Methodist Homes

Aigburth

Inspection report

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Ratings

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

Overall summary

This inspection took place on 12 November 2014 and was unannounced.

Aigburth is registered to provide personal care and accommodation for up to 56 older people, some of who are living with dementia and physical disabilities. At the time of our inspection there were 47 people using the service. The home is purpose built and all the bedrooms are single with en-suite washrooms. There was a lift and a set of stairs to access the first floor The garden was easily accessible to people with limited mobility or for those people who used a walking frame or wheelchair.

At the last inspection on 16 May 2014, we asked the provider to take action to make improvements to the storage, administration and management of medicines and the management of complaints. During this inspection we found that the management of medicines and complaints had improved.

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

Summary of findings

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.

Since our last inspection in May 2014 a number of concerns had been brought to our attention with regards to the health, safety and wellbeing of people who used the service. At the time of this inspection the local authority's safeguarding team continued to investigate concerns about the service. The provider was working with the local authority that was monitoring the service's action plan to ensure that people's needs were met and improvements sustained. This included monitoring the impact of new admissions which were being phased in gradually.

People told us that there had been an improvement in the consistency of care staff and that agency staff were no longer used. People and relatives of people who used the service told us that they were satisfied with the care and support provided, but there were times when sufficient numbers of staff were not available. We saw that the allocation of staff and staffing levels were not effectively co-ordinated or managed at busy times of the day and during unplanned staff absences. Staff worked over three floors in order to meet people's care needs. However, staff availability at lunchtime on two of these floors was limited because all the meals were being served at the same time and there was not enough staff to help. Three people who needed support to eat their meals had a cold meal because staff were not available to support them in a timely manner. One person who needed prompting and guidance at lunch time was not supported because staff were busy helping others. This meant that not all people were receiving the support they needed at meal times to maintain their health and wellbeing.

We received mixed comments from people who used the service about the quality of meals provided. Some people gave positive comments but others felt the quality of meals could be improved. People identified at risk of malnutrition had been referred to the dietician and prescribed food supplements and fortified diets. The chef had information about people's dietary needs and was due to attend further training in the nutritional needs for older people.

We viewed five people's care records. We saw that assessments of their needs had been undertaken and plans of care developed and reviewed regularly providing clear guidance for staff to follow. Records showed that people's safety had been considered in the delivery of care.

People received their medicines at the right time. Staff were trained and their competence to administer medicines had been assessed. The provider had taken steps to ensure the management; storage and administration of medicines were safe.

People were supported to maintain good health. Records showed people's health needs were met by health care professionals. Staff sought medical advice when there were any concerns about people's health and knew the procedures for reporting accidents and incidents.

Staff recruitment records showed that staff had undergone a robust recruitment process. A staff training matrix we looked at and discussions with staff showed that staff were provided with training appropriate to their job role in the delivery of care that promoted people's health, safety and wellbeing.

People who used the service and relatives of people who used the service told us that they were satisfied with the care provided and that they felt safe. People were confident to speak with staff if they had any concerns or were unhappy with any aspect of their care. Staff had undertaken training in promoting people's dignity and rights and knew how to protect people under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguard (DoLS).

People told us that they were treated with care and compassion and that staff treated them with dignity and respect. Our observations confirmed this to be the case.

Staff had a good understanding of the needs of people and supported them to take part in activities that were of interest to them. A weekly religious service was held and the home organised social events and entertainers. The home also used volunteers from the community that helped with activities and planned social events.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment, which was well maintained and safe. Audits and checks were effectively

Summary of findings

used to ensure people's safety and their needs were being met. The provider acted on concerns and complaints and encouraged feedback on the quality of service and care provided.

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

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?

Good

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. The provider had notified the relevant authorities where incidents had occurred, which meant people's safety and welfare was monitored and action was taken to protect the individual.

People told us they felt safe when staff supported them. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely. People received their medicines correctly and at the right time by staff who had been trained and assessed as competent to do so.

Staff were appropriately recruited to ensure they were suitable to work with people who used the service. Staff were available to meet people's care needs except at meal times.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs had been assessed and plans of care provided guidance for staff to help meet those needs effectively.

Staff had a good understanding of Deprivation of Liberty Safeguard (DoLS) and the requirements under the Mental Capacity Act (MCA). The provider had adhered to the legal requirements to ensure people's human and legal rights were respected.

People's dietary needs were not consistently met. People at risk of poor nutrition and hydration had been assessed; referred to health care professionals for support and developed plans of care to meet their needs. Catering staff were aware of everyone's dietary needs however; their knowledge of nutritional needs for older people was limited.

People had access to, and referred to relevant health care professionals in order to ensure their health care needs were met.

Is the service caring?

Good

The service was caring.

People were happy with the care staff that supported them because they were treated with kindness and compassion. We saw positive interactions and

Summary of findings

relationship between people using the service and staff. Staff were attentive and helped promote and maintain people's privacy and dignity. Relatives told us that staff and the management team treated their family member with respect.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs had been assessed and the plans of care took account of how people wished to be supported. The lack of co-ordination amongst the staff at meals time meant people did not receive the support they needed.

People were encouraged to maintain contact with family and friends. A range of activities of interest were organised for people and opportunities provided to observe their religious beliefs.

Staff knew how to support people and took account of people's individual preferences in the delivery of care and responded quickly to any change of care needs.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

Is the service well-led?

Good

The service was well led.

A registered manager was in post and there was a clear management structure in place. The provider continues to work with external agencies to ensure improvements to the quality of care is made and sustained.

People spoke positively about the new management team and the day to day management of the service. People were encouraged to be involved in developing the service. Their comments and feedback on the improvements were listened to in order to make the changes needed. Visitors and staff acknowledged improvements had been made to the day to day running of the service.

The system to monitor and assess the quality of service had been tailored to ensure the improvements have been effective. There had been changes made in practice, procedures and how the service was managed as a result of lessons learnt from significant events. The provider monitored the quality of care and service provided to ensure that the improvements made had been sustained.

Aigburth

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 12 November 2014 and was unannounced.

The inspection was carried by two inspectors 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 service. The expert by experience for this inspection had experience of providing care for older people living with dementia.

Before the inspection we asked the provider to complete 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 improvements they plan to make. We also reviewed other information that the provider had sent to us which included notifications of significant events that affected the health and safety of people who used the service. We reviewed other information received from people who used the service, the relatives of people who used the service and health and social care professionals. We spoke with the local authority that commissioned services and was responsible for monitoring the care for some people that they supported, to gather their views about Aigburth.

During our inspection we spoke with seven people who used the service and the relatives of four people. We also spoke with five care staff, the chef, domestic staff, the deputy manager and the registered manager. We also spoke with a health professional who was visiting the home. We made observations of how staff supported and interacted with people throughout our inspection visits.

We looked at five people's care records, which included looking at their plans of care. We looked at staff recruitment records, training records and minutes of staff meetings. We also looked at records in relation to the maintenance of the environment and equipment along with quality audits and complaints records.

Good

Is the service safe?

Our findings

Our inspection of 16 May 2014 found appropriate arrangements were not in place in relation to the safe administration and storage of medicines. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 13.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that the required improvements had been made. Staff had access to the provider's medication policy which gave clear guidance about the management, storage and administration of medicines. Staff told us that they had undertaken recent training in the safe handling and administering of medicines and their competency had been assessed by the registered manager. We found all medicines were received and stored securely and in line with the manufacturers' recommendations. Medicines under the category known as controlled drugs were stored securely in a special cabinet and were accounted for in the controlled drugs book. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused). The management team carried out regular checks to ensure people received their medicines on time and medicines were handled and stored correctly.

People told us they were satisfied with the arrangements for receiving their medicines. One person said, "I don't have to do a thing about medicine. I don't want to know and leave it to them." Relatives told us that they were satisfied that their family member received their medicines. A relative told us, "Medicines are all ok as far as [person using the service] is concerned."

We observed that trained staff administered people's prescribed medicines safely. People were consulted and the medication records were completed accurately when people had taken their medicines. Where a person declined to take their medicines, staff recorded what, if any, action was taken such as advice sought from the doctor. The procedure to administer 'as required' medicines known as 'PRN' such as pain relief were administered correctly and records showed the effectiveness was monitored. People's care records included information about the medication they were prescribed, the purpose for taking them medication, the frequency and any known side effects.

A health professional involved in one person's health care told us that medicines were stored correctly. They said staff were knowledgeable about people's medicines and knew how medicines should be handled and administered.

People's safety was supported by the provider's recruitment practices, which ensured that staff were suitable to work with people who used the service. We found relevant checks had been carried out before staff worked unsupervised. These included a check on their experience, qualifications and with the Disclosures and Barring Service. Checks were also made on the volunteers that helped with activities and entertainment.

People who used the service and relatives told us that staff had the skills to support people safely and comments received included "The staff are wonderful" and "very happy with the staff." However, they told us that staff were not always available at busy times of the day. One person said, "There are different staff all the time although they are not using agency staff anymore". A relative also told us that the home was short staffed, which had meant their family member had to wait to get ready that morning.

Staff told us that new permanent staff had been employed to address the staffing shortages. Staffing levels had been increased because it had been identified that people needed more support in the morning. The registered manager took account of the number of people using the service and the hours of care they required, their dependency needs and matched these against the skills and experience of the numbers of staff required. Staffing was made up of experienced and new staff and consisted of a senior carer and a team of care staff assigned to each floor. The worked rota showed that staffing levels were maintained and agency staff were not being used. The morning shift was short of one member of staff on the day of inspection due to sickness and this member of staff had not been replaced. There was no evidence that the registered manager had attempted to cover the shift. However, a senior carer had been given responsibility for two floors and was helped by the deputy manager to administer the medication. The afternoon and evening shift had a full complement of staff and volunteers who helped with the crafting activity in the evening.

Good

Is the service safe?

People told us that they felt safe at the home. One person reiterated on several occasion how safe it was in the home and said "I do enjoy living here, I could not have anything better and I am very safe." The visitors also told us that they felt their family member was safe living at the home.

The provider responded appropriately to all allegations of abuse. They notified the relevant agencies promptly of any alleged incidents and took the appropriate steps to protect people. Staff were provided with refresher training in safeguarding adults and the reporting procedures. There was evidence that lessons learnt from incidents and investigations and changes were implemented to prevent this from happening again. For instance, additional staff were recruited to improve the consistency of staffing and the care provided and staff were trained in the safeguarding and reporting of incidents procedures. The provider and registered manager had addressed deficiencies in practice and procedures and monitored changes to ensure people were protected.

Since our inspection in May 2014 the local authority had been investigating reports of alleged abuse and neglect. Some had been concluded because steps had been taken to ensure people received their medicines at the right time and staff had been trained in the safe moving and handling of people. The local authority is yet to conclude the remaining investigations

Staff we spoke with demonstrated their understanding of types of harm or abuse that could occur and how to report concerns. Staff were confident to report concerns about people's safety and also encouraged people to report any concerns they had about their own safety.

People told us that the home was clean and well maintained. All the bedrooms were lockable and had secure storage to keep people's valuables and money safe. We saw people moved around the home freely and choose how and where they wished to spend their time. That showed that the provider has taken steps to provide care in an environment that was safe, suitably designed and adequately maintained including the safe storage of equipment such as the hoist.

Staff had received training about how to use equipment to move and transfer people safely. We saw staff used the correct equipment safely. Staff used the provider's procedures for reporting accidents, incidents and injuries and sought appropriate medical advice to ensure people's safety.

We looked at people's care records and found individual risk assessments had been undertaken. These covered a range of topics relevant to people's assessed care needs, which included moving and handling, falls, mental health, communication, nutrition, swallowing and choking. Where risks had been identified, plans of care were put in place which provided information for staff on how to keep the person safe. For example, a person who had been assessed as having a poor appetite and had difficulty swallowing food and drink had been referred to the dietician who provided guidance for staff to reduce the risk. Another person at risk of falling had a bed which could be lowered, and a sensor mat, which would alert staff when the person had either fallen or was out of bed. However, although the person had capacity to make decisions about their care, there was no record that the purpose of the use of the sensor mat had been discussed with them. This was raised with the registered manager and they assured us that action would be taken to address this.

Requires Improvement

Is the service effective?

Our findings

People told us that the care and support provided by staff was good. One person who was independent told us that the staff worked hard and said "I am very happy with staff." During our visit we saw staff assisted people without rushing them. For example, staff assisted one person to the lounge where a film show was about to start. The staff member stayed with them until they were seated and comfortable before assisting others.

All the staff we spoke with told us that training relevant to their role was provided. For example, care staff completed induction and practical training in the delivery of care which included promoting privacy and dignity, safe moving and handling of people and use of equipment such as hoists and health and safety. Senior carers had role specific training, for example in the safe administration of medicines and assessing risks, before working unsupervised. The housekeeping and catering staff's training included food hygiene and control of substances hazardous to health. Staff were supported through supervisions and team meetings and completed a nationally recognised qualification in health and social care.

Staff we spoke with had a good awareness of people's individual needs. Examples shared demonstrated that people's preferences in relation to daily routines and requests for carers of a particular gender were respected. Each member of staff carried a pager linked to the call bell system to alert for assistance and a pocket size laminated booklet which provided an overview of the assistance people needed in relation to their care needs and eating and drinking. The booklets were updated regularly and acted as a reminder of changes to people's care needs.

People told us that staff always sought consent before being assisted. People had various levels of capacity and understanding, which could vary throughout the day depending on the person.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At the time of our visit two people had a DoLS authorisation. The management team understood the legal requirements under MCA and put this into practice. Staff had a good understanding of the difference between restraint and depriving someone of their liberty and that the use of restraint was not allowed at the home.

Staff we spoke with were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. People's care records we looked at showed that a mental capacity assessment was undertaken. The registered manager told us that where people did not have the capacity to consent a best interest meeting took place with the person and their representative and other significant people involved in their care. However, there was no record of any best interest meeting that had considered the person's human rights and the least restrictive measure was used. Where people had made an advance decision with regards to resuscitation the record had been authorised by the doctor but in one case there was no evidence of any discussion with the person using the service regarding this decision. We raised this with the registered manager who assured us that they would take action to address this even though no one had expressed concerns about how they were being supported.

Peoples views about the choice and quality of food provided were mixed. Comments received included, "There are food choices and I like it," "Terrible food and you don't always get what's on the menu every day," and "No one ate one lunch, it was dreadful." One person told us that the kitchen staff had left which for them meant the quality of meals had declined. They felt the meat and vegetables were not cooked properly. The registered manager told us that the service had appointed new catering staff. A relative told us that staff did not encourage their relative enough with their dietary intake.

Care records we looked at contained information about people's dietary needs and preferences. This included the type of food and drink suitable for people with health issues such as diabetes. The management team had identified people at risk of malnutrition and had a system for monitoring weight loss. We found actions plans were in place to reduce the risk of malnutrition for people who had lost significant weight within a period of three months, by providing fortified meals and food supplements. A member of staff told us that advice had been sought from the dietician; however they were unable to show us records to support this.

Requires Improvement

Is the service effective?

We saw care staff prepared thickened drinks in line with the guidance provided by the dietician. The chef had been in post for a month and had completed their induction training. Although their knowledge about the people's dietary needs and nutritional needs of older people was limited the menus devised by the registered manager took account of any food tolerances and those who required a soft diet. We raised the issue of the chef's lack of knowledge about people's nutritional needs and they assured us that they would provide the chef with information about people's nutritional needs and had identified further training in nutrition for the chef to attend.

Records showed people had timely access to a range of health care professionals. One person told us that they were under the care of a specialist nurse who visited them weekly to meet their health need. People's records we viewed showed a range of health care professionals were involved in their care, which included doctors, specialist nurse, chiropodist and dietician.

A visiting health professional told us that staff knew the needs of people well and sought advice if people's health was of concern. They had provided training and information on pressure care management to staff to ensure effective care was provided to people in this area.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "On the whole, I'm very fond of them [staff]" and another person said "Sometime when carers have time they will sit and chat with me, which I like." Relatives expressed similar comments about the staff and described staff as 'friendly and caring'.

During our visit we saw staff speak to people in a kind and caring manner and showed respect for people's choices. Staff offered people a choice of meals and gave them time to make a decision. Staff told us they respected people's views, preferences and how they wish to spend their time. For example, people who preferred to get up late and those who liked a cooked breakfast. We heard a member of staff quietly describing the meal that was placed in front of a person with poor sight, which showed that staff were caring and sensitive to people's individual needs.

People told us they expressed their views about the care and support received through daily conversations and in making decisions about their care. One person told us that they had attended the 'residents meeting' and felt confident to speak with the registered manager about any aspect of their care and make suggestions. Another person said, "The activities and willingness of staff is very good. Staff mean well." Relatives we spoke with said they had supported their family member in discussions about the changes to their care needs to make sure the support provided was right for them.

Staff demonstrated a good knowledge of what was in people's plans of care, which included people's life histories, work life, religious beliefs and hobbies, and our observations confirmed that staff provided the support people needed in line with their plan of care. Staff showed an interest in people, engaged with them in taking part in activities which people enjoyed. This meant that they were able to engage in conversations with people about things that were important to them. Staff told us that a key worker system was being introduced so that a named staff member had responsibility to look after named people who used the service. This demonstrated that the provider had taken steps to introduce the key worker system which they had identified in the provider information return that was sent to us before this inspection.

People's plans of care we viewed took account of how the person wished to be supported in relation to their care and were reviewed regularly. One person said, "I have the equipment to keep independent." For people who lacked capacity to make decisions about their care, significant people such as family and health care professionals were consulted. A relative involved in the care review for their family member, told us that they had been involved fully to ensure their family member's best interest needs were met.

People told us that staff treated them with respect and helped to maintain their privacy and dignity. One person told us that they were always supported to wear clothing of their choice, which reflected their personality. People had visitors without any restrictions and could see them in private. A relative told us that their family member was treated with respect and staff helped to maintain their independence in relation to mobility. A member of staff not directly involved in delivering care, described care staff as "Polite, compassionate and accommodating." They also told us that staff always respected people's dignity and asked if people wanted help, rather than assuming that they did.

All the bedrooms were lockable and had en-suite toilets, which helped people to maintain their privacy and dignity. Staff understood the importance of respecting and promoting people's privacy and dignity and took care when carrying out their duties. For example, a member of staff encouraged a person to change their jumper because there were food stains from lunch and another staff straightened a person's clothing to maintain their modesty as they returned from the washroom. The home had a number of private rooms where people could have meetings. This included people that required support or treatment from the visiting health care professionals.

Requires Improvement

Is the service responsive?

Our findings

Our inspection of 16 May 2014 found the provider had failed to protect people by ensuring an effective system was in place to deal with comments and complaints. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

The provider sent us an action plan outlining how they would make improvements.

Before the inspection the provider sent us the completed provider information return. This stated that complaints and feedback left in the 'comments box' would be checked daily and addressed.

At this inspection we found that the required improvements had been made. The registered manager told us that they checked the comments box in the foyer daily to ensure that comments were acted on. Records we viewed at the home showed that they had received five complaints since our last inspection and all had been investigated fully. The registered manager told us that steps were taken to prevent issues raised from happening again and communicated with everyone including visitors when appropriate. For instance, in response to complaints made about car parking and 'escort services' (where staff support people to attend medical appointments) visitors to the home were reminded not to park their car in the disabled bays at the front of the home and people were made aware of the provider's policy on 'escort services'.

People were provided with information about the provider's complaints procedure. People told us that the concerns they raised with the registered manager had been addressed to their satisfaction. People told us that improvements had been made as a result of complaints raised. For example, concerns raised about the use of agency staff had been listened to and the registered manager had employed permanent staff so that agency staff were not required.

Relatives told us that the management team were "approachable" and they had confidence any concerns or issues raised about any aspect of the care provided would be acted on.

People who used the service and relatives were able to provide feedback on their individual care provided during care reviews. People had the opportunity to share their views about the service, raise any issues that they may have and make suggestions as to how the service could be improved at the 'residents meetings'.

Throughout our inspection there was a calm atmosphere in the home except at meal times. Our observations at lunchtime meal in one dining room where some people were living with dementia and needed support to eat showed there was a lack of co-ordination amongst staff. All the meals were served at the same time but there were not enough staff available to support people who needed help to eat. Two people who needed encouragement to eat fell asleep at the table because staff were busy serving the meals and responding to other people's requests. One member of staff went to help staff on another floor without notice, which meant people were waiting for staff to help them to eat, by which time their meal was cold. Staff removed plates with half eaten meals without checking if the person had finished eating. People told us meal times were hectic and that staff were not always available to help those who needed support. Staff's also commented that meal times were 'always' busy because the meals were served at the same time and staff supported people who preferred to eat in the privacy of their room. That meant people's care and support needs were not met in a timely manner, which could affect their health and wellbeing. We shared our observations with the registered manager, which increased the risk to people's health and wellbeing.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's care records showed that their needs had been assessed before they moved to the home. The assessment process covered areas of care and support needed including personal care, mental health, communication, diet and mobility. People's views, interests and things that were important to them were recorded, which included information about the person's life history, their preferences, cultural and spiritual needs, likes and dislikes. The plan of care reflected the care and support needed which was reviewed and amended when their needs changed.

People were offered regular drinks and biscuits including one person who chose to have a cooked breakfast at 11am. One person watched a member of staff eating, which prompted them to eat independently. Another person chose to have an alternative meal from the main menu and

Requires Improvement

Is the service responsive?

a third person had two puddings instead of a main meal. We saw staff responded promptly to call bells and other indicators that people needed assistance and records showed that regular checks were also made on one person who was poorly in bed.

Throughout our visit we saw people chose how they spent their time. We saw people spent time reading, doing crosswords and others entertained their visitors. There was a film show in the morning which people enjoyed. The Chaplin and staff spent time with people individually. Staff spent time with people individually, for example talking to them about current affairs, their lives and the work they did. This helped them to reminisce and recall memories. The home's newsletter detailed the social events planned for the month, which family and friends could attend.

People told us they had lots of opportunities to take part in activities organised by the home. They told us that a weekly religious service was held, coffee mornings which family and friend attended and external entertainers. The home used volunteers and employed a social facilitator responsible for organising social events and entertainment for people using the service, which included singing, playing instruments and board games. One person helped staff set the table for the evening meal and told us that they felt they "enjoyed helping as it made them feel good". Another person told us they liked living at Aigburth and said, "I could not have anything better." A third person told us that they were interested in nature and enjoyed watching the birds and squirrels and effects the changing season had on the garden. There was a crafting activity in the evening. People who used the service and their visitors were supported by staff and volunteers to do crafting and made Christmas decorations. People were chatting and laughing whilst they made decorations which showed that they were enjoying what they were doing. This showed that the home positively promoted and protected people from social isolation. The planned social events were displayed in the foyer so that people using the service and visitors could take part in.

Good

Is the service well-led?

Our findings

Before the inspection the provider sent us the completed provider information return that told us that they had improved the communication with the staff, people who used the service, their visitors and health care professionals. This helped to address people's concerns and monitor the quality of care people received.

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and senior staff to deliver personalised care to people who used the service. The registered manager told us that they felt supported by the provider and the service had regular internal inspections carried out by the provider representative.

We spoke with the deputy manager and seven members of staff each with different job roles and all said they were supported by the registered manager. Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support from within the provider's organisation. Staff made positive comments about the registered manager as 'approachable' and understood the care people should expect. Staff told us that there was a marked improvement in staff morale since the appointment of the registered manager and a change in culture whereby staff's views were sought and they were consulted about changes introduced such as staffing levels and duties. Staff felt confident to make suggestions as to how the service could be improved at staff meetings and through ad hoc discussions with the registered manager.

People who used the service, visitors and health care professionals told us that they were confident to approach any member of the management team if they had any concerns. We saw the registered manager and deputy manager regularly engaged with people who lived at the home and their visitors. A health care professional told us that the registered manager enquired about the health of people they treated and welcomed feedback about people's wellbeing.

There was a system to support staff, through regular staff meetings and supervisions where staff had the opportunity to discuss their job roles and professional development. The staff training matrix we looked at showed staff received training for their job roles and awareness training on conditions that affect people such as dementia and Alzheimer's. Staff competency was assessed, which was one way to ensure the service was working to the best practice guidelines. Staff member's skills were monitored and training provided to ensure staff continued to deliver quality care that was safe and respected people's dignity, in accordance with the provider's vision.

Staff knew how to access the provider's policies and procedures and had a good understanding of these. This included the provider's whistle-blowing procedure to report concerns about people's safety.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse. Risks were assessed and management plans put in place to ensure people were protected. People's plans of care and the guidance for staff about how to deliver care were reviewed regularly to ensure it was appropriate. As a result of increased monitoring of the management of medicines people received their medicines at the right time. Other audits included checks on people's plans of care, infection control, and health and safety and the maintenance of the building and equipment. Incidents and accidents were analysed and action plans in place were monitored by the provider to ensure steps were taken to prevent them from re-occurring. The management team sought professional and expert advice when they had concerns about people's health and maintained their knowledge with regards to best practice and changes in legislation.

The home had developed links with the local specialist health care professionals, which has helped staff to get timely advice to support people that became unwell or had behaviours that challenged. The provider had been working with the local authority that commissions the care for some people who lived at the home. We contacted the local authority and asked for their views on the improvements made. Although they continue to investigate allegations and incidents of harm and abuse they told us that the home had made significant improvements, which needed to be sustained.

People's views were also sought through annual satisfaction surveys, which had been sent to everyone living at Aigburth, and their representatives such as family and health care professionals. The registered manager told us that once the survey responses had been analysed by

Good

Is the service well-led?

the provider they would receive a report and an action plan to address any issues. People who used the service, relatives and healthcare professionals had other opportunities to be involved in the development of the service. This included involvement in care reviews, 'residents meetings', complaints and compliments. Records showed that people's comments and suggestions were taken into account and people were provided with an update on concerns that were raised previously.

The provider also monitored how the service was run. Records of their visits to the service showed that they monitored the progress of their action plan and where necessary made amendments. This demonstrated that the provider was actively involved and supported the registered manager to ensure the home continued to improve the quality and safety of service people received.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: People who used the service were at risk of not having their care needs met safely because the planning and delivery of care did not ensure their welfare and safety. Regulation 9.