Tudor Bank Limited

Alt Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 22 and 23 May and was unannounced.

Alt Park is a purpose built care home situated in Gillmoss, a suburb of Liverpool. Alt Park provides nursing and personal care for up to 33 elderly people who have dementia. There is a car park to the front of the building and accommodation is located on two floors, with access to all areas of the home by a passenger lift. During the inspection, there were 32 people living in the home.

At the last inspection in March 2016 we made a recommendation regarding staff training and induction. During this inspection we checked to see that improvements had been made. Records showed and staff told us that they had not completed all of the training considered mandatory. The training records provided by the registered manager did not reflect all of the staff employed.

Records showed that staff were provided with regular supervisions and an annual appraisal to support them in their role. Staff felt they had received a sufficient induction; however this did not meet the requirements of the Care Certificate.

External contracts and internal checks were in place to help maintain the safety of the building and equipment; however we found that the building was not always safely maintained. Window restrictors were fitted to the windows on the first floor; however they did not meet current requirements. Chemicals were not always stored securely appropriate lighting was not always maintained.

We saw that risk assessments regarding people's health and wellbeing had been completed. These assessments had been reviewed regularly; however they were not always completed accurately. This meant that people's risk may not be accurately assessed and mitigated.

We looked at how the service managed fire safety and found that risk regarding fire was not effectively managed. Fire doors were not adequately maintained and appropriate equipment was not available to assist people to evacuate the home in the event of an emergency. Personal emergency evacuation plans (PEEPs) had been completed, but not all contained sufficient information as to how people should be supported to evacuate the home. Not all staff had completed fire safety training. We shared our concerns with Merseyside Fire and Rescue Service.

Records showed that staff had their competency assessed to ensure they administered medicines safely. We found however that medicines were not always managed safely. There were gaps in the recording of medicine administration and plans to inform staff when to administer PRN medicines (as required) were not all in place. Those that were in place did not provide sufficient information to ensure people would receive their medicines when they needed them. One chart we viewed showed that a medicine had not been administered as prescribed.

The personnel files we viewed all contained two references and a Disclosure and Barring Service (DBS) checks. However two of the files we viewed contained gaps in the staff member's employment history and one file did not contain any photographic identification as is required.

DoLS applications were made appropriately, however not all staff were aware who this applied to in the home and not all staff had completed training in this area.

Consent was not always sought in line with the principles of the Mental Capacity Act 2005. Mental capacity assessments were completed but best interest decisions were not always clear. Records showed that only two staff had completed mental capacity training.

Care plans were specific to the individual person and most were detailed and informative. We found however, the plans did not always contain up to date information regarding people or their needs.

We saw that planned care was recorded as provided, however not all records were completed accurately.

There were some systems in place to gather feedback regarding the service, though these systems had room for further improvement. We made a recommendation regarding this.

We found that audits had been completed to look at various areas of service provision. We found that actions were not always identified following completion of the audits. We also found that the audits were not always completed accurately. Actions identified from external audits had not all been addressed.

Although the audits that had been completed identified some of the areas of concern highlighted during the inspection, they had not been addressed. The audits did not identify all of the areas of concern raised through the inspection, such as those regarding the safety of the environment, risk management, staff recruitment, medicines management, adherence to the MCA and care planning.

Recommendations made during the last inspection in March 2016 had not been addressed by the provider, such as those relating to staff training and completion of the Care Certificate.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications, specifically safeguarding incidents.

Policies and procedures were available to guide staff in their role; however we found that a number of these required updating to ensure they reflected current legislation and best practice.

Feedback regarding meals was mainly positive. When people required support to eat, we saw that staff supported them in a dignified and unrushed manner. We spoke with the chef who was knowledgeable regarding people's preferences and nutritional needs. We found however, that not all staff we spoke with were aware of people's specific dietary requirements.

Staff we spoke with were knowledgeable about adult safeguarding and how to report any concerns.

We found that there were sufficient numbers of staff on duty to meet people's needs effectively. All people we spoke with told us they felt Alt Park was a safe place to live.

The manager had taken steps within the home for people living with dementia, towards the environment being appropriate to assist people with orientation and safety.

Everyone we spoke with told us the staff were kind and caring. We observed people's dignity and privacy being respected during the inspection and staff we spoke with explained how they maintained people's privacy and dignity when providing care.

People's preferences were recorded throughout care files, as well as information regarding their life history. This helped staff to get to know people and their experiences so they could provide support based on people's preferences.

We observed a number of relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained.

Advocacy services were available for people who had no friends of family to represent them. The registered manager told us they would support people to access these services when required.

We saw that care plans were reviewed regularly and all relatives we spoke with told us they were involved with the reviews. We viewed a number of care files that contained a pre admission assessment. These assessments were detailed and helped to ensure the service was aware of people's needs and that they could be met effectively from the day of admission to the home.

An activities coordinator was employed, who told us there was no planned schedule of activities and no group activities took place. Instead one to one activities were provided, such as chatting individually to people or some craft activities. Regular external entertainers were arranged and nobody raised concerns regarding the activities available.

People had access to a complaints procedure and this was displayed within the home. All people we spoke with told us they knew how to make a complaint should they need to, but had not had reason to complain.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Feedback regarding the management of the service was positive.

Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Ratings from the last inspection were displayed within the home and on the provider's website as required.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.' Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another

inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The building was not always safely maintained and risk to people was not always accurately assessed.

Fires safety risks were not effectively managed.

Medicines were not always managed safely.

Safe recruitment practices were not always evident, but there were sufficient numbers of staff on duty to meet people's needs effectively.

Staff were knowledgeable about adult safeguarding and how to report any concerns and people told us Alt Park was a safe place to live.

Is the service effective?

Requires Improvement

The service was not always effective.

DoLS applications were made appropriately, however not all staff were aware who this applied to in the home. Consent was not always sought in line with the principles of the Mental Capacity Act 2005.

Records showed and staff told us that they had not completed all of the training considered mandatory.

Staff told us they felt well supported and were provided with regular supervisions and an annual appraisal to support them in their role. Staff induction did not meet the requirements of the Care Certificate.

Feedback regarding meals was mainly positive. We found however, that not all staff were aware of people's specific dietary requirements.

The manager had taken steps within the home for people living with dementia, towards the environment being appropriate to assist people with orientation and safety.

Is the service caring?

Requires Improvement

The service was not always caring.

Everyone we spoke with told us the staff were kind and caring, however the service had not acted to address identified risk and this does not demonstrate a caring approach.

People's preferences were recorded throughout care files, as well as information regarding their life history.

Care files were stored securely in order to maintain people's confidentiality.

The registered manager told us there were no restrictions in visiting.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were specific to the individual person and most were detailed, however but not all plans contained up to date information. They were reviewed regularly and relatives were involved in these reviews.

We saw that planned care was recorded as provided, however not all records were completed accurately.

Systems in place to gather feedback regarding the service, had room for further improvement.

There was no planned schedule of activities. One to one activities were provided as well as regular external entertainers.

People had access to a complaints procedure and people knew how to make a complaint should they need to, but had not had reason to complain.

Is the service well-led?

Inadequate

The service was not well-led.

Systems in place to monitor the quality and safety of the service were not effective.

Recommendations made during the last inspection in March 2016 had not been addressed by the provider.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications, specifically safeguarding incidents.

Policies and procedures were available; however we found that a number of these required updating to ensure they reflected current legislation and best practice.

Ratings from the last inspection were displayed within the home and on the provider's website as required.

Alt Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 22 and 23 May 2017 and was unannounced. The inspection team included an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the chef, activity coordinator, four members of the care team, one person living in the home and five relatives.

We looked at the care files of four people receiving support from the service, five staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Inadequate

Is the service safe?

Our findings

During the inspection we looked to see how the building and its equipment was maintained. External contracts were in place to ensure safety in areas such as gas, electricity, lifting equipment and water safety. Internal checks were made to the emergency lighting, wheelchairs and water temperatures. We found however, that the building was not always safely maintained. For example, we found that although window restrictors were fitted to the windows on the first floor, they did not meet current requirements. Window restrictors help to prevent vulnerable people falling from a height. The registered manager told us they would replace the restrictors as soon as possible. There were no recorded checks in place regarding the window restrictors, or the call bells that were in place to enable people to call for assistance. The registered manager told us they would implement these checks.

We also saw that the sluice contained cleaning chemicals that could be hazardous to people's health. There was a bolt on the door but this could easily be opened, which meant the chemicals were not stored securely and vulnerable people could access them. At one point during the inspection saw that the key to the cupboard where all of the cleaning materials were kept, had been left in the door. This meant that the chemicals within the cupboard were not stored securely.

Whilst on a tour of the home we saw that most of the light bulbs in the corridor on the first floor were not working. The lighting was very poor and this could increase the risk of people falling. The registered manager arranged for some of the bulbs to be replaced immediately; however there was not enough to replace them all and more needed to be purchased.

The staff room door was unlocked on the first day of the inspection. There were kettles and other hazards within the room which could pose risks to vulnerable people. We raised this with the registered manager and saw that the door was locked on the second day of the inspection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments regarding people's health and wellbeing had been completed. These included areas such as falls, moving and handling, skin integrity, personal neglect, resistive behaviour and malnutrition. These assessments had been reviewed regularly; however they were not always completed accurately. For instance, one person's nutritional assessment recorded that their height had increased by five centimetres one month and their moving and handling assessment contained out of date information as their needs had changed. This meant that people's risk may not be accurately assessed and mitigated.

We looked at how the service managed fire safety and found that risk regarding fire was not effectively managed. For instance, we saw one bedroom door that was unable to close as it was obstructed by a metal flooring strip. This meant that the person's door would not close in the event of a fire. The registered manager arranged for this to be repaired straight away. We also saw two fire doors that were wedged open, so they would also not close in the event of an emergency.

A fire risk assessment of the home had been undertaken by the registered manager, which did not identify any actions needed. We saw that personal emergency evacuation plans (PEEPs) had been completed for people to provide information to emergency personnel as to the support each person required to evacuate the home. We found that the PEEPs did not advise what support people living on the first floor required to get down the stairs in the event of an emergency. We discussed this with the registered manager who told us there were a number of people who would not be able to negotiate the stairs, even with staff support. We found however, that there was no emergency evacuation equipment available to assist these people.

Records showed that not all staff had completed fire safety training, although staff we spoke with were knowledgeable regarding emergency procedures. Records also showed that the fire alarm was not tested as regularly as required and there were no recorded checks of fire doors. We shared our concerns with Merseyside Fire and Rescue Service. The registered manager liaised with the provider and ordered evacuation equipment on the day of the inspection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. Medicines were stored in locked trolleys within a temperature controlled clinic room. If medicines are not stored at the correct temperature this may affect how they work.

Medicines were administered by trained nurses. Staff told us they had completed training in relation to safe medicine administration; however this training was not reflected within the training matrix provided by the registered manager. Records showed that staff had their competency assessed to ensure they administered medicines safely and in line with best practice.

We viewed a sample of MAR charts and found that there were some gaps in the recording of medicines that had been administered. For example, one person had not had any of the medicines listed on one MAR chart signed for on the day before the inspection. We checked the packs and found that they had been administered. Another person was prescribed a medicine twice per day, but the MAR chart showed it had been administered three times on two occasions. This meant that medicines were not always administered as prescribed.

We saw evidence of PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. PRN plans in place did not contain sufficient detail to ensure medicines could be administered to people consistently, at the time they were required. For example, one person was prescribed one or two pain relief tablets four times a day when required. The PRN protocol guided staff to give this medicine 'for pain.' A staff member we spoke with told us how the person was able to demonstrate they required pain relief, however this was not recorded on the PRN protocol. Another person was prescribed medicine to support them if they became agitated. There was no PRN plan in place to guide staff when to give this, although staff we spoke with were clear when it should be administered.

Appropriate assessments and agreements were in place for people who required their medicine to be administered covertly. This is when medicine is hidden in food or drink without the person's knowledge and in their best-interest. We found however, that care plans did not contain sufficient detail to ensure staff were aware how to give the medicines, what to give it in and what to do if the person did not eat all of the food or drink all of the drink, that the medicine had been disguised in. One person's care plan provided inconsistent

information as it advised staff to be observant as the person could hide medicines in their cheek, however it also stated that tablets should be crushed and given in juice, but a review of the plan indicated the person was on liquid medicines. This meant that staff may not have sufficient information to manage covert medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The stock balance of all medicines we checked was accurate, including the three controlled medicines we counted. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. Allergies people had were clearly recorded on MAR charts and we found that medicines with a short life span were dated when opened.

We looked at staff personnel files to check if safe recruitment practices were followed. The personnel files we viewed all contained two references and a Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We also saw that registration with professional bodies were regularly checked where required, such as for qualified nurses. Two of the files we viewed contained gaps in the staff member's employment history and one file did not contain any photographic identification as is required. We found that not all safe recruitment practices were adhered to.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about adult safeguarding and how to report any concerns. All staff we spoke with were able to explain different types of abuse and the procedure they would follow if they had concerns a person was being abused. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the staff office. This helped to ensure that appropriate referrals were made to the relevant organisations.

We looked at how the home was staffed. There was a nurse, six care staff, the registered manager, two housekeepers, an activity coordinator, a chef and a laundress supporting the 32 people living in the home on the day of the inspection. Rotas we viewed showed that these numbers were consistently maintained. All relatives we spoke with told us there were enough staff on duty each day to meet people needs effectively. Comments included, "There are always enough staff day and night" and "There are always staff in all the lounges." Staff we spoke with agreed that staffing levels were safely maintained. We saw that staff were available within the lounges at all times during the inspection as this is where most people spent their time during the day.

We looked at accident and incident reporting within the home and found that they were reported and recorded appropriately. Accidents were reviewed as part of the 'Home manager's audit' and during the directors visits. We saw that accidents and incidents were reflected within people's care files.

Relatives we spoke with told us they felt Alt Park was a safe place to live. A person living in the home told us, "It is the safest I have ever felt."

The home appeared generally clean and we saw that regular cleaning audits were completed. Personal protective equipment such as gloves and aprons were available to staff and we saw that they wore these at

appropriate times during the inspection.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in March 2016 we made a recommendation regarding staff training and induction. We found that staff had not completed an appropriate induction and not all staff had completed relevant training. During this inspection we checked to see that improvements had been made.

We looked at how staff were inducted into their job role. Records showed that staff had completed an in house induction and staff we spoke with told us they worked along more experienced staff when they first commenced in post. We found that the induction did not meet the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. We discussed this with the registered manager who told us they would ensure all staff were provided with Care Certificate induction workbooks and we saw that these were being printed before the end of the inspection.

Records showed and staff told us that they had not completed all of the training considered mandatory. The registered manager told us they were aware that improvements were required in relation to training and induction and that they had put it, "On the back burner" and prioritised other areas that required development. The training records provided by the registered manager did not reflect all of the staff employed. It showed that out of the 30 staff on the matrix, 15 staff had completed safeguarding training. The matrix shows that this training should be refreshed every two years, but some of the 15 staff had last completed it in 2008, 2011 and one was recorded as 2005. Only 14 staff had completed infection control and health and safety training and nine staff had completed dementia training. This meant that staff may not have the knowledge and skills to support people safely. The registered manager told us they would arrange refresher training for staff as soon as possible.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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).

The registered manager told us that three DoLS authorisations were in place and applications had been made for all other people living in the home. Care files reflected when people had a DoLS authorisation in place and why it was required. Not all staff we spoke with were aware who had a DoLS in place or how this impacted on the person. Some staff we spoke with told us they had completed DoLS training, although the training record provided by the registered manager showed that only seven staff had completed this.

We saw that mental capacity assessments had been completed for people and were stored within care files. We found however, that these were not always completed in line with the principles of the MCA. For instance, most of the mental capacity assessments were not decision specific. One person's assessment concluded that they did have capacity; however a best interest record was then completed. The best interest record stated that family and other professionals had been involved in best interest decision making, but did not specify who these people were. Another person's file contained an older style mental capacity assessment that was decision specific and showed that the person lacked capacity to make decisions regarding personal care, medicines and maintaining a safe environment. There were however no best interest decisions made on behalf of the person.

When people were assessed as lacking capacity, we saw that for one person, staff had signed the consent form indicating agreement with the care plan in place and the consent to agree to receive a flu vaccination. This meant that consent was not sought in line with the principles of the MCA. Records showed that only two staff had completed mental capacity training.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at on-going staff support. Staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager at any time. One staff member told us, "There is always someone to talk to." Records showed that staff were provided with regular supervisions and an annual appraisal to support them in their role.

Records showed that people in the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we viewed showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, optician, community psychiatric nurse, community matron, speech and language therapist and the dietician. Records showed that referrals were appropriate and made in a timely way. For instance, one person's care records showed they had had a fall and although there were no apparent injuries, staff had arranged for the community matron to visit the person on the same day to review their care and treatment. A relative told us, "My [relative's] behaviour changed and the staff knew that they needed different medication. This was prescribed and [relative] calmed down almost immediately."

Feedback regarding meals was mainly positive. One person told us, "It's very nice food and very healthy. We don't get a choice but I always eat what the cook makes." A relative said, "[Family member] always eats whatever he is given and it always looks nice and smells nice." The registered manager told us they prepare meals based upon people's preferences; however people living in the home may find it difficult to make a choice twice a day regarding meals due to their memory difficulties. We saw that there were pictures of meals displayed in the dining room and staff told us there were always alternatives available.

We saw that people could choose where to eat their meals. Some people sat in the dining room, whilst others preferred to sit in the lounge with a table in front of them. When people required support to eat, we saw that staff supported them in a dignified and unrushed manner. We heard staff encourage people to eat and drink to help ensure they ate and drank adequate amounts.

We joined people for lunch and found the meal was served hot, the food was very tasty and the portion size was adequate. We saw that most plates were being returned empty to the kitchen and people seemed to enjoy their meals.

We spoke with the chef who was knowledgeable regarding people's preferences and nutritional needs. We found however, that not all staff we spoke with were aware of people's specific dietary requirements. For instance, one person's care file reflected they required their fluids to be thickened due to a swallowing difficulty. Advice from the speech and language therapist was that drinks should be thickened to stage one consistency. However, two of the three staff we asked about this person's fluids, told us they required stage two consistency. This did not pose a risk to the person but meant that they may not receive fluids based on their assessed need. We discussed this with the registered manager who told us they would ensure all staff were aware of people's diet and fluid requirements. We also saw that each person who required their drinks to be thickened had their own tub of thickener and the label clearly reflected what stage their drinks should be thickened to.

We observed the environment of the home and found that the manager had taken steps within the home for people living with dementia, towards the environment being appropriate to assist people with orientation and safety. For instance, there were large pictorial signs around the home, indicating where people could find places such as bathrooms. Bedroom doors contained people's names and a number and there were sensory items on display along the corridors. There were also items for people to touch or carry, such as handbags and we saw a number of people pick these up and take them into the lounge with them.

Corridors were wide and those downstairs were well lit to help maintain people's safety when mobilising around the home. The registered manager told us they had secured funding to convert one corridor into a dementia awareness area and they hoped to begin the project soon.

Requires Improvement

Is the service caring?

Our findings

Everyone we spoke with told us the staff were kind and caring. One person told us, "I love living here, [staff] are very friendly" and "The staff are all lovely and very kind to me." A relative told us, "The staff are professional but caring and always empathetic if I get upset. My [relative] is really content and happy" and another relative said, "The staff in here always do more than enough. They always walk the extra mile."

Although we found that staff were kind and caring in their approach to people living in the home, the service had not addressed previously identified concerns, such as those relating to staff support systems. We identified further risk and breaches of regulation during this inspection and this does not demonstrate a caring approach.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection. We saw staff knock on people's doors before they entered their rooms and observed a staff member supporting a person to eat at lunchtime. This support was provided in a dignified way and the person was not rushed with their meal. We also observed staff assisting a person to transfer using a hoist. The staff talked to the person throughout the transfer, explaining what was happening and offering reassurance.

Staff we spoke with explained how they maintained people's privacy and dignity when providing care. Examples included speaking to people whilst supporting them, ensuring blinds or curtains were closed, always asking for consent and keeping doors closed. We saw that personal care activities were carried out in private and if, due to memory difficulties, people compromised their own dignity, staff were quick to intervene.

Interactions between staff and people living in Alt Park were warm and caring. We heard a person telling a staff member they loved them and staff responded with a hug and a warm smile. A relative told us, "[Staff] love my [relative] and this makes me happy to see [relative] happy."

Care plans we viewed were written in such a way as to promote choice. For example, care plans reminded staff to ensure people were encouraged to choose their own clothes. Staff told us they encouraged choice every day, including whether people wanted to get up out of bed at their usual time. Staff told us if a person did not want to get up at that time, they would go back to them later. One person told us, "The staff are nice when they help me wash and let me choose what I am going to wear."

People's preferences were recorded throughout care files. For instance, each care file we viewed contained a preference sheet detailing people's preferred bedtime, favourite meals, where they liked to spend time during the day, their night time preferences such as blankets or duvets and what people liked to do during the day, such as watching television. Files also reflected whether people had a preference regarding the gender of the staff that supported them with their personal care needs.

People's life histories were also recorded, providing information regarding people's family members,

important dates, previous jobs and hobbies. This helped staff to get to know people and their experiences so they could provide support based on people's preferences.

During the inspection we saw that staff knew people well; knew how best to interact with different people and were quick to provide support such as diversionary therapy, when they noticed people's mood or behaviours change.

The registered manager told us there was nobody receiving end of life care at the time of the inspection. We found however, that people's end of life care wishes had been discussed and recorded with people or their families and their GP. This helped to ensure people received appropriate support.

Care files were stored securely in order to maintain people's confidentiality.

We observed a number of relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained. Relatives told us they were able to visit at any time and were always made welcome.

Advocacy services were available for people who had no friends of family to represent them. During the inspection we heard the registered manager arranging a meeting for one person with their advocate and GP to discuss their care and treatment. The registered manager told us they would support people to access these services when required.

Requires Improvement

Is the service responsive?

Our findings

We observed care plans in areas such as mental health, physical health, communication, medication, continence, mobility and personal hygiene. Care plans were specific to the individual person and most were detailed and informative. For example, one person's plan advised that the person would be more cooperative with personal care if they had a cup of tea immediately prior to the support being provided. Another plan explained how the person liked to sleep with two pillows and a light on overnight.

We found however, the plans did not always contain up to date information regarding people or their needs. For instance, one person's file reflected that they liked to carry a doll; however staff we spoke with advised that the person used to like their doll but was no longer interested in it. Their file also guided staff how to support the person when they became anxious, advising that a specific activity helped the person to become less agitated. However staff told us the person no longer responded to that activity. Staff were able to clearly explain what did work for the person and how the person was supported when they became anxious, however this was not recorded. This meant there was a risk that staff would not have access to information on how best to support people in a person centred way.

We saw that planned care was recorded as provided. An example of this is that one person's care file reflected they required their fluid intake to be monitored to ensure they drank at least one litre of fluids per day. Records showed that this was monitored and recorded and the balance of fluids taken each day was totalled to show that the person had taken a sufficient amount of fluids. However, not all records accurately reflected the care that was provided. For instance, we viewed three people's records reflecting when pressure relief was provided. All three records showed that people were supported to reposition at the same time by the same staff. This meant that records regarding care provision were not accurate. We discussed this with the registered manager who told us they would address this with all staff.

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

We looked at processes in place to gather feedback from people and listen to their views regarding the service. Records showed the last relative meeting took place in 2012 and there were no recorded meetings with people living in the home. There was a poster advising people they could meet with the registered manager every Thursday afternoon, however the registered manager told us they had an open door policy and people came to the office whenever they wanted to discuss an issue with them. Most of the relatives we spoke with told us they had not been asked for their feedback regarding the service provided and were not aware of any meetings.

The registered manager told us there were quality assurance surveys available in the foyer for people to complete, but that they were rarely filled in by relatives. We saw that three had been completed in 2016 and although most responses were positive, there was no evidence that action had been taken to address some comments. For example, one relative suggested a special 'treat day' for each person living in the home each month. There was no evidence that this had been considered. We discussed this with the registered

manager who told us they would look at more effective ways of gathering people's views regarding the service.

We recommend the service reviews the procedures in place to gather feedback from people regarding the service and updates its practice to ensure meaningful feedback is regularly sought.

We saw that care plans were reviewed regularly and all relatives we spoke with told us they were involved with the reviews, along with the registered manager and social worker.

Relatives told us they were kept informed of any changes to their family member's health and wellbeing. Care files recorded conversations between staff and family members which showed relevant information was provided to relatives when incidents occurred or there was a change in people's needs. Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files.

We viewed a number of care files that contained a pre admission assessment. These assessments were detailed and helped to ensure the service was aware of people's needs and that they could be met effectively from the day of admission to the home.

We looked at the social aspects of the home. An activities coordinator was employed and worked five afternoons per week. We spoke with the activity coordinator who told us there was no planned schedule of activities and no group activities took place as people living in the home did not like them. Instead one to one activities were provided, such as chatting individually to people or some craft activities. During the inspection we observed one person in the activity room painting flower pots with the activity coordinator.

We asked for feedback regarding the activities available. One person told us they were supported to access the shops regularly or to go out for lunch. A staff member told us external entertainment was arranged at least once per month or on special occasions such as people's birthdays. This included exotic animals, instruments, singers and students from local schools. The home had some reminiscence books for people to use and had purchased 'Mersey Memories' dvd's which the activity coordinator told us people really enjoyed watching. A relative told us, "The residents love it when the entertainers are on, they enjoy them." Nobody raised any concerns regarding activities available.

People had access to a complaints procedure and this was displayed within the home. All people we spoke with told us they knew how to make a complaint should they need to, but had not had reason to complain. The registered manager told us they had not received a complaint in a number of years. There was no complaint log available as none had been received, although the registered manager told us they would record all complaints and respond to them in line with the provider's policy.

Inadequate

Is the service well-led?

Our findings

During the inspection we looked at how the registered manager and provider ensured the quality and safety of the service provided. Records showed that regular 'Director's visits' took place. These visits included a review of various aspects of the service, including complaints, accidents, updates regarding staff recruitment, any recommendations from external audits that had been completed and a review of internal audits. The last recorded visit was dated February 2017; however the registered manager told us more recent visits had taken place but they had not yet received the printed records.

We viewed completed audits which included a meal audit, health and safety room audits, privacy and dignity audits and a three monthly health and safety audit of the building. There were also audits of the grounds, infection control, laundry, catering, medicines and a home manager's audit.

We found however that actions were not always identified following completion of the audits. For example, a meal audit completed in February 2017 looked at whether people's views regarding meals were sought. The response recorded that the service demonstrated views were sought to some extent, but not much. There were no actions identified to show how this area of the service could be improved. The health and safety audit identified that fire drills had not taken place and training in areas such as moving and handling, fire, first aid and health and safety were out of date, however no actions were identified to address this.

We also found that the audits were not always completed accurately. For example, the home manager's audit dated April 2017 showed that all staff had received fire training. The training records we viewed did not support this and the registered manager agreed the audit had been completed incorrectly.

Actions identified from external audits had not all been addressed. We saw a letter from the fire service dated June 2016, which included actions that the provider needed to take to help improve fire safety. We found however, that not all of these actions had been completed. For instance, fire protection strips had not been fitted to one door and staff had not completed simulated fire evacuation drills which were recommended by the fire service. An infection control audit completed by Liverpool Community Health in December 2016 identified the need for paper towel dispensers to be available by all sinks, but we found that although they had been purchased, they had not been installed.

Although the audits that had been completed identified some of the areas of concern highlighted during the inspection, they had not been addressed. The audits did not identify all of the areas of concern raised through the inspection, such as those regarding the safety of the environment, risk management, staff recruitment, medicines management, adherence to the MCA and care planning.

Recommendations made during the last inspection in March 2016 had not been addressed by the provider, such as those relating to staff training and completion of the Care Certificate.

This meant that systems in place to monitor the quality and safety of the service were ineffective.

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

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications, specifically safeguarding incidents. Care files we viewed reflected incidents that had been reported to the safeguarding team for investigation, however CQC had not been notified. This meant that CQC were not able to accurately monitor information and risks regarding Alt Park. The registered manager told us this was an oversight and they would ensure all relevant notifications were submitted in future.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Policies and procedures were available to guide staff in their role; however we found that a number of these required updating to ensure they reflected current legislation and best practice. We discussed this with the registered manager who told us more updated versions of some of the main policies were provided to staff within the staff handbook. They also told us they planned to purchase a new set of policies and procedures.

Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they enjoyed their job, were well supported and that communication was good within the staff team. Staff we spoke with were aware of the responsibilities associated to their role.

We looked at processes in place to gather feedback from staff regarding the service. Staff completed questionnaires but these were only in relation to the training and support available. There were however regular staff meetings recorded, which showed topics such as communication, training, appearance and accountability were discussed.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. All people we spoke with told us they could approach the registered manager if they had any concerns and were confident they would be listened to. People told us the atmosphere in the home was always friendly. One relative told us, "I would recommend anyone to come here and live here, I have no worries about anything in this home." Another relative said, "As soon as you walk in here you feel it's a happy home" and a third relative told us there was a, "Brilliant atmosphere in the home. When things happen they are dealt with straight away."

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.