

Norton Lodge Limited

# Norton Lodge

## Inspection report

18 Norton Village  
Norton  
Runcorn  
Cheshire  
WA7 6QA  
  
Tel: 01928714792

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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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 6 and 13 December 2016

Norton Lodge is a privately owned care home set in large grounds in the Norton Village area of Runcorn. A bus route and train station is nearby and Halton Lea shopping centre and Runcorn old town are within easy travelling distance. The home provides personal care for people who experience mental health issues, alcohol related problems, learning disability or dementia. The accommodation is provided over two floors and is registered to take up to 30 people. There were 28 people living in the home at the time of our visit.

At the time of the inspection the registered manager had just resigned her post but has not yet submitted an application to cancel her registration with CQC 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.

This was the first inspection of this service since it was purchased by the current providers in December 2015. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safeguarding service users from abuse, consent, staff training and supervision and governance. The registered provider and registered manager had also failed to notify the Care Quality Commission about events and incidents at the home in line with the regulations. You can see what action we told the provider to take at the back of the full version of this report.

Although staff had received some training, some refresher training was overdue and staff had not received regular supervision.

Staff had appropriately referred safeguarding incidents to their registered manager but these had not then been dealt with in accordance with the local Safeguarding Adults Interagency policy, therefore they may not have been investigated or addressed correctly.

Although staff worked cooperatively with people living at the home records were not available to show that people without capacity to make their own decisions were protected by the MCA framework.

Quality assurance processes were not sufficiently robust to ensure that risks to people's health and safety were mitigated or to ensure that the quality of the service improved. People who used the service and their relatives were high in their praise of the staff and services provided. They told us that staff were kind and caring and understood their needs.

We saw that staff had developed effective communication methods with people to meet their individual needs. We saw staff used verbal and non-verbal interactions to ensure people were able to speak their mind and have choices in all aspects of their daily life.

Care plans held some information about the individual's needs and choices. They also held risk assessments which balanced the potential benefits and risks in order to support people wherever possible to live a life of their choice. However some care plans were very brief and were in need of updating to ensure current needs were recorded. We saw that some care plans were not signed by the individual or their next of kin to evidence their consent to the care and support provided.

Staff records showed that there was a low turnover of staff and staff files indicated that recruitment policies ensured that all relevant checks had been undertaken prior to staff working at the home.

People told us that they were supported by consistent staff who knew the people very well.

We saw the service had good links with community nurses to enable staff to make necessary referrals in areas such as behaviour which challenged which were followed up appropriately.

The service promoted healthy eating. People were also assisted to eat safely and healthily using guidance from Speech and Language Therapists (SALT) workers.

The service had recently undergone some changes to its management structure and staff told us that this had greatly improved the staff morale. Staff said the deputy manager led by example and the providers had been most supportive. Staff told us that they now felt valued and empowered. We saw that staff worked well together. There was a no blame culture permeating throughout the service and staff worked together to monitor and improve the service.

We saw that updated policies and procedures to monitor the quality of the service had been introduced with a view to ensuring continuous improvement. This included introduction of new care plans, falls risk assessments and a care plan review system.

## 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 service had a safeguarding policy in place and although staff were aware of their own roles and responsibilities systems were not in place to report incidents or ensure the safety of the premises.

The systems and processes for administering and storing medication were safe. Medicines were administered by staff who had received sufficient training and underwent competency checks. Daily stock checks were completed to identify any medication discrepancies.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home, were suitable to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Managers and staff were not always acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making as they did not record any consent to care.

Staff members had received some training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. However not all training was up to date.

There was a flexible menu in place which provided a good variety of food to people using the service.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

**Good** ●

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people in order to ensure that they received the care and support they needed.

### Is the service responsive?

Good ●

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that most plans were personalised and whilst we saw that some care plans were not always signed people told us they were fully involved with the planning of their care.

The arrangements for social activities were adequate. There was an activity co-ordinator who provided some group activities and flexible one to one support.

The provider had a complaints policy and process and everyone we spoke to knew who they could complain to.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The home was without a registered manager.

There was an internal quality assurance system in place to review systems. However we saw where audits had been completed the identified areas for improvement had not been acted upon and they had not followed up on this.

The service was not submitting notifications of incidents to the CQC.

Staff said the morale in the home had greatly improved and they could raise any issues and discuss them openly with the providers or deputy manager.

# Norton Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 13 December 2016.

The inspection was undertaken by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection. We checked to see whether a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had taken place and we were able to read a copy of their report.

The provider had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

The deputy manager and providers were available throughout the inspection to provide documentation and information about the staff and services provided.

During the course of our inspection we spoke with fourteen of the people who used the service. However a number of these people were living with dementia and therefore we were not always able to receive feedback. We also spoke with eight care staff, the deputy manager, the providers, two housekeeping staff, the activities coordinator, an administrator and a maintenance person. As some of the people who used the service had limited verbal communication skills we used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care and support to help us understand the experiences of people who could not talk with us.

We looked at the care records for five people who used the service. We also looked at three staff files to review the provider's recruitment, supervision and training processes. We reviewed how medicines and complaints were being managed and how the provider assessed and monitored the quality of the service.

We also conducted a tour of the building and with their permission looked at four people's bedrooms.

# Is the service safe?

## Our findings

People who used the service told us they were safe and comfortable and that the staff made them feel safe. Comments included "I am very safe thank you" and "I am fine here they keep their eye on me".

Prior to this inspection Halton Borough Council raised concerns with us regarding the management of safeguarding incidents at the home. A recent safeguarding meeting identified that the registered manager had not been referring incidents appropriately to the council in line with the local Safeguarding Adults Interagency policy. Furthermore a relative of someone living at the home raised concerns about the actions taken to ensure their loved one remained safe in the home. We spoke with the registered manager prior to this inspection and had concerns about how she had managed these situations.

During the inspection we reviewed the accident folder and noted that there had been 165 falls by people living in the home since January 2016. Thirty- two of these were unwitnessed or unexplained resulting in injury. No notifications in respect of these falls had been submitted to CQC or the local authority.

We saw that a Care Concern process had recently been implemented to refer all concerns and identify trends or themes. We met with the registered providers and deputy home manager who told us that the care concerns system had been implemented as a result of communication with The Care Quality Commission and Halton safeguarding team. They told us that Halton contracts and commissioning team and the safeguarding manager had visited them to inspect records and carry out a review of their service.

Records showed that although care staff had previously completed relevant documentation in respect of safeguarding, accidents and incidents, appropriate notifications had not been forwarded by the registered manager to The Care Quality Commission or to the Local Authority. This meant that potential safeguarding concerns were not investigated or addressed in line with the local Safeguarding Adults Interagency policy.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use the service. This was also a breach of Regulation 13 of the Health and Social Care (Regulated Activities) 2014. The registered provider had failed to ensure that systems and processes operated effectively to prevent abuse of service users.

We saw there were now systems in place to record and monitor incidents and accidents; these were monitored by the deputy manager, which ensured that if trends were identified, actions would be put in place to prevent reoccurrences. We saw a newly introduced data base which recorded all safeguarding, incidents, and accidents and had a full audit trail that recorded outcomes, lessons learned and a reviewing system to identify themes. However this had only very recently been introduced.

We saw that risk assessments had been updated to ensure individual risk was managed. We saw that actions had been taken to identify environmental issues in respect of monitoring and mitigating the risks relating to the health and safety of people living in the home and others who may be at risk.

We saw that all prospective employees of the service were subject to robust recruitment processes. These were managed by the registered providers who arranged for interviews to take place and followed through all necessary pre-employment checks. The three staff files viewed showed that the service used a recruitment process which used value based recruitment techniques and competency assessments to ensure wherever possible that staff had the right qualities to provide person centred care for vulnerable people. Pre-employment checks included checking people's identity, employment history, qualifications and experience. References were also obtained from previous employers and Disclosure and Barring Service (DBS) checks completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We saw records to show that there were generally sufficient numbers of staff to support people safely. The staff rota showed that a minimum of four care staff and a senior carer were on duty between 8.00am and 8.00pm with two care staff and one senior on duty between 8.00pm and 8.00am. The registered manager had recently resigned and the deputy manager was acting manager at the time of our visit.

Our observations throughout the day were that there were enough staff on duty as they were not rushed and were attending to their duties in a calm and timely manner. One staff member told us "We are very busy and could do with another person on duty at certain times of the day. We have to do laundry as well and that takes one of us off the floor. However we manage well". Staff told us that the deputy manager was always on hand to assist with care if required.

We saw that the home employed three domestic persons and one maintenance person to ensure the cleanliness and safety of the building. Records showed that weekly, monthly and six monthly checks were undertaken by the maintenance person on various services and appliances. We saw records to show equipment checks were also undertaken on a regular basis on wheelchairs and hoists.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We saw that Halton Borough Council medication policy supported the service to follow current and relevant professional guidance about the management and review of medicines. We noted that the staff member responsible for medication administration at the time of our visit wore a red tabard which indicates that she must not be disturbed during their medication round.

We looked at four medicine administration records (MAR). Where staff supported people to take their prescribed medication, printed and written MARs were used. Records confirmed that staff recorded any prescribed medication in the person's MAR. We saw that these documented the type of medication, the dose and the frequency at which it needed to be taken. Staff signed MARs when they had assisted people to take their medicine.

Prior to the inspection there was an incident which raised concerns about the security of the home. As a consequence the registered provider had reviewed the arrangements for people being able to enter and leave the premises.

## Is the service effective?

### Our findings

People told us that they received the care they needed. Comments included "I am much better since I have been here", "Staff are good to me and I get nice food" and "The food is good the staff are great and I am better now that I live here".

We asked staff members about training and they all confirmed that they received training throughout the year. We checked the training records for staff and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, infection control and medication training. Staff who were responsible for medication administration also received medication competency checks annually or more frequently if any issues were identified and we could see that these had been carried out regularly. There was a training matrix that had recently been updated and showed what training needed updating. We did find that training for five members of staff was out of date. In most cases staff had been booked onto training courses and the deputy manager had addressed the shortfalls and booked extra training during our inspection. Staff were also encouraged to complete additional training that was relevant to their post, for instance staff were being encouraged to complete further dementia training, tissue viability and end of life care.

Supervisions were overdue for some staff. However staff told us that they felt supported and could speak with the manager or providers at any time. We saw that the registered provider had introduced a supervision matrix to arrange for all staff to have pre-arranged timely supervision.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that staff received appropriate support, training and supervision to enable them to carry out the duties they are employed to perform.

We saw that newly appointed staff undertook one day shadowing which involved them observing other staff undertaking their duties. This was followed by basic induction and commencement on the Care Certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training for new care workers.

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

We checked whether the registered provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had guidance for staff on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff

confirmed that they had completed training in this area. All staff were able to speak with us about the principles of the MCA and advised that if they had any concerns about someone's presentation they would speak with the deputy manager.

The registered provider advised that 21 DoLS applications had been submitted to the relevant local authority and were waiting authorisation. Records showed that 12 DoLS applications had previously been authorised but had either expired or were due to expire in the near future.

This was a further breach of Regulation 13 of the Health and Social Care (Regulated Activities) 2014. The registered provider had failed to ensure that people being deprived of their liberty had been so with the lawful authority.

The registered provider had failed to notify the Commission about the DoLS applications that had been previously authorised.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use the service.

We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We looked at how the service gained people's consent to care and treatment in line with the MCA. Not everyone living in the home could consent to their care however we saw that care plans did not always hold signatures of the people who lived in the home or their next of kin, if this had been authorised by the local authority, to show that they agreed to the care and support provided. The provider showed us that they had reviewed care files and made a list of the people who had not provided a consent signature and had addressed this by either speaking with the person or sending a letter to their next of kin (NOK) to resolve the matter. We saw copies of the letters sent to NOK to confirm this. However some care files viewed during the inspection had no consent details recorded.

These issues constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that care and treatment was provided with the consent of the relevant person. .

We observed the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that staff took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Staff supported people to maintain their health and well-being. People had access to health and social care professionals when required. We saw that staff worked well with professionals to ensure people's health needs were met; these professionals included district nurses, dieticians, occupational therapists and psychiatrists. Care records contained details of relevant health and social care professionals and their involvement in people's care. We met with a district nurse who was visiting some of the people who lived at the home. They told us that the staff were wonderful and worked well with the district nurses to ensure that the people who lived in the home were provided with the health care most appropriate to their needs.

Staff members were kept up to date with any changes during handovers that took place during every staff change. This helped to ensure that they were made aware of any issues and could provide appropriate care.

We saw the handover sheets and could see that these provided details for each person as to how they had been during the shift and whether there were any areas of concern. Staff members also told us that they recorded any daily appointments in the diary and we were able to view this and could see that information was recorded about any health or social care visits to the home and any external appointments. Staff told us that these records were also useful for them as they knew when and why the visits were taking place.

Whilst staff meetings had occurred in the past they were not held frequently. The registered provider had arranged urgent staff meetings. In view of the departure of the registered manager they felt it was essential that staff meetings and team briefs were held to ensure effective communication was in place about the changes to the home. We saw that these had commenced with updates about the management, recruitment and training. Also we saw that a policy of the month had been introduced the first one relating to safeguarding.

We undertook a SOFI observation in the dining room over lunch and saw that the food looked tasty and appetising and was well prepared. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance and where appropriate, prompting people and offering encouragement.

People told us that the food was good and they could request something else if they did not want the choices offered. We observed that people appeared to be enjoying their food and that staff interacted with them in a pleasant and supportive way and provided discreet assistance where required.

Staff told us they felt good about the changes to the home. Comments included "We get lots of feedback now and feel very, much supported", "There is a buzz about the home, everyone is working together to make it better" and "I just love it here. Staff have gone out of their way to assist to get things right, we are a great team".

We saw the home had clear signage to identify all areas of the home. We saw that a refurbishment programme had commenced with the corridors repapered with brick effect wallpaper and bedroom doors painted and door knockers attached to give a front door effect. A conservatory lounge had been totally refurbished and redecorated and was also used as an alternative dining area for people who chose to use it.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. Comments included "They look after me well", "They care about me and make sure I am OK" and "I could not do without them. They know what I am like and always treat me with respect no matter what mood I am in".

We observed staff going about their duties in a well organised and calm manner. They enjoyed good interactions with the people who lived in the home and showed a great sense of humour and fun where appropriate. Staff were totally non-judgemental in their approach and were able to relax people living in the home and enable them to develop a positive self-image.

We saw people were treated with respect during all interactions with staff. We noted that staff gave people the time to respond and took their time and repeated or reworded what they had said to help engage with them. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink, if they were comfortable and plumping their pillows if they were in bed. Staff communicated in a way that suited individuals. This included how and where they positioned themselves, words used and appropriate touch when needed. For example, responding to a person's kiss on the cheek or holding someone's hand. All interactions seen, and heard, were positive and staff responded to people with warmth.

Staff told us they thoroughly enjoyed working in the home as they looked upon the people who lived there as family. They said they ensured wherever possible that they could provide the love, care and stability so people could enjoy their lives. They said they achieved this by giving encouragement and support. They said they got to know each person and assisted them to develop their own interest and life styles.

The home had a dignity champion who ensured that all information, training and feedback was posted on the staff notice board.

We saw in all of the support plans we looked at that everyone had a 'one page profile' that explained what was important to the person. This was unique to the individual.

We observed that staff were discreet when they were providing information to people and discussions with staff identified their understanding of the need for confidentiality and privacy.

We saw that care files and other confidential information were stored in locked cupboards within the deputy manager's office and computers were password protected.

At the time of our inspection end of life care plans were in place for some people who lived in the home. Staff showed us the processes and resources available to individuals who required this specialist care. There were regular assessment and reviews by nursing and medical staff and individual care plans which would outline the end of life preferences of the person and their family. Staff had commenced training so that people were provided with appropriate end of life care.

## Is the service responsive?

### Our findings

People told us they were happy with the staff and services provided. Comments included "They (staff) always ask me what I want to do and make plans for the week ahead" and "We have a singer every two weeks and we have a dance and a laugh. It's alright here, if we find anything wrong you tell the staff and they sort it out. Some people can be a nuisance but you just ignore them".

Records showed staff used an admission process to make sure that admissions were coordinated, individualised and focused on the current need of the person. We saw that staff shared important information with other professionals about people when they were being admitted to the home or transferred to hospital to make sure their care was coordinated. Comments from a visiting health care professional identified that the service was responsive to people's changing needs and shared need to know information with other professionals to ensure effective care was provided which was responsive to changing need.

We looked at five care plans and saw that they held clear information. Each file had a photograph of the person and held detailed information about their life history. The care plans covered their preferred daily routines, personal care, night routine, continence care, nutrition, mobility, communication, memory, activities, interests and social contacts. Whilst the files viewed held clear information we saw that staff were in the process of further updating them to include a life story book called living well. This document provided past and updated information about the person and was in an easy read format to enable staff to quickly access it.

The plans were reviewed regularly so staff would know what changes, if any, had been made, especially when the GP or visiting professional had visited. People told us that their care plans accurately reflected the care they wanted to receive such as when to have a bath, what level of personal care they requested and what activity they wanted to take part in.

Although not all care plans had been signed to show consent had been given, people who were able to talk with us confirmed that they were actively involved in planning their own care. We could see from people's care records that their care and support had been planned in partnership with them. We saw that where people were not able to formally participate in planning their care, their representatives were included in the care planning process.

People had a hospital passport to assist if they went into hospital. The hospital passport contained information which included details of how to support people, assist them with meals, medication and ways of communication. Staff said this system assisted hospital staff to understand the person's needs to enable them to provide consistent care.

The home employed an activity co-ordinator who provided daily activities within the home. We observed an entertainer singing and playing the piano during our visit and noted that most of the people living in the home were singing and dancing along part. Other activities included gardening, book reading, knitting,

guided walks, reminiscing and word games. We saw that the activities coordinator carried out one to one activities such as taking people shopping or to visit local places of interest. One person told us they enjoyed playing chess. People told us they would like to have more activities as they got a little bored sitting around the home.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Complaints could be made either to staff or directly with the registered manager. No body that we spoke with had made a complaint but people said they were aware of the complaints procedure. Records showed that the home had not recorded any complaints within the last twelve months.

## Is the service well-led?

### Our findings

People living in the home told us that the home was great, the staff were lovely and they were happy with the way it was run.

The home was without a registered manager at the time of our inspection. However we were assisted throughout our visit by the deputy manager and providers who were open and transparent at all times.

The registered provider had purchased the home in December 2015. At that time a quality assurance system had been put in place and three monthly audits on care files, accidents and incidents as well as medication had been carried out. However we were informed that the information was not always easy for the registered provider to access and as a consequence they had requested action from the registered manager who has since left the service. The quality assurance processes that were previously in place were not effective as areas for improvement that had been identified had not been completed. The registered provider informed us that they had commenced their audits and whilst they had identified some shortfalls with the policies, procedures and management of the home they were not aware of all the areas of concern identified until just prior to the inspection. As a consequence they had put an action plan in place to deal with these shortfalls.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that systems operated effectively to enable them to assess, monitor and improve the quality of the service or to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.

The registered provider advised that they had introduced a new quality system and had ensured that an action plan had been drawn up to deal with the areas of concern

Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found four recent instances of safeguarding, 165 accidents, and deprivation of liberty safeguards where the registered manager had not notified CQC. We noted that these had also not been reported to the local authority in a timely manner. We wrote to the registered provider in relation to this and they advised that they had not been aware of the lack of compliance in this matter.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the provider was not submitting the relevant notifications.

All the folders and documentation that were requested were produced quickly but did not always contain all the information that we expected, for instance information about consent, staff training and supervision. However we were provided with documentation to show that staff had worked tirelessly to update all files and arrange updated training and supervision. Policies, procedures and protocols had also been updated in line with advice and guidance provided by Halton Local Authority safeguarding and quality monitoring staff.

Discussion with Halton contracts staff identified that they felt the home needed their support to develop more understanding of safeguarding, care concerns and falls prevention. The providers told us they welcomed this support and were fully committed to make any changes necessary to ensure safe, quality care was provided at all times.

The providers and deputy manager were open and honest throughout the inspection process and were available to respond to our queries.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had failed to ensure that care and treatment was provided with the consent of the relevant person. .
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The registered provider had failed to ensure that systems and processes operated effectively to prevent abuse of service users and had failed to ensure that people being deprived of their liberty had been so with the lawful authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that systems operated effectively to enable them to assess, monitor and improve the quality of the service or to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to ensure that staff received appropriate support, training

and supervision to enable them to carry out the duties they are employed to perform.