

Barchester Healthcare Homes Limited

Sutton Grange

Inspection report

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Merseyside
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Tel: 01704741420

Date of inspection visit:
31 October 2018

Date of publication:
11 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this home on 31 October 2018 and it was unannounced. This meant that they did not know we were coming. We undertook our last inspection of the home on 9, 23, 27 February 2018 and 9 March 2018 where it was rated as inadequate in safe, effective, responsive and well-led and requires improvement in caring. This meant the home was inadequate overall and placed in special measures.

At our last inspection we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to, safeguarding service users from abuse and improper treatment, dignity and respect, staffing, safe care and treatment relating to risks, infection control, the environment and safe handling of medicines. We also identified breaches in relation to consent, meeting nutritional and hydration needs, fit and proper person employed, person-centred care, and good governance. We also identified a breach of Regulation 18 of the Care Quality Commission (Registrations) Regulation 2009 (Part 4), notification of other incidents. We also made recommendations in relation to induction training for new staff, the timely involvement of professionals and receiving and acting on complaints.

Following the last inspection, we met with the senior management team for the provider including the nominated individual to discuss our findings and we asked them to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring responsive and well led to at least good. We also undertook enforcement action which placed conditions on the registration for Sutton Grange with the Care Quality Commission. These included, providing an action plan each month to the Care Quality Commission that demonstrated the improvements in the home and that no people to be admitted to Banks View unit without written consent from the Care Quality Commission. We also placed a condition that an assessment of the skills, numbers and deployment of staff required to meet the needs of people in the home is undertaken and an assessment of the training and support required by those staff to meet the needs of people is undertaken.

During this inspection we found significant improvements had been made in the key questions for safe, effective, caring, responsive and well-led. Whilst improvements were noted the home needed to embed these improvements and demonstrate their sustainability. Although improvements were noted in relation to the safe handling of medicines we identified an ongoing breach of Regulation 12 Safe care and treatment. You can see what action we have taken at the back of the full version of this report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Sutton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care

provided, and both were looked at during this inspection. Sutton Grange is registered to provide accommodation for up to 70 persons who require nursing or personal care and treatment of disease, disorder or injury for people living with a dementia, older people and people with a physical disability. On the day of our inspection 26 people were living in the home.

Sutton Grange is a purpose-built home with four units over two floors. We undertook a tour of the building which confirmed Banks View was closed this supported one of the conditions of their registration. All people's bedrooms were of single occupancy and ensuite facilities were available. Communal lounges and dining facilities were available on each unit as well as a communal café area in the entrance to the home.

The service had a registered manager who had been in post since 18 July 2018 at the time of our inspection. 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 was run.

Improvements were noted in the handling of medicines in the home. However, we identified that further improvements were required to ensure people received their medicines safely.

Individual and environmental risk assessments had been completed that provided important information about how to keep people safe. The environment was being monitored regularly and servicing and checks had been undertaken that confirmed the home was safe for people to live in and staff to work in. People and relatives told us they felt safe in the home. The training matrix confirmed staff had undertaken the relevant training to keep people safe.

Staff files we looked at confirmed they were recruited safely to their role. Relevant checks had been completed this included proof of identity and Disclosure and Barring Service checks. The training matrix for the home confirmed staff had undertaken the relevant training to equip them with the skills to deliver good care to people.

Deprivation of liberty applications had been submitted to the assessing authority appropriately. Where completed applications had been received these were reflected in people's care files. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were happy with the meals provided to them. A variety of choices were available to people and where specialised meals were required these were provided.

People were very happy with the care they received in the home and the positive improvements in the service. People consistently told us they were treated with dignity and respect and staff we spoke with said they ensured people's dignity, privacy and respect was maintained.

Information relating to advocacy services was available to people where they required support with decisions.

Care plans were detailed and comprehensive and reflected people's individual needs and how to manage these safely. Advanced decisions and Do Not Attempt Cardio Pulmonary Resuscitation were recorded in people's care files where it was relevant. Care files demonstrated relevant professionals had been involved in people's care and health reviews had taken place.

A comprehensive programme of activities was provided to people who used the service. Activities co-ordinators actively supported people to engage in activities of their choosing. Records were detailed and reflected what activities had been undertaken by people.

Good systems to deal with complaints was in place. These included details of the complaint along with the outcome from these. Regular meetings and feedback about the service was being undertaken that ensured the views of all was considered by the management of the home.

The feedback about the registered manager was consistently very good. All people told us of the improvements in the service recently.

Systems were seen that confirmed the home was being monitored regularly and recently. Records included the findings of audits that would enable actions to be taken to improve the home for the benefit of those who lived, worked and visited it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We saw improvements in the safe handling of medicines however further improvements were required in the systems to manage medicines safely.

Systems were in place to investigate and act safeguarding allegations. Staff understood the actions to take if they suspected abuse had occurred.

Risks had been assessed appropriately and environmental checks and servicing was being undertaken that ensured the home was safe to live in.

Safe recruitment procedures were in place that ensured only staff suitable for their role were recruited to work there.

Is the service effective?

Requires Improvement ●

The service was not yet effective.

We saw training records which confirmed staff had received the relevant training that ensured they had the knowledge and skills to deliver care to people.

Capacity assessments and best interest's decisions had been completed which supported deprivation of liberty applications to the assessing authority.

People had access to relevant professionals which ensured people received appropriate and timely health care and support.

We observed a positive lunch time experience. A varied menu was available to people. We noted plenty of supplies of food available to provide variety to people.

Is the service caring?

Good ●

The service was caring.

We received very positive feedback about the care people

received in the home and the improvements recently. We observed staff speaking to people kindly.

It was clear people's privacy, dignity and human rights were respected, this was confirmed by people and relatives we spoke with. Care was delivered to people in the privacy of their bedrooms or bathrooms.

Guidance about advocacy service was available to support people with important decisions.

Is the service responsive?

The service was not yet responsive.

People's care files demonstrated how to meet their needs. Care plans were individualised, detailed and up to date.

A variety of activities were provided to people who lived in the home. Photographs confirmed what activities people had participated in.

Records relating to complaints and how these were managed was seen.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

All of the people, relatives and staff were complementary about the registered manager and the positive improvements since they came to post.

Improvements were noted across all areas of the home. These needed to be embedded to ensure consistency and continue with the improvements.

Records we looked at confirmed a variety of meetings were held that ensured the views of people, relatives, staff and the senior leadership team were involved in decisions about the home.

Audits and quality monitoring was taking place regularly that demonstrated the home was safe for people to live in.

Requires Improvement 

Sutton Grange

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 checked 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.

The inspection was undertaken on 31 October 2018 and it was unannounced. The inspection was undertaken by three adult social care inspectors, one assistant inspector and one pharmacist inspector. We were also supported by one specialist nurse consultant and an expert by experience of people living with a dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at all of the information we held about the home. This included feedback about the service, comments and complaints, incidents or accidents and any safeguarding allegations. We also looked at any statutory notifications the provider is required to send to us by law. We contacted relevant professionals who were involved in visiting or monitoring the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the home and made the judgements in this report. We used a planning tool to collate all this evidence and information prior to visiting the home.

During our inspection we spoke with ten people in receipt of care, and eight visiting family members. We also spoke with thirteen staff members, these included, housekeeping, the chef, the activities co-ordinator, care staff, registered nurses, the deputy manager, the regional director and the registered manager who took overall responsibility for the operation and oversight of the home.

We looked at a variety of records to help understand the experiences of people who lived in the home and the staff working there. These included, the care files and associated records for seven people who used the service, medications records, six staff files, training and supervision records and duty rotas. We also looked at records relating to the operation and oversight of the home. These included audits, meetings minutes, incidents accidents and investigations undertaken.

Is the service safe?

Our findings

All of the people who lived in the home and staff told us they were happy and felt safe. Comments included, "All the staff are so good", "There's been a 100% improvement lately, with more staff and better care" and "They've made me very welcome." Visiting professionals were also confident people were safe living in the home. They told us appropriate referrals were made to the Local Authority safeguarding team where required. A professional told us, "The residents [people who used the service] appear well looked after. There is a genuine sense of concern for their well-being."

At our last inspection we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. There were issues with administration of medicines and documentation. During this inspection we found some improvements had been made however further improvements were required.

A professional we spoke with told us they were confident medicines were managed safely in the home. They said, "There is an emphasis on safety particularly around medicines, we provide regular access to our prescribing hub and the home avails (takes advantage) of this. Any concerns around patients (people who used the service) are brought to my attention."

Records were clear and there was evidence that stock checks were being completed daily. The management team had introduced additional checks and processes to reduce the risk of stock errors. The samples we checked were correct. There were no gaps in Medication Administration Records (MARs) records indicating that people were receiving medicines as prescribed. However, we found an issue with communication and a decision by the registered manager to not use handwritten MARs meant one person's medicines had not been administered as directed by the doctor, for two days.

Staff undertook regular internal checks and an external audit had recently been done. There was evidence of actions taken and changes were made to improve the management of medicines as a result. However, the local medicine policy was overdue for review and the existing policy did not reflect these processes.

There was a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because systems in place were not robust and a person missed medicines as a result.

Since the inspection changes had been made to the management team and processes had been put in place to improve the management of medicines. We visited the three units in the home and looked at MARs for eight people. We saw that there were gaps in some records but the management team were aware and had acted to address this. Treatment rooms were visibly clean and tidy and medicines were stored securely. Rooms and fridges were monitored to ensure temperatures were within manufacturers guidelines. Staff administering medicines wore 'do not disturb' aprons and this was observed by other staff during the inspection. Staff knew people well and were able to provide information about each person's preferences when asked.

Additional records to help staff administer 'as and when' required medicines were good. The information was detailed, person centred and guided staff to give medicines properly. Records for a person who received their medicines covertly, hidden in food or drink, were comprehensive and all the required documentation was in place.

At our last inspection the provider failed to have systems in place to protect people from the risks associated with infection. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

We undertook a walk around of all areas of the home. This included, the public areas and a sample of people's bedroom as well as the laundry, sluice rooms and the kitchen. We noted all areas of the home to be clean and tidy. Hand washing equipment was available for staff to use such as liquid soap and paper towels and hand gel dispensers were situated across the home for people to access when required. This would support the reduction of infection control risks. We noted the home had purchased new cleaning trolleys that were lockable to ensure cleaning products were stored safely. Staff were seen wearing personal protective equipment such as gloves and aprons where required during personal care tasks, meal service and household duties.

Housekeeping staff were seen undertaking their duties thoroughly ensuring all areas were clean and safe for people to live in. Cleaning schedules confirmed all areas of the home were cleaned regularly and audits were undertaken regularly that would ensure any concerns or gaps would be identified and acted upon. We noted some gaps in one of the cleaning schedules for the kitchen. We discussed this with the registered manager who gave us assurances that all staff would be reminded of their responsibility to ensure all cleaning tasks were completed daily.

At our last inspection people were at risk of unsafe care and treatment. The provider failed to ensure the environment was safely maintained and monitored for people to live in and the risks for people who used the service were not managed safely. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

None of the people we spoke with raised any concerns about the environment and we observed all areas to be free from clutter. Equipment was stored safely and appropriately. We saw the home had purchased linen trolleys that enabled linen and personal care products such as gloves, aprons and continence products to be stored safely whilst personal care was being undertaken.

Records we looked at confirmed the home was monitored and safe for people to live in. Regular checks were taking place which included, doors, water checks, electric beds, showers wheelchairs. Records had been signed when reviewed by the management team and the findings included any actions to be taken as a result of the checks. Relevant and up to date servicing had been undertaken. These included, legionella checks, gas safety, electrical safety and electrical testing.

Certificates of checks on the emergency lighting, fire extinguishers and a fire alarm inspection were in place. This confirmed the home was safe for people to live in. Other checks included, fire alarm tests, firefighting equipment, emergency lighting and emergency escape lighting. We saw that staff had undertaken fire safety training and fire drills. Records of the fire training confirmed the aims and objectives, details of the outcomes from the training. An up to date fire risk assessment had been completed and the findings from this had been recorded. This would ensure any actions required could be acted upon and monitored by the management team.

All people who lived in the home had up to date Personal Emergency Evacuation Plans (PEEPs) in place. This provided staff and relevant professionals with information about how to support people in the event of an emergency that required evacuation of the home. Information included the risk rating for the person, any factors that may affect an evacuation and the amount of staff required to support them.

Relevant environmental risk assessments were seen that provided information about any relevant risks in the home and the measures to take to reduce these risks. We noted risk assessments had been signed to confirm they had been shared with the staff team to ensure they were aware of relevant risks in relation to their individual staff roles.

Since our last inspection improvements had been noted to the individual risk assessments for people. Individual detailed risk assessments were seen in people's care files had evidence that detailed and comprehensive individual risk assessments had been completed. This would ensure staff had information about people's individual needs and risks and how to manage them to support safe risk taking for people. Risk assessments included, nutritional needs, malnutrition screening, continence, falls management and pressure areas. Records noted that ongoing comprehensive reviews were undertaken and where changes in people's needs had occurred, staff had completed updates in people's risk assessments about how to manage these safely.

We looked at how incidents and accidents were managed in the home. The registered manager had developed a comprehensive system that demonstrated accidents and incidents were managed safely. Records included an incident register that would support the ongoing monitoring and analysis of themes and trends and the actions required to reduce any future risks. Details relating to the incidents were recorded along with what actions had been taken as a result of them. However, we saw one incident which had no record that confirmed monitoring of the person had been completed in line with the Lancashire County Council's guidance. We discussed this with the registered manager who gave us assurances that going forward all incident where monitoring was required would be in line with the relevant guidance. Records included confirmation that analysis of all incidents and accidents was undertaken by the registered manager that would ensure oversight and monitoring was taking place.

At our last inspection we identified that systems and processes were not established and operated effectively to prevent or investigate abuse. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Staff we spoke with understood the signs of abuse and the actions they would take if they suspected abuse had occurred. An example was, "If I witnessed any bad practice I would not hesitate to raise that." The training records we looked at confirmed staff were consistently up to date with safeguarding training. Policies and procedures were in place. These included the company policy as well as the Lancashire County Councils safeguarding protocol which the home used to determine the appropriate actions to take to act on allegations of abuse.

The home had developed a good system to record, investigate and act on any allegations of abuse. Where investigations had been completed detailed records confirmed reviews following incidents had been completed which considered the impact on the person as well as the homes response to family members with their findings and their duty of candour responsibilities and any lessons learned shared with the staff team.

At our last inspection we identified that there were insufficient numbers of suitably qualified, competent and skilled staff deployed to meet the needs of people who lived in the home. During this inspection we found

improvements had been made and the home was meeting the requirements of the regulation.

All of the people we spoke with told us about the staffing in the home that, "The carers [staff](are) a lot better than it's ever been", "You couldn't ask for better carers" and "The staff are a lot happier now." A professional also told us, "I speak to many of the staff one to one, they seem content and committed to the patients and their work. [The] staff turnover has settled, the (registered) manager and deputy have been present for a few months."

Staff we spoke with were generally consistent about the improvements in the staffing numbers. They told us, "It is a good team at the minute", "Yes there is (enough staff)", "Much better now than in the past" and "Yes we do now. I think it's now a lovely place and I feel proud of the progress made over the last year." However, one staff member told us that there was, "Still a big turnover of staff." The management team told us a manager was on duty seven days each week. This would ensure senior leadership and support was available to people who used the service, visitors and the staff team.

During our observations of the home we noted appropriate numbers of staff available to ensure people's needs were met in a timely manner. Duty rotas were completed to cover all areas of the home. This demonstrated the numbers of staff on each shift as well as the shift patterns in place. This would ensure staff had access to their shift patterns and the management team could monitor the staffing levels to ensure enough staff to meet the needs of people who used the service.

A staff member told us, "The dependency levels are checked regularly." The care files we looked at contained up to date dependency assessments that enabled the registered manager to calculate the staffing requirements for all people who lived in the home. We noted that individual risk assessments for people had been updated regularly that would ensure dependency scoring was accurate and responsive to people's needs. The registered manager stated of the dependency assessments that they, 'Will enhance not direct my decision making around staffing.'

At our last inspection we recommended that the provider sought relevant guidance to ensure newly recruited staff received an appropriate and timely induction to their role. During this inspection we noted improvements had been made.

The staff files we looked demonstrated new staff to the home had undertaken a detailed induction and the home was working to ensure all existing staff members records reflected the corporate induction to the company had been completed. The registered manager told us they planned to introduce an initial induction sheet that confirmed all staff had the relevant information shared with them such as the building, equipment, emergency alarms and the process of raising concerns.

Staff files we looked at contained information to confirm appropriate recruitment procedures were in place in the home. Records included, proof of identity, application forms and references that confirmed staff were appropriate for their role. Evidence of Disclosure and Barring Service (DBS) checks had been obtained which confirmed staff were safe working with vulnerable people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People and relatives we spoke with were confident in the knowledge and skills of the staff team. Comments included, "It's a different place than it was", "I can't praise them enough", "Every staff member I've met here is really really good" and "The staff are well trained but some better than others." Visiting professionals to the service told us, "They (The home) engage in training, in fact pretty much every Monday when I go there is some sort of training session going on upstairs. The home have engaged in the practice led care home events."

At our last inspection the provider failed to ensure staff had the required knowledge, skills and competence to deliver appropriate care to people who lived in the home. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Staff we spoke with told us they received training that supported them in their role. Staff said they had undertaken, "Documentation training and risk assessing, react to red, my skin, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Assessment (MCA), first aid and moving and handling." A staff member told us, "I will say I have spoken to the regional manager about an influx of training since the inadequate report and I have requested that the level of training is maintained as it's really helped me to understand things like how important care planning is." During our observations in the three units it was clear all staff understood people's needs well and delivered care to them effectively.

The registered manager told us all of the dates for completed staff training was recorded centrally on a training matrix. This supported the monitoring of training and ensured staff were updated regularly to support their role. We checked the training matrix and saw staff had undertaken relevant training that would support effective care delivery to people who used the service. This included, basic life support, MCA, DoLS, safeguarding, dysphasia and choking, evacuation, food allergens, food safety, health and safety, infection control and manual handling. These were delivered either via e-learning and face to face.

All staff said that the staff morale in the home was, "Better, before I felt like I worked alone but now we work together to get the job done. I feel I have more support", "At the minute it's really good, we have all being expecting this visit and we feel confident it's come on leaps and bounds" and "I think there is now a real sense of morale and the atmosphere has changed people feel supported now." Staff we spoke with confirmed they had undertaken regular supervisions. This would enable them to discuss any support required and future plans to further their knowledge and skills. They said, "Yes (I have had regular supervisions) I think three or so" and "Yes many." The staff files we looked at all confirmed staff had undertaken regular supervision. We saw a supervision matrix had been developed that supported the monitoring of supervisions to ensure they were done regularly. The training matrix confirmed annual appraisals were completed with staff were relevant.

At our last inspection the provider failed to ensure people who lived in the home were protected from unlawful restrictions. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw detailed capacity assessment had been completed along with best interest's records. This confirmed the relevant assessments and people had been involved in decision making for people who used the service where it was required. DoLS application had been submitted to the relevant assessing authorities. This ensured people were not being deprived of their liberty unlawfully. A professional to the home told us, "The current (registered) manager appears to have a good understanding of the DoLS process from my conversations."

Staff demonstrated their understating of DoLS and MCA and how to protect people from unlawful restrictions. They said, "MCA is legislation to protect people and ensure their capacity is effectively assessed, there are five principles. DoLS; it's about preventing people from having liberty removed without cause and if it's implemented it's for their best interest, some things in DoLS are around locked doors, bed rails, covert meds, stopping them going out, things like that." One staff member told us if a person was being deprived of their liberties they, "Would report it the manager. If the manger did nothing I would ring whistleblowing."

At our last inspection we identified that the provider failed to ensure relevant consent had been obtained to deliver people's care. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

People and relatives we spoke with confirmed they were involved in decisions about their care. Staff we spoke with told us they asked people for their consent before undertaking any care or activity. Staff were seen discussing all aspects of people's every day activities ensuring decisions were agreed with them.

We checked the care files and saw that consent had been discussed and agreed either by the person or their nominated representative where appropriate. This demonstrated that the home ensured that care was discussed and agreed with people who used the service or their nominated person.

At our last inspection we identified that people were not protected from inadequate and unsafe nutrition and hydration. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

All of the people who lived in the home and relatives were very positive about the food they received in the home. They told us, "It is (The food) very good and well cooked", "The foods improved recently", "You can have snacks all day and all night if you want", "If you don't like it they'll always make you something else" and "There is always a good choice and I am fussy."

The home had developed a dining experience folder in each of the units in the home. This provided a quick

guide to staff for setting the tables, rooms service, a meal briefing check list and guidance to support a positive dining experience for people. We undertook observations in all of the units during the lunchtime period and sampled the food people were provided with. Food looked appealing and nutritious and options were provided to people.

Tables were nicely set with condiments, crockery and cutlery. Menu choices for the day were on display in a number of areas of the home. We observed staff treating people with kindness, engaging in light-hearted conversations, whilst supporting people to eat their meals. We saw staff eating their lunch with people who used the service, this supported a positive meal time experience for all. However, we noted one unit was less organised in their approach to supporting people with their meals. We discussed this with the registered manager who told us they would ensure monitoring of people's experience during meal times took place and any actions required would be taken forward.

Where people required it, specialised diets were provided. These included, pureed, diabetic or softer options. We saw all units had hot and cold drinks available throughout the day as well as snacks in between the meals. It was clear from our observations that staff knew people's needs in relation to their meals and how they liked to receive them.

The home demonstrated the proactive approach to ensuring people's nutritional needs were met. A member of staff had recently been recruited as a nutritionist that involved an understanding of people's individual needs in relation to their food and fluids. The registered manager told us that these staff would be champions in their field in the home once they received the required knowledge and training to support them. The care files we examined confirmed relevant professionals had been involved in assessments of people's individual nutritional needs where it was required. Care plans and risk assessments had been developed to ensure staff had the information to support people's needs, likes and dislikes effectively.

We checked the kitchen and saw it was clean, tidy and designated areas were seen for the preparation, cooking, storage and washing. Food, fridge and freezer temperatures were recorded regularly which ensured food was stored and served to people safely. The home had been awarded a five-star food hygiene rating by the Food Standards Agency in July 2018. This was the highest rating that can be achieved and demonstrated the standard was 'very good.' We saw plenty of supplies of food available to provide people with a varied menu in the home. The chef had details of all people's meal requirements on display which was updated weekly. This would ensure people received meals according to their likes and requirements.

At our last inspection we made a recommendation in relation to the timely involvement of professionals. During this inspection we found improvements had been made.

Professionals told us they home proactively engaged with them on a regular basis ensuring reviews were completed that supported their individual health needs. One professional told us, "This is one of very few homes that actually engage in and support ward rounds and we are one of very few practices that do them in this fashion. I get the sense they are trying to move in this direction." Care files we looked at contained information that confirmed appropriate and timely reviews by professionals were taking place. These included, speech and language therapy, general practitioner, tissue viability nurse, the falls service and community psychiatric nurse.

Where required people were supported to access external professional support in relation to specific conditions. This included access to emergency services where it was required. The home completed hospital transfer forms to support an effective transfer for people. Physical health checks were undertaken by the staff that ensured people received appropriate and timely support.

The home was purpose built and facilities for people were located over two floors. All bedrooms were of single occupancy with ensuite facilities. We checked the three open units in the home. Bathrooms were large and accessible which enabled people with physical disabilities to make use all of the services available to them in the home. Outside space was accessible to all people who wanted to make use of the space. The garden was landscaped and paths were level to support people's mobility safely. Lift access was available for people with limited mobility and evacuation slides were provided for staff to use on the stairs to evacuate people in the event of an emergency. There was some evidence of the use of signage and decoration to support people who displayed cognitive support requirements to access bathrooms and toilets safely.

Is the service caring?

Our findings

All of the people and relatives we spoke with were happy with the care and the improvements in the home. Comments included, "The care here is excellent ", "[Name] loves it here", "We're very happy with the care here", "[name] had an amazing improvement since she's been here" and "The care has improved so much since the new manager arrived, we were going to pull [name] out."

At our last inspection we identified that there were ineffective systems to ensure people who used the service received appropriate care and treatment, met their needs and reflected their choices. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Staff understood the importance of good care delivery to people and told us they thought people felt cared about. They told us, "I always make sure everyone gets what they need so we check paperwork and go by that; like if someone needs pressure relief we will do that", "I think it's good at the minute, it's had a dip about a year ago but it is up to standard again" and "I think it's fantastic, I think I have seen huge improvements in the last six months." The provider told us that, 'Staff are observed regularly during their care delivery and informal and formal feedback seeks to constantly improve the care delivery experience.'

It was clear from our observations that staff understood people's needs well and there was a mutual respect noted between people and staff. Staff were kind and caring towards people who used the service and were seen engaging in light hearted well-meaning conversations at a pace meeting people's individual needs. People were noted to be appropriately dressed in clothing for the time of the year. Staff ensured people were nicely presented in clean clothing with their hair and nails done. Care was being delivered to people in a timely manner ensuring people's choices were met appropriately.

All people we spoke with told us they were treated in a dignified and respectful manner by staff and the management team. Professionals who visited the service told us, "Residents (People who lived in the home) appear to have choice and control over some aspects of their day" and "The staff treat the residents with dignity and respect, for example when asked to see or speak to patients they move them to a private area."

Staff we spoke with told us people who lived in the home were always treated with dignity, respect and supported their diverse need. They said, "We find out what makes them (People who used the service) happy, what's important to them and how they like to live their lives" and we, "Ensure (the) curtains are closed, cover them up when doing personal care and treat them with respect." The provider told us training was provided to the staff team on dignity and respect and person-centred care. This would ensure people received care that support their needs and protected their rights.

We saw all staff treating people as partners in their care, ensuring their equal and diverse needs were met and that they were treated with dignity and respect. Care was delivered in the privacy of people's bedrooms or bathrooms. All people told us staff knocked on their bedroom doors and waited to be invited in. During our inspection we noted staff knocking on people's doors and waiting to be invited in before entering.

Systems to ensure staff understood the importance of supporting people's privacy, dignity and respect were in place.

The provider told us that the, 'Induction training has been updated to address the needs of people from the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities and we have had staff discussions about the experience of gender realignment and how someone accessing care could have their dignity and needs supported during such.' They demonstrated their commitment to ensure all people regardless of their background was supported to live a fulfilled and active life in the home. They told us, 'We have made contact with Age Concern locally and they will be supporting us by running their LGBT care home programme with the team. This is a one-day awareness training that equips staff to talk confidently about the experience of the LGBT communities and practical changes we can make to be a more inclusive home.'

All of the units in the home ensured confidential information was stored securely in cupboards in lockable offices that was in line with the General Data Protection Regulation (GDPR) responsibilities. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

The care files contained good information in them about how to support people's individual needs. Records included people's individual likes, choices, needs and behaviours that would support staff in delivering individualised care to them. How people were able to communicate was noted that supported staff in ensuring people's needs were met.

The provider told us that, 'The onus (Responsibility) is on the staff team finding the right way to meet these (communication) needs and we have been successful with the help of family, friends and the MDT (Multidisciplinary team) in meeting (people's) specific needs.' They provided examples of the support for one person's specific needs in relation to communicating effectively with them. Staff said about communicating with people to, "Listen to them properly, looking at body language and review care plans." This ensured people were provided with appropriate support to enable them to be involved in and communicate their care needs with the staff.

We saw that people had access to information about advocacy services which was on display in the entrance to the home. This would ensure people had guidance to support them with decisions where it was required. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Is the service responsive?

Our findings

People and relatives we spoke with told us that discussions around their care and care planning were discussed and agreed with them. They told us the staff, "Now kept them up to date regarding their relatives care and any changes to care plans." A professional told us of one person's care planning and risk assessments that, "The care plans that I have viewed are proportionate for this service user."

At our last inspection we identified that ineffective systems and processes were in place to ensure people who used the service had up to date, accurate, complete and contemporaneous records. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Staff we spoke with confirmed that people's care was discussed with them. One staff member said, "It's important (to have reviews) so that relatives feel part of their care." Another person said, "It depends; some people they can't say anything so that makes it difficult."

All of the care files we looked were comprehensive, detailed, person centred, well organised and provided very good information about how to meet people's needs. Areas covered in the care plans included, personal care, eating and drinking, life style, optical needs, communication, safe environment, and skin integrity. Clear and detailed information was recorded in relation to the management of specific conditions. This included challenging behaviours, epilepsy, diabetes, Parkinson's disease, Lewy bodies dementia. Risk assessments covered a wide range of risks for people and how these could be safely managed by the staff team. Areas included, falls, waterlow, continence, choking, oral health, dependency rating, diet, nutritional scores and challenging behaviour. All areas of risks for people were being managed well and an ongoing detailed evaluation of care plans and risk assessments were taking place monthly. This included any amendments where these were required.

Daily records were seen that demonstrated the care people had received from the staff team. Physical observations were being recorded by staff such as pulse, temperature, blood pressure, pain monitoring and oxygen levels. Where relevant food, fluids and continence records were being completed in full. This would ensure any changes or deteriorations in people's health would be identified and acted upon appropriately.

Personal information was recorded in care files. This included, people's name, date of birth, GP and next of kin. There was also information about people's individual health needs and conditions. Evidence of appropriate and timely reviews were being undertaken that demonstrated the homes proactive response to ensuring people received the appropriate services they required. These included the GP, continence team, falls team, community mental health team, district nurses, speech and language therapy and optician.

The registered manager told us no one who lived in the home at the time of our inspection was in receipt of end of life care. However, we saw care files reflected people's advanced decisions. Do Not Attempt Cardio Pulmonary Resuscitation records were noted be signed and up to date in relevant care files. This ensured all professionals had access to end of life decisions. The provider told us that staff were supported in the

delivery of end of life care. They said training in palliative care and end of life care was provided to the staff team to support them in their role. They also told us about people who had previously been supported with end of life care. They said, (The) palliative care team have supported the team in end of life care and the pathway for two residents (People who lived in the home) who recently experienced a health care crisis. Both residents were successfully supported with intensive interventions to subsequently come off the end of life pathway once their presentations improved.'

At our last inspection we found that the provider failed to ensure people who lived in the home were provided with appropriate and meaningful activities. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

We asked people and their relatives about the activities provided by the home. They told us two ladies visited the home to undertake bible story readings with people if they wanted to take part. One relative told us, "She loves the karaoke." A professional told us of the activities, "The activities team seem to be very proactive and I have seen that activities timetables are planned and circulated to the residents every week. There are also lots of photographs on the unit walls of the residents on trips/partaking in activities. The service user I work with appears to have built a good rapport with the activities coordinator and appears to enjoy the activities organised."

The staff responsible for the organisation and delivery of activities was clearly passionate about their role and the positive impact this had on people's participation and fulfilment. They told us about the activity programme in the home as well as links out in the community setting. They said activities were discussed in partnership with people to ensure the future programme of activities met people's individual needs. Records we looked at confirmed people had accessed activities.

We saw good information on display about the activities the people had been involved in. These included, films, bible stories, Halloween, boxing and exercise, crafts, hair and nails, poetry, mystery trip and baking. There was a planned programme of activities on display, these included external entertainment and a visit from Southport Football Club. The registered manager told us there were plans to develop a Christmas display in the home with the input from people decorating the Christmas figures.

At our last inspection we recommended that the provider sought nationally recognised guidance to ensure complaints are handled responsively. During this inspection we found improvements had been made.

Systems were in place to record, investigate, act on and deal with complaints. We noted records that confirmed the actions that had been taken along with comprehensive information about any lessons learned that could be shared with relevant people and staff. Information was on display in the entrance to the home about how to raise a complaint and how this would be dealt with. Policies and procedures were available on complaints that would ensure the relevant information and guidance was available on how to deal with them. Staff told us they would, "Pass it (complaint) to the registered manager or the nurse in charge" and "I would follow procedure; try resolve, it but if I couldn't I would escalate it to [staff member] or the registered manager."

Positive feedback had been received about the care people experienced in the home. Examples of comments included, 'Thank you for looking after our [name] with so much care and attention. We are grateful for everything that everyone did and the care you showed [name] during her time there' and 'To write a note of gratitude doesn't seem much, but it comes from my heart when I say how very grateful I am to each and everyone of you for the way you looked after the love of my life whilst [name] was living with you. God bless you all and thank you' and "During the past three and a half months with changes in staff

things had improved greatly."

We saw the home incorporated the use of assistive technology in the operation and delivery of care support to people. Audits and quality monitoring programmes were developed on the computer systems and staff had access to computers to support them in their role. This would enable an effective system of monitoring the home that ensured it was safe to live in. A professional told us of the benefits of this. They said, "They are one of the very few homes we cover that have a great wireless network that allows live access to the medical records throughout the home. (This) makes the rounds much safer and note keeping much better."

Electronic call bells were in all people's bedrooms and where required sensor mats were used to monitor the safety of people during the night. The registered manager told us the home could provide satellite television to people in their bedrooms and an individual telephone line if they wanted these services. This supported choice and individualisation for them.

Is the service well-led?

Our findings

We received very positive feedback from people who lived in the home and relatives about the registered manager and his visibility in the home. They told us "He definitely knows what he's about", "He's the best we've ever had", "He always has a kind word" and "He is always out and about." Relatives told us, "He always keeps us informed", "Things have definitely improved since he arrived", "I am very pleased with him, he brought his team with him" and "I thought of taking my wife out but I have seen a hell of a difference since he's been here."

At our last inspection we found that systems and processes were not established or operated effectively. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Staff were extremely complimentary about the registered manager and management team. They said, "He's brilliant, I think he's turning the home around, you can always go to him and I have never had a manager like that before", "I have never felt part of a team until now but I feel like I am now being listened to", "I think he is really good, he listens to what we say and gets on with making changes" and "He is a pleasure to work with, he is good, he is really knowledgeable and approachable. I work closely with [deputy manager] too and I have had nothing but support, it is a good team now."

The manager who was registered with the Care Quality Commission took overall responsibility for the home. It was very clear the registered manager had developed positive relationship with all people, visitor and staff in the home and was open and transparent in his approach. Records we looked at confirmed the registered manager had an open-door policy. It was clear from our discussions that the management team understood all people's needs and the operation and oversight of the home. Significant improvements had been noted since our last inspection. These improvements need to be embedded and demonstrate their sustainability to continue these improvements in the home. Whilst improvements had been noted in relation to the safe management of medicines further improvements were required to keep people who used the service safe.

Staff we spoke with told us about the positive improvements since our last inspection. They said, "I think it's a big improvement, everyone gets what they need now", "The good thing is it is a lot better than it used to be but it's been adaptation to the new management, but it's better now. It took time to adjust but people get better care now", "I have learnt more in the last six months than anywhere else. [Previous interim general manager] made me feel integral to the changes but the registered manager has really maintained and built on what [previous interim general manager] has done" and "So much better and I think to be honest we have had ups and downs in the last year, but in the last six months I would say that this has been the best home I have worked in."

Throughout the inspection all of the staff in the home were open and transparent and supportive of the inspection process. Information requested was provided promptly by all of the staff team, this supported the smooth running of the inspection process.

Records we looked at confirmed regular staff meetings were taking place, notes included the dates of these and the attendees. Topics covered included, maintenance, activities, infection prevention, safeguarding, uniforms, the Care Quality Commission's inspection, annual leave, training and documentation. Records had been signed to confirm all of the staff team had read the minutes from the meetings. We also saw minutes from meetings in relation to activities with people who used the service and relative meetings. A variety of meetings including staff engagement, general manager and daily stand up meetings with the head of departments were being undertaken. Minutes from these included the dates, attendees and the topics discussed. Records included the findings from the meetings as well as any actions to be taken and lessons learned to ensure improvements were implemented in the home. Staff we spoke with confirmed team meetings were taking place and that they were able to discuss their views with the management team within them.

The regional director undertook a detailed audit of the home which was shared with the senior leadership team and the registered manager. This confirmed operational oversight was ongoing in the home. A monthly quality and clinical governance meeting was being held that covered a review of audits, the findings any actions and lessons learned going forward. The home ensured a comprehensive action plan was submitted to the Care Quality Commission each month that demonstrated the improvements taking place. This confirmed the home was meeting the conditions of their registration.

There were various information, leaflets and guidance available in the public areas of the home for people and visitors. These included, nutrition, recipes from around the world selecting your home, funding and finance, services and facilities, food allergy advice, cancer support guidance, supporting people with dementia, first aid and the newsletter from the home published recently. Relevant certificates were on display. These included the ratings from the last inspection, the registration certificate from the Care Quality Commission, employer's liability insurance, and a health and safety statement. The home had details relating to the visions and values of the provider which included, respect, integrity responsibility, passion and empowerment. We saw that a statement of purpose had been developed that demonstrated the aims and objectives of the provider, details of relevant staff in the home and the wider company and the service they provided to people.

We discussed surveys and feedback obtained by the home about people's views. The registered manager told us changes in the way feedback was obtained was being improved that would ensure an increased programme of obtaining feedback was implemented. We saw details of the most recent survey that had been received prior to our last inspection. Feedback forms and a suggestion box was on display in the entrance to the home. This supported people to provide feedback about the home and the service it provided.

Audits were taking place that demonstrated it was being monitored and safe for people to live in. Audits included, medicines, documentation, nutrition, environment, infection control, unplanned hospital admissions, clinical team support visits and regional director audits. Findings from the audits were recorded and included the findings from the audits and the actions to be taken to ensure these were acted upon appropriately that promoted improvements and changes in the home.

At our last inspection we identified that statutory notifications were not being submitted to the Care Quality Commission without delay. During this inspection we found improvements had been made and the home was meeting the requirements of the regulation.

Since our last inspection the home was submitting appropriate notifications to the Care Quality Commission in a timely manner as required by law. Copies of notifications were held in the home that would

support the monitoring and audits of any incidents that required statutory notification to be submitted.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | <p>The provider failed to ensure systems were in place and robust and a person missed medicines as a result.</p> <p>Regulation 12. – (2) (g)</p> |