Abbeyfield Heswall Society Limited

The Croft

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection carried out on 29 January 2015. The Croft provides privately funded personal care and accommodation for up to ten people. Nursing care is not provided. At the time of our visit eight people lived at the home.

The Croft is a single storey house set in its own grounds in Heswall, Wirral. Accommodation is single occupancy. There is a communal lounge and dining room for people to use and specialised bathing facilities are available. A small car park is available at the front of the property.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at the location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. A new registered manager was appointed to manage the home in January 2015.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At the time our inspection, the registered manager had only been in post as registered manager of this location for two weeks. The home manager had been in post for approximately six months. The home manager supervised the day to day running of the service and reported directly to the registered manager who managed the service. We last inspected The Croft on 22 November 2013 and the home was found to have met all of the regulations we inspected.

At this inspection we spoke with two people who lived at the home, two relatives and one care staff. We also spoke with the registered manager and the home manager who worked at the home. We reviewed a variety of records including care records, policies and procedures, staff records, medication charts and audits.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We found people's care plans did not cover all of people's needs and lacked clear information about people's risks. Risk assessments were not always updated and changes to people's care needs were not always reflected within their care plan. Where people's risks had increased, these had not always been acted upon to ensure people received the support they required.

We reviewed accidents and incident information and found that several people had experienced numerous falls over a 12 month period. We found that no appropriate referrals to the Falls Prevention Team had been made to access specialist preventative advice so the risk of further falls could be managed and prevented.

Some people who lived at the home had short term memory loss or dementia type conditions. The home manager told us that no-one lacked the capacity to make decisions or required the protection of a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) came into force on 1 April 2009 and ensures people are looked after in a way that does not inappropriately restrict their freedom.

The home in accordance with the Mental Capacity Act 2005 (MCA) had assessed and regularly reviewed each person's mental capacity and routinely sought their consent. We found however that where people's behaviour was affected by a decline in their mental health, any unwanted behaviours were not appropriately risk assessed and care planned.

Staff were not always recruited in line with the provider's own recruitment policy. Employer based references were not always sought to check staff had the necessary skills and abilities for their job prior to employment. Staff had also not consistently received the supervision and training required to do their jobs effectively.

The home was clean and well maintained with ten individual bedrooms. Some bedrooms had an ensuite bathroom. There was a communal bathroom with specialised bathing equipment and a communal shower room. On the day of our visit, the shower room was being used as a storage facility which meant it was not available for people to use. This was rectified by the registered manager the next day. There was also a laundry on site.

We saw that the provider had an infection control policy and risk assessment in place to minimise the spread of infection. We found some of the infection control procedures relating to the laundering of people's clothes and personal items were not followed. There was also a lack of available hand hygiene facilities. This meant there was a risk of cross infection. Staff knowledge about how to prevent the spread of infection in respect of laundry was also poor.

The providers had a range of audits in place to check the quality and safety of the service. None of the systems however identified the issues we noted during our inspection. This meant that the systems were ineffective. Where issues were identified for example the provider's infection control audits, no appropriate action had been taken. This demonstrated that the management of the service required improvement.

On a positive note, people who lived at the home were happy and said they were well looked after. Our review of people's care records and from our observations it was clear that people were able to choose how they lived

Summary of findings

their lives at the home. We saw that the culture of the home was to support people to do things for themselves by encouraging and reminding them of everyday personal tasks. This promoted people's independence.

Staff were caring and respectful and the home provided a range of activities to occupy and interest people. This promoted their well-being. Interactions between people and staff were positive and the home had a relaxed, comfortable atmosphere.

People had access to sufficient quantities of nutritious food and drink. They were given a choice of menu options or, offered an alternative, if the options weren't suitable. People's meals were served promptly and people were offered additional portions. We observed a medication round and saw that it was administered safely. Medication administration records were completely accurately and properly signed for.

The number of staff on duty was sufficient to meet people's needs. People told us they felt safe and comfortable with staff. Staff we spoke with were knowledgeable about types of potential abuse and what to do if they suspected abuse had occurred.

We saw people had prompt access to their GP when they were ill and were supported to access any hospital or other medical appointments to meet their ongoing healthcare needs.

The people and relatives we spoke with had no complaints. They were really positive about the staff. Everyone we spoke with said the home manager and staff were approachable and they would have no worries about approaching them if they had any concerns. People views were sought through the use of satisfaction questionnaires and resident meetings. We saw that people were given relevant information about the home and their care and that their suggestions and opinions on the service were sought.

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?

Requires Improvement

The service was not always safe.

People's individual risks in the planning and delivery of care had not been adequately identified, assessed and managed. This placed people at risk of inappropriate and unsafe care.

Accident and incident records showed that no appropriate action had been taken to refer people to specialist falls prevention services.

The provider's infection control procedures were not followed in respect of the laundering of people's clothes and personal items. A manual sluice was in use and hand hygiene facilities were limited. This meant people were not protected from the risks of cross infection.

Recruitment practices did not ensure previous employment information was obtained for staff prior to employment. This meant that their skills and abilities had not been checked prior to starting to work at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Records showed that staff had not received adequate and appropriate training and supervision in their job role. This meant they may not have had the right skills, knowledge and support to do their job effectively.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs. People's nutritional needs had been risk assessed but no appropriate action had been taken to access specialist advice in respect of one person's recent weight loss.

Care plans lacked sufficient up to date information about people's health related illnesses, the signs to spot in the event of ill health and the action to take.

Is the service caring?

Good

The service was caring.

People and relatives said the staff were lovely and treated them well. Staff were observed to be kind and respectful. Staff supported people at their own pace and interactions between people and staff were warm and pleasant. We saw people were relaxed and comfortable in the company of staff.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the home. Regular residents meetings took place and people were able to express their views.

Summary of findings

Is the service responsive?

Requires Improvement

The service was generally responsive but required improvement in some areas.

People's needs and care had been individually assessed, care planned and regularly reviewed. People's care plans however did not cover the totality of the person's needs and risks and required improvement.

People's social and emotional needs were being met by a range of activities and we saw that people interacted socially throughout the day. People were happy with the activities and outings offered at the home.

People and the relatives we spoke with had no complaints and were happy with the service provided. We reviewed the provider's complaints policy however and it saw it required improvement in respect of who people should contact in the event of a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

There were no effective quality assurance systems were in place to identify and manage the risks to people's health, safety and welfare.

No audits had been conducted in relation to care plans, health and safety, staff training and recruitment. Audits in place for medication were limited and the improvement actions identified within the provider's infection control audits had not been acted upon.

People's satisfaction with the service was sought through the use of satisfaction questionnaires and regular staff and management meetings were held. This demonstrated that people and staff had a forum in which to feedback their views about the quality of the service.

The Croft

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 29 January 2015 and was unannounced. The inspection was carried out by an Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection.

During this inspection we spoke with two people who lived at the home, two relatives, one care staff member, the home manager and the registered manager.

We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms. We also looked at a range of records including four care records, medication records, recruitment records for three members of staff, training records relating to the staff team, policies and procedures, records relating to health and safety and records relating to the quality checks undertaken by the service.

Requires Improvement

Is the service safe?

Our findings

We spoke with two people who lived at the home. We asked them if they felt safe. They told us they did. Their comments included "I'm very fortunate" and "Staff are very nice". The two relatives we spoke with said they thought their relative was safe and happy at the home. One relative told us "I am happy. They are safe", another said "They (the staff) are good to them".

The provider had a policy in place for identifying and reporting potential safeguarding incidents. We spoke with one member of the care staff who demonstrated an understanding of types of abuse and the action to take in the event that any potential abuse was suspected.

We reviewed four people's care records. One of which was reviewed in conjunction with the registered manager. We saw some evidence that the risks in relation to people's health and welfare were assessed. For example, moving and handling, nutrition, pressure sores and people's risks of falls. Risk assessments however lacked adequate information and in some cases had not been updated when people's needs and risks had changed.

For example, all four people were identified as being at risk of falls, their care plans however did not include guidance on how to manage these risks and prevent a fall from occurring. One person's falls risk assessment was acknowledged by the registered manager to be "Completely out of date". One person's risk of developing pressure sores or skin integrity issues had not been undertaken yet the person was under the care of the district nurse team for issues relating to a skin condition. This meant there was no guidance for staff on how to manage the risk or action to taken in the event of a further deterioration in the person's skin.

We reviewed people's individual accident records. We saw that some people had experienced several falls over a 12 months period. We asked the registered manager and home manager if referrals to the specialist falls prevention team were made to ensure people received the support they required. The home manager told us they had not made any referrals to the falls team. This meant appropriate action had not been taken to minimise the risk of further falls occurring. The day after our inspection we were notified by the registered manager to confirm that appropriate referrals had now been made.

Where people had dementia related conditions that caused behavioural issues, the support people required had not been appropriately planned or risk assessed. For example, a relative told us that one person who lived at the home displayed behaviours that challenged. This was confirmed by the registered manager and a staff member. There was no behaviour risk assessment or behaviour management plan in place to provide guidance to staff on how best to support the person safely when these behaviours occurred.

These examples demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008. This was because people who lived at the home were not protected against the risks of receiving care that was inappropriate or unsafe as the planning and delivery of care did not meet all of the person's individual needs.

We did a tour of the home and saw that it was clean and free from odours. There were ten individual bedrooms. Some had an en-suite bathroom. There were communal toilets and a bathroom with specialised bathing facilities for people to use. There was also a communal shower room but on the day of our visit, it was being used for storage. This meant it was not available for people to use. We spoke to the registered manager about this who told us they would sort this straightaway. On the second day of inspection, all of the items stored in the shower room had been removed. The shower room was clean and available for use.

The home had an onsite laundry. We saw that the laundry door was propped open with an open box of washing powder, which was accessible to staff, visitors and people who lived at the home. Washing powder is classed as an 'irritant' by the Control of Hazardous Substance Regulations (COSHH) 2009. We saw that the provider's own policy stated that washing powder should be kept in a locked storage cupboard as part of its adherence to COSHH regulations.

The provider had an infection control policy and risk assessment in place to minimise the spread of infection. We found some of the infection control procedures were not followed. For example, it was specified that dirty and clean laundry should be stored in separate areas with a dirty to clean flow in operation. This was not in place. The policy stated that heavily soiled laundry must be placed in red dissolvable bags and sluice washed. This was not followed. Heavily soiled laundry was placed in black plastic

Requires Improvement

Is the service safe?

bin bags reserved for household waste and stored adjacent to normal laundry. Soiled clothing was also found soaking in washing up bowls on top of the provider's manual sluice and on top of the laundry counter. The Department of Health's infection control guidance clearly stipulates "under no circumstances should a manual sluice facility or sluicing basin be used or situated in the laundry".

There were no visible alcohol hand gels in use to prevent cross infection. This meant staff operating the laundry, had to come out of the laundry to use a communal toilet to wash their hands. We asked two staff members what the correct temperature and method was for washing heavily soiled items. They did not demonstrate the correct knowledge. We spoke to the registered manager and the home manager about the lack of infection control measures in the laundry room. They acknowledged that they were not following infection control procedures.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. This was because there no effective systems in place to assess the risk of and prevent, detect and control the spread of a healthcare associated infection to people who lived at the home.

Premises safety was maintained. For example, we saw evidence that call bells were tested weekly, water temperatures checked monthly and routine repair and maintenance carried out promptly. We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics and specialised bathing equipment. Records showed the systems and equipment in use were of a satisfactory standard.

We reviewed staffing levels. The home manager told us they were on duty 8-5pm Monday to Thursday and 8-12 on a Friday. They worked a 2-8pm shift every Monday as part of the care team. The home manager and one member of the care staff team were on duty each day. A part time domestic and a cook were also employed at the home. Staff rota's for January 2015 confirmed this.

People we spoke with said there was enough staff on duty. One relative said they thought two staff should be on duty at night in case of an emergency. The registered manager told us that staff had access to a 24 hour on-call system in the absence of the home manager. This assured us that there were adequate arrangements in place during the night, should an emergency occur.

We observed staff caring for people throughout the day and saw that the number of staff on duty was sufficient to meet people's needs. Staff were unrushed in the delivery of care and people were assisted promptly and in a patient, friendly manner.

Recruitment and DBS policies were in place for the safe recruitment of staff. We looked at the personnel records for three members of staff. We saw that staff recruitment did not fully comply with the requirements of the provider's policy. The policy stated that two satisfactory previous employer references should be obtained prior to employment. Two of the files we looked at, contained details of the staff member's previous employer but only personal references as opposed to job related references had been provided. This meant that the provider had not checked to ensure that staff members had the necessary skills and abilities for the job role prior to employment.

There were no criminal record checks held in staff member's files. The registered manager told us these records were stored at head office. We were shown a list of the each staff member's unique criminal record check numbers as evidence that suitable checks had been carried out. This assured us the safety and suitability of staff had been checked prior to employment.

Some staff however, who had been employed at the home for over five years had not had their criminal record check information renewed since they commenced in employment. This meant there was a risk the information was out of date. The registered manager told us they had already picked this up and planned to introduce a yearly self-declaration form for staff to complete.

We looked at the arrangements for the safe keeping and administration of medicines. Medication was dispensed in monitored dosage blister packs. We checked a sample of two people's medication administration charts (MARS) and found they matched what medicines had been administered. MARs were completed and signed for properly. We observed a medication round and saw that the administration of medication was done in a safe way.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they felt well looked after by staff. One person told us staff were "Very Good"; another said that "Staff worked very hard". The relatives we spoke with told us they were pleased with the care provided. They said that the home manager and the staff at the home were very approachable and communicated with them well. Comments included "They are always very approachable" and "I don't have to ask them (about the person), they tell".

We spoke with the home manager and one care staff about the people they cared for. We also observed staff supporting people throughout the day. It was clear from our observations that staff knew people well.

We reviewed three personnel files in relation to the staff employed. We saw evidence that each staff member had had an induction when they first started working at the home. We spoke with one member of the care staff team who told us that they received regular training from the provider in relation to their job role.

We saw that the provider had a training programme in place which offered staff training in topics relevant to the needs of the people living at the home. We asked to see evidence that the staff had completed the provider's training programme. We were shown a training checklist that demonstrated staff members were offered training in a wide range of health and social care topics such as the NVQ L2 and 3 qualifications; the safe administration of medications, moving and handling, safeguarding, dementia awareness, pressure ulcer care, first aid, mental capacity/DOLs. The registered manager told us that staff were required to undertake refresher training annually.

We reviewed the training records provided however and saw significant gaps in the training of some staff members. For example, one staff member who commenced employment as a care assistant in July 2014 had only completed one of the provider's 20 different training courses. The records showed they had not undertaken training in medicines administration, safeguarding, moving and handling, mental capacity/DoLs, dementia care, challenging behaviour or fire safety. This meant there was a risk that this staff member was not adequately trained to do their job role.

Six members of staff including the home manager had not completed the provider's training in challenging behaviour; seven members had not completed falls prevention training, three members had not completed moving and handling training and two staff members had not been trained to identify and protect people from abuse (safeguarding training). This meant there was a risk that staff would not have the right knowledge, experience and skills to support people and safeguard their health, safety and welfare.

We reviewed the appraisal and supervision records held in personnel files. We found no evidence that one staff member who commenced in employment in July 2014 had had a supervision meeting with their line manager since they started working at the home. We saw that this person had no prior experience of caring for vulnerable people. Records also showed that two other staff members had not had a supervision meeting with the home manager since April 2014. This meant there was a risk that staff did not receive the support they required in order for them to carry out their role effectively.

This was a breach of Regulation 23 of the Health and Social Care Act. This was because staff did not receive appropriate training and supervision to enable them to deliver care safely and to an appropriate standard.

People we spoke with confirmed that they were able to choose how they lived their life at the home. A relative we spoke with told us that there was "A lot of emphasis on free will" at the home.

We saw staff throughout the day checking people consented to the support they were being given.

We saw that an assessment of the person's mental capacity had been undertaken on admission to the home and were regularly reviewed. People's capacity to make certain decisions had been assessed for example 'going out of the home' alone and adjustments made where appropriate to enable them to do so. Care plans promoted the person's freedom to make decisions about their care but lacked sufficient information in some areas on the impact of short term memory loss on the person's day to day life.

We also found that where people displayed behaviours that challenged, care plans lacked information on how to best communicate with and support the person to express their needs or wishes in a more constructive way. This meant there was a risk that the person did not consent to

Requires Improvement

Is the service effective?

the care provided by staff when these behaviours were displayed. We spoke to the registered manager about this who told us they would review people's care plans without delay.

Care plans contained some information about people's health related illnesses but lacked information what these conditions were, the signs to spot in the event of ill health and the action to take. Some of the information in relation to physical health was out of date and in some cases important physical health conditions had not been adequately assessed or care planned. For example, one person had a physical health condition that was degenerative in nature but no information about the person's health condition or how to monitor any associated pain in relation to the condition was documented in the person's care plan for staff to follow.

Records showed that people had prompt access to medical and other support services in the event of ill-health or ongoing healthcare needs. We found however that where people were involved with health care professionals, care plans had not necessarily been updated with this information.

We spoke with two people about the quality of the food at the home and the food choices on offer. People we spoke with told us that the food was good, of sufficient quantity and that they were offered a choice. One person told us "Food is good. I've put on weight. They come round with the menu the day before"; another person said "Always veg. Choice of two (menu options), they (staff) come round the day before to ask you. They try to accommodate you, if you don't like what is on offer. Plenty to eat and drink". A relative told us that "Staff are really good at encouraging them (the person) to come in (to the dining room) for their meal. They are eating well, have three course meals".

We observed the serving of the lunchtime meal. We saw that staff supported people at their own pace to sit at the dining room table but that the dining room table was difficult for some people to access. One person who was already seated, was asked to move seats by a member of staff. We heard the member of staff explain that the other person was unable to get around the other side of the table. This meant that was a risk people were unable to sit where they wanted or by whom they wanted whilst enjoying their meal.

The meal itself was served promptly and pleasantly by staff. The food was of sufficient quantity and served in an appetising manner. The dining room table was nicely decorated with a tablecloth, napkins and china dinnerware. A good range of condiments were also provided. Dining/lounge room was light, airy and set out in such a way as to promote social interaction during mealtimes.

People's nutritional needs were risk assessed and their preferences noted in the planning and delivery of care. The home manager told us that no-one at the home was at risk of malnutrition. We saw however that one person's nutritional records showed they had lost a significant amount of weight in the last 12 months. We asked the registered manager if the person had been referred to their GP for a dietary supplement and had their dietary intake monitored in accordance with the guidance specified on the person's nutritional risk assessment. The registered manager acknowledged this hadn't been undertaken. This meant appropriate action had not been taken to support this person's dietary needs.

This was a breach of Regulation 14 of the Health and Social Care Act because people were not protected from the risks of inadequate nutrition and dehydration as no support had been accessed for people who had experienced recent and significant weight loss.

Good

Is the service caring?

Our findings

The two people we spoke with told us the staff were lovely and treated them with respect. They told us they were well looked after. One person said the "Staff are very good. They make sure you are covered up when getting a wash", another said "They work very hard".

One relative told us the home is "Fabulous, Staff have been fabulous. Nothing is too much trouble. They (the person) are really happy. They treat them and me very kindly. Another relative said "Staff are just lovely. They are very good at looking after us as a family".

We saw that people were well dressed and looked well cared for. We saw that there were periods throughout that the day when staff took the time to sit with people and have a general chat. Interactions between staff and people were warm and positive. It was clear that staff were familiar with people's needs and preferences. We found the staff caring and patient in their support of people. People were able to 'do their own' thing during the day and visitors were openly welcomed.

Relatives we spoke with said staff are always "Welcoming. They have a real open house approach"; another said "They (the staff) make you welcome. Always introduce themselves".

We spoke with one member of the care staff team. They gave clear examples of how they protected people's privacy and dignity in the delivery of personal care and understood that people's independence was important to them. They said "I always think what I would want for my parents".

Information on people end of life decisions were noted in care files and there was evidence within people's care plans that people's independence was promoted in the planning and delivery of care. We saw that the culture of the home was to support people to do things for themselves by 'encouraging' them and 'reminding' them of everyday personal tasks such as getting dressed or going to the toilet. Where people required a bit more support to do these tasks, this was identified in the person's care plan for staff to see and follow.

We looked at the daily written records that corresponded to the care records we had reviewed. Daily records showed the support people had received from care staff and gave information about the person's general well-being. Daily records showed that people had received care and support.

The home had a service user guide for people to refer to. We looked at the information provided and saw that it was well written and gave details of the services included in their care package, the staff team and services where additional charges applied, such as, hairdressing and chiropody. A relative we spoke with told us that they had received clear information about the home and the care provided. This showed us that people were given appropriate information in relation to their care and the place that they lived.

We saw evidence that residents meetings were organised. We reviewed the minutes from the meetings held in May, June and September 2014 which showed that topics relevant to the people who lived at the home were discussed and their suggestions sought. For example, staffing levels, menus and mealtimes, activities and events. This meant that people were given appropriate information about the home and an opportunity to express their views about the service they received.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they had no concerns or complaints about the care they received. They said that if they did they would speak to the home manager. One person told us the home manager was "Very forthcoming", another said they'd "Talk to (name of the manager). Can talk to anyone". Relatives we spoke with told us that they knew how to make a complaint. They were really happy with the service provided and had no complaints. They said "More than happy" and staff were "Always very approachable".

Each person's care file contained a person centred assessment and care plan. Assessment and care planning information was designed to identify people's needs and preferences in the delivery of care in a range of areas. For example, breathing, eating and drinking continence, mobility, personal care requirements and mental health status.

We found however that care plans did not cover the totality of people needs. For example, we saw from one person's care notes that they had recently experienced a period of ill-health which had increased the person's support needs. We spoke to the home manager about this who told us the person's illness had "floored" them. The person's care plan had not been not updated however to reflect these changes. This meant staff did not have up to date information on the person's needs and the individual support they required.

We saw evidence in two people's files that a person centred profile and life history had been developed which gave information about the person's life history for example, education, employment and family life. Person centred profiles and life histories however where not evident in the other care file we looked at. There was a note in the person's file that this was to be completed, but the person centred profile was blank.

Personal life histories capture the life story and memories of each person and help staff deliver person centred care. They enable the person to talk about their past and give staff, visitor and/or and other professionals an improved understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia.

We found that the majority people who lived at the home, interacted socially throughout the day with both other people who lived at the home and staff. People's care plans included details of their social interests and the activities they enjoyed. We saw that there was a range of board games, books and access to music in the communal lounge. We saw evidence that activities were regularly provided and that the home arranged seasonal events for people to attend. For example the home had recently had Christmas party and a visit to Liverpool Cathedral had been organised for people to enjoy. People we spoke with told us that they were pleased with the activities and events on offer. A relative told us that the provider and its staff seemed "Very conscious of how important these things are".

We reviewed the provider's complaints statement displayed in the communal corridor and the entrance area to the home. The complaints procedure gave different contact details of the person to contact in the event of a complaint. We asked the registered manager about this who told us that one of the statements displayed was out of date and said they would rectify this without delay. We checked the provider's complaints procedure and found it to be clearly written and easy to understand. The procedure however did not provide any contact details for the registered manager. People were also incorrectly referred to the Independent Housing Ombudsman if they were dissatisfied with the provider's response. The policy should have referred people to The Local Government Ombudsman who deals with complaints in relation to adult social care services across the UK.

We asked the home manager if any complaints had been received in the last 12 months. We were told no complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

People and the relatives we spoke with told us that they felt the service was well managed and the home manager was very approachable. We saw that the culture of the home was a positive one. It was clear that people felt well cared for.

The registered manager at the home was also the registered manager for the provider's two other care homes in Heswall. Each of the provider's three homes had a home manager involved in the day to day running of the service. Home managers reported directly to the registered manager who told us that they tried to visit each service at least one day a week.

The home manager had been in post approximately six months at the time of our visit. The registered manager had only just returned to work after a period of eight months maternity leave. They had agreed to take on the role of registered manager during their maternity leave. An application was completed and they were registered by The Commission in January 2015, two weeks prior to our visit.

During our visit we found there was a lack of suitable arrangements to ensure people's needs were accurately care planned and risk assessed. All of the care records we looked at contained gaps in risk assessment and care plan information. We asked the registered manager how care plans were audited to check the quality and accuracy of the information provided to staff. The registered manager told us that they were responsible for completing care plan audits on behalf of the provider but that they had only just returned to work from maternity leave. They confirmed that no care plan audits had been completed during this period by the home manager or the provider. This meant that the quality of assessment and care plan information had not been monitored by the provider to ensure that the information provided to staff in relation to people's care was accurate, sufficient and up to date.

The registered manager told us that the home's health and safety and kitchen/food hygiene audits were conducted yearly. We checked in conjunction with the registered manager, the provider's records. We found that a kitchen audit was conducted in April 2014 and a health and safety audit in January 2013. There was no evidence however that the same yearly health and safety audit had been completed in 2014. This meant there had been no check of the home's health and safety practices for a significant period of time.

We reviewed the provider's infection control audits completed by the home manager in August 2014 and the previous manager in February 2014. We saw that there were a number of improvement actions identified of a similar nature to the ones we found during our visit. For example, improvement actions were identified on both audits in respect of hand hygiene, the use of suitable containers to transport dirty linen and the use of red dissolvable bags for foul or infected laundry. None of the improvement actions identified had been completed. This was confirmed by the registered manager.

An audit of the medication system was undertaken monthly. Regular medication audits, including a reconciliation of medicines against medication records enables the provider to come to an informed view of the quality and safety of the medicine administration practices at the home. We reviewed the audits completed October 2014 to January 2015 and saw that no issues were identified. We found however that the audit system itself was limited with only person's medication administration records and supplies audited each month.

In two of the three staff files we looked at, during our visit appropriate references had not been sought for the staff member's employed. We also found significant gaps in the training of some staff members. This indicated that the provider had no suitable arrangements in place to check records relating to the safe recruitment of staff were received prior to employment and to check that staff received appropriate training once employed.

These incidences were a breach of Regulation 10 of the Health and Social Care Act 2008. This was because the provider did not have effective systems in place to identify, assess and manage the risks relating to the health, welfare and safety of people at the home. The service lacked adequate management and leadership.

The manager told us a 2015 satisfaction questionnaire was just in the process of being sent out to people who lived and the home and/or their relatives for feedback. They told us a previous survey was sent out in 2014. We reviewed a sample of six feedback forms received by the home from people and/or their relatives in 2014. We saw that people's

Requires Improvement

Is the service well-led?

feedback on the service and its staff was positive and that people were satisfied with the service they received. This feedback was echoed on the day of our visit by the people and relatives we spoke with.

We saw that there was evidence that staff meetings and management meetings were held regularly with issues associated with the running of the home discussed and planned for, where appropriate. For example, staffing rotas, annual leave and training.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who lived at the home were not protected against the risks of receiving inappropriate or unsafe care because the planning and delivery of care did not meet all of the person's individual needs and risks. Regulation 9 (1)(b)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control There were no effective systems in place to assess the risk of and prevent, detect and control the spread of a healthcare associated infection to people who lived at the home. Regulation 12(1)(a) and 12(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff There were no suitable arrangements in place to ensure staff employed received appropriate training and supervision to enable them to deliver care safely and to an appropriate standard. Regulation 23(1)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers There were no effective systems in place to identify, assess and manage the risks people's health, welfare and safety of people. Regulation 10(1)(b).
	People had not been protected from the risks of inadequate nutrition and dehydration as support had not been accessed for people's dietary needs when required. Regulation 14(1).