Hilton Residential Homes Limited

Leahurst

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?	**Inadequate**

Overall summary

This inspection took place on 23 April 2015 and was an unannounced inspection. A further visit took place on the 30 April to meet with the registered manager and provider to give feedback on the inspection findings.

The home was previously inspected in November 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Leahurst provides a service for 26 adults with mental health needs. There are two buildings, the main building which has a separately accessed first floor three bedroom flat at the rear and the lodge a three bedroom detached property which is in front of the main building. The flat and the lodge have their own kitchen, bathroom and living areas.

There was a registered manager in place at the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were 20 people living at the home on the day of our visit. We spoke with people living at Leahurst and they said they were happy and felt supported.

From our observations and from speaking with staff we found that they knew people well and were aware of people's preferences and care and support needs.

Summary of findings

However, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We had concerns about the quality of risk management and assessment at the home. There was a lack of detailed in depth individualised risk assessments that were reviewed regularly. A fire risk assessment for the home was in place. However, there were no Personal Evacuation Emergency Plans (PEEPS) completed for each person so that staff would not know the best way to help people evacuate the building in the event of an emergency.

Following a visit by the Infection Control Team on 20 March 2015 the home had recently had a deep clean, however, some areas within the home were not clean.

Sufficient numbers of staff were not provided to ensure that the home was cleaned to a high standard and that this standard was maintained.

Following a medicine audit on 18 March 2015 completed by the NHS Cheshire and Merseyside Commissioning Support Group some issues had been raised. The registered manager told us that some areas had been dealt with immediately and an action plan was in place to address the remaining issues raised.

We were concerned however, that people who live at the home were queuing outside the medicine room for their medications and this meant that independence and person centred care was not being fully promoted and the privacy and dignity of people was not being fully met.

We looked at the staff training records and this showed that staff had not received any mandatory or other related training since 2013/14. All staff need to receive up to date training which is evidence based that allows them to maintain and update their knowledge and skills.

The registered manager stated that due to staff working extra hours formal supervisions had not been taking place since December and January. We were told that staff meetings had not taken place for the same reason.

We found Leahurst had a policy in place with regard to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. However, we found that very few of the staff had received training in this area and staff spoken with had little understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected. This lack of staff knowledge meant that the provider was not protecting the rights of people who used the service by arranging for an assessment to be carried out which would test whether or not people were being deprived of their liberty and whether or not that was done so lawfully.

People spoken with said that their meetings with the registered manager had stopped at the present time and people said they missed the meetings.

People had few activities to participate in. The list of activities that was available within the home were very basic, for example card games, bingo, large board games.

The care plans did not always contain details of the person's current situation. There was nothing to suggest the person had been involved in their plan.

There was no established system for the overall assessment and monitoring of service quality by the registered provider to assure that people lived in a safe, effective caring, responsive and well led home.

We looked at the process for recruiting staff at Leahurst. Staff records viewed showed that there was a thorough recruitment process in place, to ensure that all necessary checks were completed prior to the staff member commencing their employment.

Staff that we spoke with demonstrated that they understood the principles of safeguarding of vulnerable adults, and were able to describe different types of abuse and provide examples of indicators that abuse might be taking place.

None of the people who used the service spoken with expressed any dissatisfaction with the quality and range of the meals provided. Drinks were freely available and the people had access to a small kitchen area near to the lounges to make their own drinks.

We saw recorded evidence that people had been supported to attend appointments with, for example,

Summary of findings

psychiatrists, general practitioners, and at local hospitals. There was evidence that members of the local community mental health team had been involved in meetings about people's care.

Most of the people had lived in the home for many years and the majority of the staff had also been employed within the home on a long term basis. The staff and people who use the service had a good rapport with one another and the home had a friendly, warm and caring atmosphere throughout.

People and staff said the registered manager was well liked and respected and knew the people living at the home very well.

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.

Sufficient staff were not provided to ensure that the home was cleaned to a high standard.

Risk assessments were in place but these needed to be more individual to manage and reduce risks that people faced. Personal evacuation plans need to be in place to ensure staff knew the best way to help people evacuate the building in the case of fire.

Staff were able to recognise any abuse and knew how to report it.

Staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

Is the service effective?

Requires improvement

The service was not always effective.

We found Leahurst had a policy in place with regard the to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).

However, we found that very few of the staff had received this training and staff spoken with had little understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff did not receive up dated training and regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home, meeting specialised diets and personal likes and dislikes.

Is the service caring?

Requires improvement

The service was not always caring

We saw that people queued for specific medication times. This practice did not indicate that independence and person centred care were fully promoted and the privacy and dignity of people were not being fully met.

We saw good, positive, respectful and considerate interactions between staff and the people in their care.

Staff were aware of individuals' needs and how they liked to be cared for.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

There was a lack of meaningful activities for people to do.

Care records were not always accurate and up to date to ensure that all staff were aware of the current needs of people living at the home.

People were unable to raise issues that mattered to them as resident meetings were not taking place.

People's health needs were managed by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs, hospital visits and care managers. The recordings of actions following these visits needed to be improved so that all staff members were aware of up to date treatment.

The complaints process showed the home responded to complaints in a timely manner and took action to address issues.

Is the service well-led?

Inadequate

The service was not consistently well led

There was a lack of assessment and quality monitoring systems, to provide assurance that care and support were always provided to a good standard.

Recording did not fully reflect the level of care and support people received.

People and staff spoke positively about the registered manager.

Leahurst

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 23 April 2015 and was unannounced. It was carried out by one adult social care inspector and a specialist advisor who was a nurse expert in mental health and the Mental Capacity Act 2005. A further announced visit was made on 30 April by the adult social care inspector to meet with the provider to give feedback.

Before we visited the home we checked the information that we held about it and the provider, this included notifications received and complaints. One complaint had been made to CQC by a relative of someone living at the home. This had been dealt with by Halton social services.

We invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Leahurst. They had raised concerns with regard to the cleanliness of the home, lack of cleaning staff and lack of activities.

A visit had been made to the home on 20 March 2015 by the Infection Prevention & Control Practitioner from the Halton Clinical Commissioning Group who had given the home a rating of 77% and an action plan had been sent to the registered manager and the provider to address issues raised.

Likewise a visit had been made on 18 March 2015 by the NHS Cheshire and Merseyside Commissioning Support Group who had audited the management of medicines in the home and found some issues. The registered manager had already addressed some issues prior to our visit.

We also received a report of a visit on 2 February 2015 by Halton Healthwatch (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.) which raised some concerns with regard to the cleanliness of the home and lack of activities.

During our inspection we observed how the staff interacted with people and each other. We looked at how people were supported during their lunch and during the course of the day and whether any therapeutic activities were happening. We also reviewed four care plans and risk information, three new staff recruitment records, supervision schedules for all staff, induction and training records for all staff, menu information, medicine management records for six people and any quality assurance audits that the registered manager completed.

Requires improvement

Is the service safe?

Our findings

We spoke with people who lived at Leahurst and they had no concerns regarding being bullied, discriminated against or being harassed or abused. They said that if they had any concerns they would speak "to Mike or any of the staff". One person said "I would not leave here".

We had concerns about the quality of risk management and assessment at the home.

For example, we were told by the registered manager that concerns had been raised by other public bodies about some people who used the service smoking in their rooms:- a potential fire hazard and health and safety concern. People were allowed to have lighters and matches, as the freedom to smoke was respected and a smoking lounge was available for those people who do smoke, separate to a lounge for non-smokers. Regular checks of both communal areas and bedrooms occupied by people who smoke were documented by staff as a way of maintaining peoples' health and wellbeing. However, the risk assessments that we viewed for people did not provide details about these risks and how staff should respond if a fire was detected.

All fire exits were clearly marked and firefighting equipment present. A fire risk assessment for the home was in place. However, there were no Personal Evacuation Emergency Plans (PEEPS) completed for each person so staff would potentially not know the best way to help people evacuate the building in the event of an emergency.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At Leahurst we found there were no staff employed to specifically deal with cleaning and laundry, nor, were there any staff employed to act as activities co- coordinators or catering assistants.

On the day of the unannounced inspection there were 4 support workers (one of whom was on induction), the home manager and the catering manager on duty. We were informed and the staff rota confirmed this, that there were normally four care staff during the daytime hours and two (waking) care staff on night duty. Care staff work 12 hour shifts. We were told that there had been difficulties with staff shortages and the registered manager and staff on duty informed us that this had led to staff having to work extra shifts to ensure the home was staffed at all times. As the care staff were required to undertake cleaning and laundry duties we saw that staff were not deployed sufficiently to ensure the home was kept clean and free of odours.

We were informed by the registered manager that there were no current plans by the owner to appoint members of staff whose role would be to undertake either cleaning, laundry duties or to coordinate personalised meaningful therapeutic activity programmes for the residents within the home or community settings. This will continue to impact on the ability of the staff to adequately meet the changing needs of the residents and the quality and range of care that can be provided, if the staffing ratios and skill mix of the staff remain the same.

This is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw that a recent audit had been completed by the Infection Prevention & Control Practitioner from the Halton Clinical Commissioning Group and a score of 77% overall had been achieved by the home. This meant that the home was partially compliant with the checking system used by the infection control team. Some issues identified were being addressed by the registered manager, however, some areas of concern could not be immediately actioned as the provider had been away on holiday and the registered manager did not have budgetary control of the home.

We received information from local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The visit had been undertaken in February 2015 and some issues were raised within their report about the cleanliness of the home especially the toilets and bathrooms. This was discussed with the registered manager and provider on the day of their visit.

The home had recently had a deep clean, however, some of the bathroom areas were not clean, and bins within the bathrooms were unlidded. Some of the non-carpeted areas were sticky under foot. There wasn't an identified staff member who was responsible for Infection Control liaison within the home. The registered manager was to introduce a cleaning schedule for staff to follow and sign when areas such as bathrooms and toilets had been checked and cleaned.

Requires improvement

Is the service safe?

All of the staff spoken with were able to demonstrate during our conversations an understanding of the importance of ensuring not only a clean environment but the importance of infection control. However, due to staffing levels and the multi-tasking required of the care staff, it was evident that unless cleaning staff were employed this would remain a difficult area, despite the clear willingness of the care staff to try to keep on top of all required tasks.

We met with the provider to give feedback following the inspection visit and our concerns were discussed with him.

This is a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff that we spoke with demonstrated that they understood the principles of safeguarding of vulnerable adults, and were able to describe different types of abuse and provide examples of indicators that abuse might be taking place. They referred to the home's safeguarding policy and procedures and their responsibilities in immediately reporting and recording any concerns. Staff members that we spoke with understood the process of 'whistleblowing' if they had any concern about poor practice that could not be dealt with through the usual reporting procedures.

We looked at the process for recruiting staff at Leahurst. Staff records viewed showed that there was a thorough recruitment process in place, to ensure that all necessary checks were completed prior to the staff member commencing their employment. This included conduct in employment references, character references, a Disclosure and Barring (DBS) check (which checked whether the person had any previous criminal convictions) and proof of personal identification. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home. A recently recruited staff member confirmed they had not started to work with people until their recruitment checks were completed.

We looked at the arrangements for the management of medicines, and observed part of a medicine round. We asked the senior care staff member to talk through the medicine management process from ordering through to disposal and were satisfied that appropriate systems were in place for medicines to be managed safely. We saw that a recent medicine audit had been completed by staff from the NHS Cheshire and Merseyside Commissioning Support Group and a number of issues had been raised. Some areas had been dealt with immediately and on speaking with the registered manager an action plan was in place to address the remaining issues raised.

We were concerned however that people who lived at the home were queuing outside the medicine room for their medications. The fact that people queued for specific medication times, would indicate that independence and person centred care was not being fully promoted and the privacy and dignity of people was not being fully met. This is discussed further in the responsive care section of this report.

Requires improvement

Is the service effective?

Our findings

We spoke with people who lived at Leahurst and they said they had no concerns with the care and support they received. We saw resident surveys recently completed and found no negative comments. One person said "I find them (the staff) very good". People confirmed that they had visits from the doctor, dentist and chiropodist and that staff called the doctor when they were unwell. One person told us "I have a medical each year, everyone in here has one". We saw in care plans that some people were in receipt of specialist services such as Community Psychiatric Nurses and Consultant Psychiatrists.

We looked at the staff training records and this showed that staff had not received any mandatory or other related training since 2013/14. All staff need to receive up to date training which is evidence based that allowed them to maintain and update their knowledge and skills. We found that some care practices in the home were primarily task orientated and needed to be more individually focused on the recovery of people at Leahurst. The registered manager informed us he was actively seeking training opportunities for both himself and his staff. The registered manager did not receive a training budget from the provider and this was discussed with the provider on our feedback.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS)are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We had concerns about the staff's understanding and use of The Mental Capacity Act 2005. Staff members had not received training on The Act since November 2013, and this meant that recent developments in relation to the DoLS were not familiar to all staff. Due to the lack of training and support capacity assessments had not been completed on people living at Leahurst.

We saw policies or procedures that related to The Mental Capacity Act, and DoLS. These were limited and did not refer to the recent Supreme Court Judgement on Deprivation of Liberty, but we noted that there was a letter from Halton Council attached to a noticeboard in the office referring to this and asking providers to review their responsibilities. The home did not have locked doors and most people could come and go as they pleased.

We saw from the care plans looked at that two people were restricted in relation to leaving the home unaccompanied and staff members that we spoke with told us that one person did not have understanding of personal safety and the other person was unsteady when walking.

Care plans for both of these people did not contain any information about assessments in relation to this, nor was there any evidence of Best Interest decisions being made in relation to requirements of The Mental Capacity Act. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had not been applied for in respect of people considered to lack capacity who were subject to continuous supervision, and not allowed to leave the home unaccompanied as required under The Mental Capacity Act.

Risk assessments and care plans for people living at the home showed that restrictions were in place for some activities in relation to personal safety, for example, only accessing the community if accompanied by a staff member. However, there was limited evidence that people had agreed to these restrictions as risk assessments had not always been signed by the person. Staff members that we spoke with confirmed that some people were unable to leave the home unaccompanied. For example one person was unsteady on their feet and needed to be accompanied to the shop.

The risk assessments that we viewed for these people did not provide details about these risks and how they were monitored and managed.

We raised this with the registered manager, who informed us that they would ensure that capacity assessments were made and DoLS applications submitted to the relevant local authority as soon as possible. We saw that prior to our inspection an email had been sent to the assessment team at Halton Borough Council for advice.

The registered manager stated that due to staff working extra hours formal supervisions had not been taking place. Supervision is protected time in which staff have the

Requires improvement

Is the service effective?

opportunity to discuss their work and plan their personal development. We saw records of staff supervisions for December 2014 and January 2015. We were told that staff meetings had not taken place for the same reason.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff lacked training in key areas of practice such as use of the Mental Capacity Act and DoLS which limited their knowledge and understanding of how to protect people's rights.

People told us they generally liked the food and were consulted about changes they would like to make. The menu was recorded on a whiteboard in the dining room with an alternative if people wanted it. We spoke with and observed 15 people over the lunch period. Most people ate well and did not need staff assistance. However, one person who needed assistance was supported in a discrete and considerate manner and was given time to finish their meal without being rushed. The atmosphere within the dining room was welcoming and it was clear that the relationships between the staff on duty and the people who lived in the home were positive and warm.

On the day of inspection the lunch menu included: soup, mashed potato, sausage and baked beans or beans on toast, sandwiches with side salad and a sweet. The dinner menu included: toasted sandwiches, salad, kippers, sandwiches, soup and a sweet.

None of the people who used the service spoken with expressed any dissatisfaction with the quality and range of the meals provided. Drinks were freely available and the people had access to a small kitchen area near to the lounges to make their own drinks. The people within the detached property had a kitchen but attended the main dining room to eat meals with the other people who lived at Leahurst. There were written records kept of dietary and fluid intakes where monitoring of these was necessary.

A recent environmental health inspection at the home had resulted in the kitchen receiving the rating of four stars.

We saw that people were able to personalise their own bedrooms .One person invited us into their bedroom, the room was light and airy and full of their personal possessions, many of these being ornaments of religious worship. They regularly visited a local place of worship and were supported by staff in maintaining their interest in religious affairs.

One person told us "People can have their own TVs in their rooms if they want".

All three people spoken with said they could have visits from friends and family whenever they wished. We saw in one person's care plan a statement of who were the important people in their life and who they saw.

Requires improvement

Is the service caring?

Our findings

Leahurst is a small residential home. People told us " Staff are great" One person described the home as, "The best place in England," and another commented that they "Absolutely love the home"

People did not always receive a service which promoted their privacy and dignity. We saw as had been referred to previously that all medicines were not administered in privacy. For example, one person was being administered an inhaler and was having some difficulty taking this. The staff member was encouraging them and the people queuing for their medicines started to join in with comments being made. This did not promote the privacy and dignity of this individual and the person was becoming agitated. On discussing this with the senior carer they said that this often happened. When speaking to the registered manager they said that a chair was provided for this person on the opposite side of the corridor so that they could sit comfortably whilst taking the medication. He said this would be addressed with the senior carer on duty.

This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people had lived in the home for many years and the majority of the staff had also been employed within the home on a long term basis. The staff and people who use the service had a good rapport with one another and the home had a friendly, warm and caring atmosphere throughout. We observed interaction between the people who lived in the home and staff at mealtimes. People were met with a friendly smile by staff and spoken to in a polite and friendly manner. We saw that staff were kind and considerate of people's dignity and they joked, when appropriate with other people.

The people who live at Leahurst and staff addressed each other by their first names. It was clear that although the staff found the daily duties "hard", they enjoyed their job. The staff spoken with presented as being committed, warm and caring and had an in depth knowledge of those in their care. The people who lived at the service appeared well nourished and hydrated, clean and tidy in appearance.

Resident surveys and questionnaires were in place and people spoken with when asked if they had been involved and supported in making decisions about their care and treatment responded positively.

People spoken with said that their meetings had stopped at the present time but they could still speak to staff. The registered manager confirmed that resident meetings had not been taking place since before Christmas but hoped to resume them in the next few months. People said they could still talk things through with the staff but missed the meetings. The registered manager informed us that the meetings had been stopped due to the lack of staffing numbers at the home.

There was information available on advocacy services on the notice board leading to the dining area. The registered manager and staff understood about advocacy services and had used these previously. If people needed to make important decisions and needed help around this they were offered the option of an advocate and a referral would be made on their behalf.

Each person living at Leahurst had their own lockable rooms and could personalise these with their own possessions.. The bathrooms and toilets had lockable doors to ensure privacy during personal hygiene activities. One person frequently visited both their church friends and their elderly mother, who lived in a nursing home, close by.

Requires improvement

Is the service responsive?

Our findings

We received information from the local Healthwatch prior to our inspection. The visit had been undertaken in February 2015.

They had received comments from people with regard to activities such as " I would like to go to the library but I am in a wheelchair," I would go to Rugby games I always used to go, " I like football but can't watch it as we don't have Sky TV here." And "It's Ok here but I get bored so I walk in to town."

Observations showed that people had few activities to participate in so they spent time in the lounges, their bedrooms, the smoking lounge or back garden. The list of activities that were available within the home were very basic, for example card games, bingo, large board games. There was no evidence in care plans of people's hobbies and interests prior to living at Leahurst. Activities we saw listed on the notice board were not based on a plan from that information and were not person centred. Staff spoke of one person who used to go fishing and the registered manager told us that they had tried to engage this person to take them fishing but they refused. People said they enjoyed bingo.

Whilst motivation to do activities could vary from day to day, most people spoken with said they did not have enough to do and they found it "boring". The home did not provide an activities co-ordinator whose role would be to undertake personalised meaningful therapeutic activity programmes. Care staff did not have enough time to enable them to support people in activities due to the multi-tasking required of them.

Some people were able to go in to the local town centre and one person helped out at a local charity shop and went to church. One person had accessed two gardening courses in Runcorn that they said had been arranged by their CPN and the home but this had been some years previously.

On discussion with people who lived at the home and staff members we were informed that there had been no holidays for people who lived at Leahurst since approximately 2009. Within a residential setting regular day trips and holidays are seen as highly beneficial in 'normalising' behaviours and with integration into the community setting. It is also unclear just how many people were able to have their interests/ hobbies facilitated, possibly due to staffing levels and lack of positive risk taking.

On discussion with the registered manager and provider we were told that visits to Chester Zoo and Blackpool were to be discussed for the summer. The provider stated that holidays were "out of the question as we can't afford it."

Care plans are a tool used to inform and direct staff about people's health and social care needs and each person had such a plan. Care plans looked at were recorded as if the person had written them themselves. However, there was a tendency within the notes looked at, for the care plans to focus on when the person undertook various tasks, or, attended appointments. The care plans did not always contain details of the person's current situation and how they could be supported towards 'recovery'. There was nothing to suggest the person had been involved in their plan. For example, only one of the care plans looked at had a comprehensive detailed support plan in place that included the person's personal history, individual preferences, likes/dislikes, aspirations and interests and staff were not always actively supporting what the person needed to do to promote their well-being. Not all care records contained support plans or daily living and needs assessment forms nor, were they regularly reviewed.

Not all care plans or other documentation were signed by the person so it was unclear if people were involved in the planning of care and support. People spoken with were asked if they were involved in their care planning and all responded, "Yes". People were unable to elaborate on this but were aware they had "something in place." There was no evidence to show how care plans had been explained to people so that they could understand them. Reviews of care plans were not up to date.

Within the daily records looked at, most of the entries were descriptive and listed what each person had done that day, for example '***** cleaned his room' or '****** was very chatty in mood'. There was very limited evidence of any meaningful observations or discussions, had with people by staff on a daily basis. Most entries consisted of one or two lines. These records were repetitive and most looked at were the same entries for different people so they did not have a person centred approach.

Requires improvement

Is the service responsive?

We saw recorded evidence that people had been supported to attend appointments with, for example, psychiatrists, GP's, and at local hospitals. There was evidence that members of the local community mental health team had been involved in meetings about peoples' care. However, within the care records themselves there was no detailed information of what occurred at appointments so staff would not be aware if changes to treatment and support had been required.

We found that in one person's care plan there was conflicting information about whether they had been discharged from the consultants clinic. For example, we found a record made in April 2013 which stated that they were to be discharged from the out-patient clinic. However, we found a further record which stated that an appointment must be attended with the consultant which had been reviewed in April 2014. On speaking to the registered manager he confirmed that this person had been discharged from the outpatient consultant clinic.

We looked at a further care plan which said ""***** is to attend all my out -patient appointments at the bridges with my consultant", but on speaking with the person who lives at the home they informed us that they had stopped seeing the Consultant a few years previously.

The registered manager confirmed this was the case and he would arrange to get the care plans updated.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints procedure on the notice board within the home. People spoken with said they would approach staff if they had any concerns or worries and said they would feel comfortable at doing this. We saw that complaints were fully investigated and actions taken if any were recorded. There was recorded evidence of resident's views, concerns and needs being sought via surveys and questionnaires. As previously stated residents meetings were not taking place.

Inadequate

Is the service well-led?

Our findings

There was a warm and pleasant atmosphere within the home and the staff provided care and support that people that were able to comment told us they appreciated. People who lived at the home were supported by staff they had known for many years and there was clearly a positive rapport evident between staff and people living at Leahurst.

People and staff said the registered manager was well liked and respected and knew the people living at the home very well.

Discussions with the registered manager and staff indicated that only a limited range of basic audits were in place, for example written cleaning schedules were not in place in order to assess the quality, how often and when, and which staff member was responsible to check and clean bathrooms and toilets. The result of this was that they were not cleaned to a high standard . Although the registered manager had devised a form following a recent infection control audit by the local authority but this was not in place during our visit.

The existing medicine audit was insufficiently detailed to provide assurance that all aspects of medicine management were being maintained to a good standard and areas of concern had been identified by the NHS Cheshire and Merseyside Commissioning Support Group, The registered manager had made some improvements as to how medicines were safely managed in the home following this visit.

Care plan audits were not in place to ensure all relevant documentation was completed and updated as people's needs changed.

There was no established system for the overall assessment and monitoring of service quality by the registered provider to assure that people lived in a safe, effective caring, responsive and well led home.

The registered manager informed us that he met with the registered provider on a regular basis, when they discussed issues relating to the management and operation of the home. There was no record of these meetings so it was not known if timescales for the actions discussed were met and it was unclear how and when any matters were to be resolved. The visits by the NHS Cheshire and Merseyside Commissioning Support Group with regard to medicines and the infection control team had been given to the provider. However, there was not a shared understanding of the key challenges, achievements, concerns or risks We had concerns that the registered provider was not exploring ways to motivate and support the staff and registered manager.

An action plan was in place to address some issues raised by the infection control team, however some actions had not as yet been addressed. The provider had to release monies for items to be purchased and environmental issues to be dealt with as the registered manager was not in control of a budget. A meeting with the Infection control team and the provider was to be arranged.

Resident surveys were in place which asked people if they were happy with the service and if there were any changes they wished to make. Resident meetings were not taking place so that further views and discussions could take place to support people living at Leahurst.

Staff training was not up to date and staff supervisions had not been taking place. The lack of meetings for either staff or people living at the home not taking place was a concern because the registered manager could not demonstrate that he was taking steps to address the issues identified by the various agencies that had visited the home.

This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 (RA) Regulations 2014 Person-centred care The registered provider did not provide activities that were person centred, which promoted independence and assisted in the support and recovery of people living in the home. The registered provider did not ensure that the care records of people living in the home were accurate and up to date to ensure that all staff members are aware of the current needs of people living at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered provider did not maintain the dignity and privacy of people when they were receiving medications.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People were not protected from the risk of acquiring an infection because aspects of the home environment were not maintained to an appropriate standard of cleanliness and hygiene.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The Registered Provider did not provide adequate staffing numbers to ensure the home was kept clean and free of odours.

The enforcement action we took:
We have issued a warning notice regarding this.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was no established system for the overall assessment and monitoring of service quality by the registered provider to assure that people lived in a safe,effective caring, responsive and well led home. .

The enforcement action we took:
We issued a warning notice regarding this.