days of our inspection, apart from a 'pie and a pint' occasion at the 'Mersey Parks' pub, which was available to people who lived in the home and their relatives at certain times of the day. A comment from a relative was, "I visit three days a week and I don't see any activities taking place". We were informed that a trip to Colwyn Bay zoo was planned, a trip to New Brighton and an outing to the cinema to see a recently released film.

The home used technology to ensure peoples safety, such as door keypads and sensors to detect movement for people prone to falls.

## Is the service well-led?

### Our findings

A visitor told us their view of the home. "Fantastic. My dad was in here for two years and then we had to move my mum in here. It is spotless and the morale amongst the staff is great".

Staff told us, "The management on the unit are good, we are really well supported. I have been given lots of support on a personal basis", "My unit manager is very supportive and encouraging" and "It's early days with HC1, but does seem a lot better at the moment. We are all trying to get used to the new paper work".

We found that the registered manager was approachable, transparent and co-operative. Most of the people and all of staff we spoke with confirmed this and one person told us, "He comes around every morning to say hello and listens if you have anything to say".

There were quality assurance processes and audits in place but some of information was difficult to follow, as the paperwork and systems had changed. This made it difficult for the provider and registered manager to question practice and be completely accountable. This was evidenced by our finding that there were errors and omissions in documentation which had not been found by the managers or an action plan created to address them.

We recommend that the provider reviews its quality assurance and audit processes to ensure that they are sufficiently robust to identify concerns and drive improvement.

The home planned regular staff, residents and relatives' meetings. However, some staff told us that staff meetings didn't take place as scheduled. There were no full staff meetings. Three of the visitors we spoke with had attended a relatives' meeting in the past and four had completed a questionnaire. Most of them said they felt they did not need to go to meetings now as they asked questions and got information when they visited. One visitor said, "I don't attend meetings because I visit most days and see what's going on".

We viewed questionnaire responses from a recent relatives' survey. All the responses were generally favourable, with many being very complimentary. Where any concerns had been mentioned, there was feedback from the service explaining why the situation was as it was, such as the dependency tool being used to determine staff numbers.

Staff told us that the registered manager was approachable and that they felt supported by them. However, some staff told us that they felt that the changeover from the previous providers systems and paperwork was progressing too slowly. One staff member told us, "We are looking for other jobs. This is mainly because of the lack of leadership". Another said, "I hope things get better, otherwise many people will leave. No clear leadership, we don't know what is going on".

The home had strong community links to organisations such as schools, choirs and the Prince's Trust and worked daily with professional bodies, such as health and social care services.

The registered manager told us about the improvements they and the provider were planning to make, such as better and more training for staff, the use of information technology, the refurbishment of the home which had just commenced and a different paperwork system was being implemented.

The registered manager showed us pictures of a recent consultation event held with residents, staff and relatives. This was to determine the décor and furnishings of the home and it was well attended and received.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

The new provider's policies and procedures were in place and available both in paper and electronic form and were being used. These related to its running, staff and its practices. The service had systems and processes to make sure it operated safely, to ensure compliance with the legal requirements. The provider and the registered manager completed many of these checks and the home had its own maintenance person. These checks included the fire system, maintenance logs and the equipment in the home.