

Newco Southport Limited Fleetwood Hall

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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection of Fleetwood Hall care home took place on 25 June and 27 July 2015. The home was inspected in January 2015 and judged to 'inadequate' overall. We identified eight breaches to the regulations. The provider (owner) agreed not to admit any people to the home while the breaches in regulation were being addressed.

Fleetwood Hall is a large care home set in its own grounds on the outskirts of Southport. The home is registered to provide accommodation for up to 53 people across four units. The units include:

- Female unit that can accommodate 14 women with mental health needs

- Andrew Mason Unit - a male unit than can accommodate 14 men with mental health needs
- Dementia care unit that can accommodate six people
- A general nursing unit for up to 14 people.

At the time of the inspection 27 people were living at the home.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff we spoke with confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. A member of staff said to us, “It is my responsibility to ensure people are treated with dignity and respect. If they are not it is my job to report to the nurses and management on duty.”

The approach to recruitment of staff was not robust. There was no information in any of the personnel records we looked at to suggest the applicant’s competence, skills and experience for the role had been checked. There was no record maintained of how the applicants performed at interview. You can see what action we told the provider to take at the back of the full version of this report.

People living at the home, families and staff consistently told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job. There were some gaps in the training records but we were provided with assurance that further training had been planned.

A range of risk assessments had been completed depending on people’s individual needs. Care plans were well completed and they reflected people’s current needs. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed.

Processes were in place to ensure medicines were managed in a safe way. We observed medicines being administered safely. Audits or checks were in place to check that medicines were managed safely.

An extensive refurbishment of the building had taken place. The building was clean, well-lit and clutter free. New fixtures, fittings and equipment had been purchased. People living at the home had been involved in choosing themes and colours for the different units.

Measures were in place to routinely monitor the safety of the environment and equipment. The dementia care unit had been decorated and organised in accordance with the principles of a dementia-friendly environment.

People’s individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

Staff worked closely with local primary care and specialist health care services, such as the GP and community mental health teams. People were supported at access health care services when they needed it.

People living at the home were satisfied with the food and choice of meals. Visitors too were pleased with the quality and choice of food. They said their relative or friend’s dietary needs were being met.

Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority. Some people had a deprivation of liberty safeguard (DoLS) plan in place. Staff sought people’s consent before providing routine support or care. Consent for more complex decisions was not obtained in accordance with the principles of the Mental Capacity Act (2005). We made a recommendation regarding this.

Staff had a good understanding of people’s needs and their preferred routines. Overall, we observed positive and warm engagement between people living at the home and staff throughout the inspection. A full and varied programme of recreational activities was available for people to participate in.

The culture within the service was open and transparent. Staff were pleased with the improvements that had been made. They said the service was well led and well managed.

Staff and visitors said the management was both approachable and supportive. Staff felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

Summary of findings

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

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

Summary of findings

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.

The recruitment checks to ensure staff recruited were suitable to work at the home were not robust.

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

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

Safeguards were in place to ensure the safe management of medicines.

Measures were in place to regularly check the cleanliness and safety of the environment and equipment.

There were enough staff on duty at all times.

Requires improvement



Is the service effective?

The service was not always effective.

Staff sought the consent of people before providing routine care and support. The home was still not fully adhering to the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

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

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

A refurbishment programme was in place to ensure the environment was developed to meet the needs of people living there.

Requires improvement



Is the service caring?

The service was not always caring.

People told us they were happy with the care they received. In the main, we observed positive engagement between people living at the home and staff. We did hear a member of staff speak in an unkind way to one of the people living there and informed the manager.

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

Requires improvement



Is the service responsive?

The service was responsive.

Requires improvement



Summary of findings

People's care plans were regularly reviewed and reflected their current and individual needs. We observed that care requests were responded to in a timely way.

A full programme of recreational and social activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. A survey had been undertaken in April 2015 and feedback about the service was positive.

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

Is the service well-led?

The service was well-led.

Staff spoke positively about the open and transparent culture within the home. Staff and families said they felt included and involved in the running of the home.

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

Processes for routinely monitoring the quality of the service were established at the home.

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

Requires improvement



Fleetwood Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 unannounced inspection was undertaken on 25 June and 27 July 2015. The inspection team consisted of an adult social care inspector, an inspection manager, a specialist advisor in adult mental health and a specialist advisor in medicines management.

We had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received

about the service. We contacted health and social care commissioners to obtain their views of the service and we also sought an update from the local infection prevention and control team.

During the inspection we spent time with nine people who were living across the four units and spoke with three family members or family friends (referred to as visitors in the report) who were visiting at the time of the inspection. We spoke with the operational manager, manager of the home, one unit manager, the administrator, the maintenance person and 10 nursing and care staff.

We looked at the care records for seven people across the four units and the medicine records for eight people. We also looked at four staff recruitment files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas. We carried out a Short Observational Framework for Inspection (SOFI) on the dementia care unit. SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

Is the service safe?

Our findings

We inspected the home in January 2015 and the domain; 'Is the service safe?' was rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches for this domain included:

People living on the dementia unit were not supported by a sufficient number of suitably qualified staff at all times, which meant there was a risk to their safety and welfare. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not safeguarded against the risk of abuse. This was a breach of Regulation 11(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Proper steps had not been taken to ensure people were protected against the risks of receiving unsafe care. This was a breach of Regulation 9(1)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recorded plans were not in place for medicines people took when they needed it (often referred to as PRN medication). In addition, appropriate steps had not been taken to ensure people provided valid consent to taking their medication. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were living in an environment where standards of cleanliness and hygiene were not being maintained. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were living in an environment that was in a poor state of repair and unsafe, which meant people were not

protected against the risks associated with the environment. This was a breach of Regulation 15(1)(c)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the personnel records for five staff; four of whom were recruited since the previous inspection in January 2015 and one member of staff recruited in 2014. An appropriate formal check (referred to as a DBS check) had been undertaken prior to each member of staff starting work at the home to ensure they were suitable to work with vulnerable adults. There was no information to indicate that a risk assessment had been undertaken for a member of staff whose DBS check raised some concerns. References were available for the staff recruited. However, there was no information in any of the records to suggest the applicant's competence, skills and experience for the role had been checked. There was no record maintained of how the applicants performed at interview. A system was in place to check the registration status of nurses on the national nursing register. Processes were in place to respond to concerns about a member of staff's fitness to carry out their role.

Not ensuring robust recruitment processes were in place was a breach of Regulation 19(1)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and their visitors told us the staffing levels had improved and there were enough staff on duty at all times. A visitor said to us, "The numbers of staff around and about has got better. There is more supervision."

Staff across all units told us they were pleased with the improved staffing levels. They said there was more time to sit and have a chat with people or facilitate recreational activities. A member of staff told us, "We have better staffing levels now and can interact with the residents." Staff on the Andrew Mason Unit (AMU) said sometimes there was not always staff available if a person wanted to go out in the community. A member of staff said, "There is enough staff to provide personal care. We can accommodate people if they want to go out but it's not always possible."

Is the service safe?

We observed over periods of time on the nursing unit and dementia care unit that staff promptly responded to people's expressed need for support. Staff regularly asked people or checked whether they needed support. A member of staff told us if a person needed support to attend an appointment then an extra member of staff was identified on the duty rota so the home was not left short.

People living at the home did not express any concerns about how staff treated them. A person said to us, "I feel at ease and comfortable with the staff. They are not bad." The staff we spoke with could clearly describe the different forms of abuse and the action they would take to ensure actual or potential abuse was reported. A member of staff said to us, "It is my responsibility to ensure people are treated with dignity and respect. If they are not it is my job to report to the nurses and management on duty." Another member of staff told us, "The safeguarding number is on the wall and is available for all staff. I speak to [unit manager] if I have any concerns."

Staff confirmed they had recently received adult safeguarding training. An adult safeguarding policy was in place for the home and it was last reviewed in 2012. The local area safeguarding procedure was also available for staff to access electronically. We observed that local area safeguarding contact details were displayed on the notice board. We reviewed our records and confirmed that CQC had been notified appropriately on any safeguarding concerns reported by the provider to the local authority.

We looked at the care records for all the people living on the dementia care unit and a selection of the people on the other three units. The care records had improved greatly in terms of assessing and planning how to manage individual risk. The records we looked at showed that a range of risk assessments had been completed depending on each person's individual needs. These included assessments, such as a falls risk assessment, smoking assessment, moving and handling assessment, skin integrity assessment, mental health assessment and an assessment in relation to behaviours that challenge. Care plans had been developed based on the outcome of risk assessments and they provided detailed guidance for staff on how to minimise the risks for each person.

We spoke with staff about people's individual risks and their response reflected the information captured in the risk assessments and care plans. We observed staff managing some of the risks people presented with in

accordance with their care plans. For example, we observed a person on the dementia care unit quickly and unexpectedly become upset and annoyed with others. A member of staff promptly intervened by talking with the person in a calm and kind way. They distracted the person and a potential incident was effectively avoided.

We looked at the medication rooms on all four units and they were clean and tidy with the medicine policies available in each unit. Medication was securely and safely stored with no indication of over ordering or excess stock. Each unit had access to a nationally recognised medication reference book (referred to as the British National Formulary or BNF). We noted the BNF was not the most recent version and highlighted this to the nurses at the time. We checked the controlled drugs, how they were stored and the registers; all was accurate and up-to-date. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Medicine that required refrigeration was stored correctly and daily fridge temperatures were recorded and signed for.

The home had a generic medicine policy along with a policy for controlled drugs, error reporting, PRN medication and covert medication. Giving medication covertly means medicine is disguised in food or drink so the person is not aware they are receiving it. We checked the covert administration form for one of the people and it was relevant, up-to-date and had involved the family and relevant health professionals. We found that not all of the nurses were clear regarding the arrangements that need to be in place in relation to covert medication.

The home also had the national NICE guidance pertaining to medication in care homes present. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. The staff we spoke with were aware of the policies. There was no procedure for ordering, receiving or destroying medication. One of the nurses informed us this was being developed given the changes in pharmacy provider. We spoke with an agency nurse who was working at the home for the first time. They told us they found the medication well organised and had not experienced any problems when administering the medicines.

The eight medication administration records we looked at had been completed appropriately. They included a recent photograph of the person. Running balances of medicines

Is the service safe?

were being recorded, as was information about PRN's and reasons for refusal. Body map charts were in place but were not being used to show where topical medicines (creams) should be applied. We highlighted this to the nurse at the time of the inspection. Products were being dated once opened and again running stock balances were being maintained. Medication care plans were in place for people and they were being reviewed on a monthly basis. Detailed care plans were in place for people on complex medicine plans or medicines that required close monitoring.

We found that medication errors were being recorded, reported and action taken to reduce risk and minimise the error occurring again. Staff told us they had not received medication training recently but said it was scheduled. We observed notices displayed in the units advising staff of the date medication was planned to take place. We observed medicines being given out at lunchtime on the Andrew Mason Unit. This was carried out in a safe way and the nurse remained with each person until they had taken their medication.

Because of our concerns with the cleanliness of the environment at the inspection in January 2015, we contacted the local infection prevention and control team. They carried out an audit of Fleetwood Hall on 23 January 2015 and it achieved a non-compliant score of 66%. The team re-audited the home on 24 March 2015 and it had achieved a compliant score of 92.5%. We had a look around the home with the manager and could see that the environment and equipment was clean. Processes around cleaning and monitoring the cleanliness of the environment had been made more robust. Hand sanitizers, disposable gloves and aprons were located throughout the units and were available in each of the bathrooms. We observed that staff wore disposable equipment when carrying out personal care activities and when handling food at lunchtime. An infection control champion had been identified for the service.

When we looked around the premises with the manager we could see that a major refurbishment had taken place since the last inspection. For example, the majority of window frames and flooring in many areas had been replaced. We tested the water temperatures in some bathrooms and the temperatures were appropriate to minimise scalds. The

AMU for younger male adults was not connected to the nurse-call system and one of the unit managers advised us that electricians had been booked to do this work the week after our inspection.

We spent time with a member of the maintenance team. They told us they did a check each morning of the environment to ensure there were no hazards, such as equipment blocking fire exits. A structure was in place for regularly conducting formal checks of the environment and equipment. For example, we could see from the records that water safety checks were carried out monthly. The passenger lift had a thorough examination in May 2015 and the emergency lighting was checked in March 2015. The maintenance person advised us that a detailed check of the building was carried out each month and action taken where needed. For example, it was noticed that there was a problem with the roof on the last check and arrangements were being made to have it looked at.

Arrangements were in place to ensure fire safety. This included a fire alarm test each week, two fire drills a year and fire equipment checks. Personal emergency evacuation plans (often referred to as a PEEP) had been completed for each person living at the home. Each PEEP took into account any sensory impairment the person experienced, such as hearing loss. They also outlined whether any specialised equipment was needed to enable the person to evacuate the building in a safe and timely way. Some people smoked and dedicated smoking areas outside of the building were identified. Individual plans had been put in place to support people to smoke safely. Regarding a person who smoked a member of staff said, "[Person] has to be supervised when she smokes because there is a risk of fire."

The operations manager advised us that an assessment of potential ligature points had been undertaken throughout the building. No environmental changes had been made as the people currently living there had been assessed and were not at risk in relation to use of ligatures. The operations manager said new people admitted would be assessed for environmental risks.

Broken or worn equipment had been replaced on all units and relatives were pleased about that. A relative said to us, "I've seen an improvement with the new chairs and bed." The maintenance person described how routine

Is the service safe?

equipment checks were undertaken. For example, we could from the records that hoists and wheelchairs were regularly checked and serviced. Portable electrical equipment was checked before it was used.

A process was in place for recording, monitoring and analysing incidents. The manager reviewed the incident

reports as we could see that preventative measures and outcomes were identified on the report forms. Staff told us they received feedback on the outcome of investigations into incidents through shift handovers or through staff meetings.

Is the service effective?

Our findings

We inspected the home in January 2015 and the domain; 'Is the service effective?' was rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches for this domain included:

A detailed assessment of each person's health needs and planning how to meet those needs had not been developed for all the people living at the home so was a breach of Regulation 9(1)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It corresponds to Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not been provided with appropriate training and supervision, which was a breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The environment did not meet the needs of some of the people living in the home so was a breach of Regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Valid consent to treatment and care had not been obtained and staff had not adhered to the principles of the Mental Capacity Act (2005). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Visitors we spoke with were satisfied that the staff monitored their relative or friend's health care needs and took action when needed. A visitor told us, "Staff would send for a doctor if he needed it and that the doctor comes out."

From our conversations with nurses and care staff it was clear they had a good knowledge of each person's health care needs. We could see from the care records we looked at that people had a pre admission assessment and then an assessment once they moved into the home. People's weight was monitored monthly. Wound care charts and charts to monitor people dietary intake were kept if people had needs in these areas. People had regular and timely input from professionals when they needed it, including the GP, optician and chiropodist. A record template was in place to record all consultations with health or social care

professionals. Some people received specialist health care input when necessary. This included input from the local community mental health team and the speech and language therapy service. Care records included a 'Health passport' so that if the person was admitted to hospital then staff at the hospital had a briefing of the person's needs.

Staff said they received updates on people's needs on the handover between shifts and through the communication book. Care staff were pleased they were provided with information about people's needs. One of the care staff said to us, "We have access to the care files and speak to the nurses. It is nice to have that level of support." Staff told us there was sufficient specialist equipment to meet people's needs and that it was well maintained.

The staff we spoke with consistently told us they were up-to-date with their annual appraisal and said they received regular supervision. A member of staff said to us, "Supervisions are now always done." Another member of staff told us, "Supervisions are done by the unit manager and the nurses are there for support." A supervision schedule was displayed on the notice board in the office.

The staff we spoke with told us they were up-to-date with the training and refresher training they were required by the provider to complete. A member of staff said, "The training is good. It is very good." Staff on the dementia care unit said they had received a lot more training since the last inspection.

We noted gaps in the training monitoring record and the operations manager advised us they were working on the training especially as there new staff who had started working at the home. The operations manager confirmed further training had been organised to take place throughout August 2015. This included training in manual handling, adult safeguarding, infection control and food hygiene. One of the unit managers told us they provided staff with training specific to people's needs, such as training in diabetes and stroke care.

We spoke with a member of staff who said their induction when they first started was good. They were provided with time to familiarise themselves with the home's procedures and people's care needs. The operations manager confirmed that there had been one new care worker start since April 2015 and they had completed the new

Is the service effective?

Cavendish Care certificate induction course. This new care certificate has been introduced nationally to ensure care workers are consistently prepared for their role through learning outcomes, competences and standards of care.

We also spoke with an agency nurse who was working at the home for the first time. They told they received a good briefing about the needs of the people who lived on the unit and said they, “found the staff supportive and helpful”.

We had a look around the building with the operations manager who showed the improvements that had been made to ensure the environment was suitable to the needs of the people living there. All units had been refurbished and were bright and airy. Staff told us people living there had been involved in selecting themes, colours and furnishings. For example, the women’s unit had been decorated based on a movie theme.

At the previous inspection there were no accessible bathroom and toilet facilities for a person living on the AMU at the time who was a wheelchair user. These facilities had been refurbished so were fully accessible for people with a physical disability. The AMU was due to be connected to the nurse call system within the home.

In accordance with national guidance on dementia appropriate environments, we observed that the dementia care unit had been significantly refurbished to provide a more spacious and airy internal environment. The shared spaces had been restructured to create an open plan area. Although small, there was more space for people to move about safely. The décor was bright with minimal patterning and was clutter free. The flooring was un-patterned to support people to mobilise safely. The bathroom and bedrooms had been decorated. Bedroom doors were open so people could access their bedroom when they wished. The door to the outdoor space was open and people could go outside with the support of staff.

Colour contrasting had been used to promote people’s independence with locating rooms. Memory boxes were located outside of each person’s bedroom. We looked at some bedrooms and observed they were personalised to people’s preferences.

We asked people their views about the food and access to drinks throughout the day. Overall, people were happy with the food. One of the people said, We get two choices of

food but it is always the same things. I prefer Chinese food.” Another person said, “The food is very, very nice. I can have chilli, korma or madras curry.” A visitor told us, “If [relative] asks for a particular food they accommodate her.”

We observed the lunch time meal on the AMU, dementia care unit and nursing unit. A choice of meals and drinks was offered. We noted that a person did not like either choice and they were provided with a boiled egg and toast, which they were happy with. Fresh fruit was available as a choice of dessert. Staff were attentive and checked if people were enjoying the food and whether it was at the right temperature. A person did not wish to have a drink and we heard a member of staff explaining the importance of drinking. All the people we spoke with said they enjoyed the food. A person who was out at lunchtime had their food plated and covered to be reheated when they returned.

Staff had a good understanding of people’s individualised or specialised diets. One person had a blended meal but it was blended in such a way so that it retained its original colour and looked appetising. Other people were on diets for diabetes. Staff also provided people with the support they needed at mealtimes. For example, we observed that a person was provided with adapted crockery and cutlery to promote their independence. We observed that drinks were readily available on the dementia care unit. Equally, people on the other units told us they could have a drink when they wished.

We observed and heard staff consistently seeking people’s permission before providing care and support. Staff encouraged and prompted people with decision making regarding their care needs in a positive way. Before providing support, we heard staff explaining what they were going to do in a way the person understood. The care records showed that people or their representative had provided consent for access to care plans, the taking of photographs and general consent to care and treatment. Some people smoked and needed staff to look after their cigarettes so they could space their cigarettes throughout the day. We could see that a plan had been drawn up to support the person to manage their cigarettes within their budget. The person had signed to say they agreed with the plan.

The staff we spoke with had a good understanding of the Mental Capacity Act (2005). They said they had attended mental capacity training since the last inspection. Training monitoring records informed us that 64.4% of the staff

Is the service effective?

team had attended mental capacity training. However, the approach to obtaining consent for complex decision making was not being applied in practice in accordance with the principles of the Mental Capacity Act (2005). A mental capacity assessment had been undertaken for each person but the assessments we looked at were generic in nature rather than decision specific. In addition, the assessments did not identify the support the person needed with making decisions.

People who had capacity and were able to manage their own money. Other people had their money managed within the home systems. We did not see capacity assessments or best interest agreements to indicate the person had agreed to this arrangement.

The manager advised us that applications had been sent to the local council for people living at the home who needed to a Deprivation of Liberty Safeguards (DoLS) plan in place. DoLS is part of the Mental Capacity Act (2005) and aims to

ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. From our discussions with staff they had a good understanding of the restrictions in place for the people subject to a DoLS plan. Their knowledge about the restrictions reflected the information captured in the plans. We did observe that a person living on the dementia unit who was on a DoLS plan had a care plan that stated their bedroom door could be locked at mealtimes to encourage them to eat in the dining area. We noted that the bedroom was locked at other times and highlighted this to the staff and the operations manager. The door was open when we looked later in the afternoon.

We recommend that the provider considers current guidance in relation to the Mental Capacity Act (2005) and takes action to update its practice accordingly.

Is the service caring?

Our findings

We inspected the home in January 2015 and we found that people were not treated in a kind and caring way by staff which led to the domain; 'Is the service caring?' being rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breach in regulation. The breach was:

Staff did not always treat people with compassion, dignity and respect, and involve people in decisions related to their care. This was a breach of Regulation 17(1) (a) (b) (2) (c) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living across all four units said they were satisfied with the way staff interacted with them and said staff treated them with kindness, dignity and respect. A person said, "The staff are nice." Another person said, "I'm happy here. I'm looked after and respected." One of the people living on the AMU said, "I feel at ease and comfortable with the staff. They are not bad."

The visitors we spent time with were satisfied with how staff treated and engaged with their relative or friend. A visitor said, "The staff have been lovely." Another visitor told us, "They [staff] seem to understand him better these days."

There was a calm atmosphere across all units and we noted a positive and on-going interaction between people and staff. Throughout the inspection we observed staff calling people by their preferred name and supporting people in an unhurried, caring and respectful way. They knocked on people's bedroom doors before entering. Staff conversed with people while supporting them with recreational activities or care activities. We heard staff explaining to people what was happening prior to providing care or support. The staff we spoke with demonstrated a warm and genuine regard for the people living at the home. They had a good understanding of people's individual needs.

A named care worker system was in place. Staff told us that they had a dedicated group of people and the role involved gaining information about each person's preferences. Staff said they liaised with families, ensured each person had a supply of toiletries and supported each person with social activities. We could see from the care records that the care worker kept a record of discussions with the families about their relative's care.

The care records informed us that person and/or a representative were involved in planning and reviewing care. A document titled 'This is your life' was in place for each of the people living on the dementia care unit. These were in various stages of completion as staff were waiting for family or the person's representative to provide information. A member of said told us that gathering this information was useful as they were finding out things about people that they did not know before. The operations manager said they were aware of local advocacy services should any of the people living at home need to use these services.

Visitors told us they could call to the home at any time. A visitor said, "I can visit whenever I like but I usually come at lunchtime." People living at the home and visitors said staff provided them with the opportunity to discuss choices, preferences and support needs. They said they felt involved and staff communicated well with them regarding any changes.

A member of the inspection team heard a member of staff speaking to a person who was living with dementia in a way that they considered disrespectful and in a way that compromised the person's dignity and privacy. We informed the operations manager who took immediate action, ensuring the person and others living there were not subject to any further contact with the member of staff.

Is the service responsive?

Our findings

We inspected the home in January 2015 and judged the domain 'Is the service responsive?' to be 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches were:

Proper steps had not been taken to ensure people's individual needs were met. This was a breach of Regulation 9(1) (b) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living at the home had not been provided with appropriate opportunities and support to promote their independence and community involvement. This was a breach of Regulation 17(i) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care records we looked at informed us that people's preferences were taken into account in the way they were supported. Each person's preferred times for getting up and going to bed were respected. For example, a person told us they liked to get up at 3.00am and have their breakfast and then go back to bed until midday. The care records were regularly reviewed and care plans updated as people's needs changed.

People living at the home whom we spent time with acknowledged that there had been a significant increase in recreational and social activities over the last few months. They said there were lots of activities they could participate in depending on what they liked to do. They told us about individual trips locally with staff or group trips to places of interest. Trips out we were informed of included; Liverpool, Knowsley Safari Park, the Lake District and Southport Pier. A person told us, "Next week we are going to a garden in Yorkshire."

People were also pleased with the activities available within the home. Some of the activities people mentioned included, quizzes, armchair dance, cookery, art, musical memories and hand massage. Another person said to us, "I like what you can do here. [Staff] help me with bingo and walking. I have made plenty of pottery." Another person told us, "I have been helping with the garden today. I enjoy doing that." People also liked the outside entertainers who facilitated events, such as musical afternoons.

There had been an increase in activity for people on the dementia care unit. Staff told us resources had been purchased so they had activities to engage people with. These included reminiscence type activities. Staff said people went out in the local community more frequently and we also heard about a barbeque held the week before our inspection in the garden area adjacent to the dementia care unit. Throughout the inspection we observed staff across all units engaging people with activities or just simply having a chat with a person. Visitors we spoke with were pleased there were more activities for their relative or friend to engage with.

Families said management responded promptly and positively to suggestions they had. For example, a person wished to have direct access to the garden so their representative discussed it with management and the person was moved to a unit on the ground floor. The family member said to us, "It has taken a long time for [relative] to settle down but she is happy now. It is better down here. She likes going out in the garden."

We looked at a range of care records across all units. They had been enhanced to ensure more detail was included about the person's background history, likes/dislikes and preferred routines

The approach to assessments and care plans had been restructured so that the information about how to support the person was centred on the needs of the person. We could see that care plans were revised as people's needs changed.

People living at the home and families we spoke with were aware about how to make a complaint about the service. A complaints procedure was in place and it was displayed.

The operations manager advised us that the service had received very few formal complaints. We were aware of a recent complaint as the complainant had contacted CQC. We discussed how it had been managed with the operations manager and it had been dealt with in accordance with the complaints procedure. The operations manager confirmed that the complainant was satisfied with the outcome. Less formal complaints, such as missing clothing or complaints about the food were not routinely logged. The operations manager agreed to look at recording these in the future in order to identify any emerging themes or patterns.

Is the service responsive?

Meetings were held on some of the units for people to share ideas and provide feedback on the service. People living at the home and staff told us that people's views were sought during the refurbishment about colour schemes and soft furnishings. A formal feedback process was now in place. In April 2015 questionnaires were sent to people living at the home and families or representatives. These had been analysed and we could see that the outcome was very positive.

While significant improvements had been made since the last inspection, we have not revised the rating for this domain to 'Good'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

We inspected the home in January 2015 and the domain; 'Is the service well-led?' was rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the concerns we had about the service.

A registered manager was not in post. At the previous inspection a manager was in post who intended to apply to CQC to register as manager. They left the service before the application was submitted. The operations manager was overseeing the service, supported by the managing director who visited the home at least once a week. A new home manager had started shortly before this inspection and they planned to register with CQC.

CQC had not asked the provider (owner) to submit a Provider Information Return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked visitors their opinion of the home. They told us the home was well managed. A family member said, "If we have any issues they have always been acted upon." One of the people living at the home told us the unit he lived on was calmer and said, "The floor [unit] is a lot nicer."

Staff we spoke with were pleased with the changes that had happened in recent months. They acknowledged the improvements that had been made to the service and said the home was a more inviting place to live. Staff spoke highly of the leadership and management of the home. A member of staff said, "The manager has made a big difference. She knows her stuff. If she says things are getting done they do. I can go to her no problem. I would recommend the home now." Another member of staff said, "The manager is brilliant. The progress of improvement is not going to stop. It is all working better." A member of staff told us they were pleased that, "The paperwork has been sharpened up."

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident

management would be supportive and protective of them if they raised concerns. A member of staff said to us, "There is a different culture now. The make-over has been good for morale."

Staff said the communication had improved and was more structured. They said handovers between shifts were routine and were documented. They also told us that staff meetings were held on a regular basis. We confirmed that staff meetings were held as we were provided with minutes of the general staff meetings, unit staff meetings and senior staff meetings.

In addition, staff told us they felt involved and included in the running of the home. They said the operations manager and managing director welcomed their ideas about how the service could be developed further. A member of staff said, "I get full support from management. They listen to my ideas." Another member of staff said, "I'm involved in changes and I feel listened to. The management give you the time and act on things. This is important for me as floor staff."

A process was in place to seek feedback about the service. A survey was undertaken in April 2015 and questionnaires were sent to staff, people living at the home and relatives. The feedback received from all sources was very positive.

We asked the operations manager about the overall quality assurance system in place to monitor performance and to drive continuous improvement. A range of audits or checks were in place, including checks for medication, care records, personnel records, domestic audit, mattress checks and environmental checks. We could see that these audits were up-to-date and in accordance with the audit schedule.

For example, medication audits were being undertaken with the support of the providing pharmacy. We noted that the audits were thorough and robust. However, there was no clear mechanism of feeding back results to staff and we highlighted this to the operations manager. Equally, there were no competency based audits in place for nurses and the operations manager informed us they have plans to implement them. A selection of care records were audited each month. We looked at the audits carried out between January and May 2015. We could see that the actions identified to improve the care records had been addressed and met.

Is the service well-led?

We spent time with the administrator who told us that an external company had undertaken a data protection audit and that they were currently working through the recommendations of the audit. This involved removing information that ought not to be included in personnel records. The administrator also was responsible for auditing the personal monies of people who lived at the home and provided a clear description of how people's personal money was monitored.

We discussed the incident reporting system with the operations manager. They advised us that each incident was reviewed and actions identified for staff if required. The incidents were analysed to check for any emerging themes and patterns. We looked at the monthly incident analysis for April and May 2015 and could see that preventative measures and outcomes were identified. In addition, a tissue viability analysis was undertaken each month. The registered manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.

We asked the operations manager about future developments for the service. The refurbishment work was planned to continue and there were plans to develop an activities room and large cinema room. There were plans to enhance how recreational and social activities were organised to ensure the approach was person-centred. The operations manager advised us that the admission criteria was also being reviewed to ensure that the staff team had the appropriate skills to meet the needs of people admitted.

While significant improvements had been made since the last inspection, we have not revised the rating for this domain to 'Good'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Robust recruitment processes were not in place. Regulation19(1)(b)(2)