

Victoria Care Home (Burnley) Limited

The Victoria Residential Home

Inspection report

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Date of inspection visit:
20 November 2017
21 November 2017

Date of publication:
12 February 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection at The Victoria Residential Home on 20 and 21 November 2017.

The Victoria Residential Home 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. The care home accommodates up to 48 people on three floors. At the time of the inspection, there were 26 people accommodated in the home. There were no people accommodated on the top floor. The first floor of the home specialised in providing care and support for people living with dementia.

At the time of our inspection, the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in August 2017. The current manager had been in post since 25 September 2017.

At the last inspection on 6 and 7 June 2017, we asked the provider to take action to make improvements to management of medicines, the levels of cleanliness and the maintenance of people's records. We also issued a warning notice in respect of the deployment of staff. Following the inspection, the provider sent us an action plan and told us they would make the necessary improvements by 31 October 2017.

During this inspection, we found the level of cleanliness had improved, the staffing levels had been increased and there had been some improvements in the maintenance of people's care records. However, we identified there was a continued shortfall in the management of medicines and found two further breaches of the regulations in respect to the management of complaints and the governance systems to assess, monitor and improve the service. We also repeated our recommendation in respect to the implementation of the Mental Capacity Act 2005.

The home was rated as inadequate in February 2015 and requires improvement in June 2015 and June 2017. This is therefore the fourth occasion the provider has failed to meet the regulations.

People told us they felt safe and comfortable in the home. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. However, we saw no evidence of safeguarding investigations. Staffing levels had been increased and according to the rotas the level of staff was consistent across the week and weekend. However, on the first day of the inspection the senior staff allocated to the first floor was given other duties and was therefore not able to supervise the staff. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were not managed safely.

All areas of the home seen had a satisfactory level of cleanliness and there were arrangements in place for the maintenance and upkeep of the premises.

There was a system in place for recording accidents and incidents. However, there were no records seen for June, July and August 2017 and there was no analysis seen of incidents, which occurred during this time. Further to this, the provider sent us copies of monthly analysis forms for this period on 10 January 2018. We were also informed the manager was analysing the data for any potential trends.

Staff told us they were provided with appropriate training, however, the staff training matrix was not up to date. This meant it was difficult to determine what training staff had completed. Staff felt supported by the manager; however, some staff had not received a supervision since our last inspection.

People had choice and control over their lives and staff supported them to be independent in the least restrictive way possible. We found some mental capacity assessments had been carried out to assess people's capacity to make specific decisions. However, there were some files where these assessments were not evident. The manager was unaware of the number of DoLS applications submitted and we noted there had been no action taken to meet the conditions associated with one person's DoLS authorisation.

People were satisfied with the food provided and had access to healthcare services as necessary.

People told us the staff were kind and caring. People were relaxed in the company of staff and the home had a warm, friendly atmosphere. There were no restrictions placed on visitors. All people had an individual care plan, which was supported by risk assessments. Whilst some people's plans had not been reviewed in line with the provider's policy, we did not determine any negative impact on people's care. People had access to a variety of activities both inside and outside the home. People spoken with told us they enjoyed the activities particularly the trips to places of interest.

There was a complaints procedure in place and people and their relatives felt confident in raising any concerns. However, the provider had failed to manage complaints in an effective manner.

Whilst the manager, told us they were committed to making improvements, the provider had failed to assess, monitor and evaluate the quality of the service.

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.

Staffing levels had been increased and the provider operated an appropriate recruitment and selection procedure for new staff.

People's medicines were not always managed safely.

All areas of the home seen had a satisfactory level of cleanliness and there were arrangements in place for ongoing routine maintenance and repairs.

Individual risks assessments had been carried out. However, not all assessments had been reviewed in a timely manner.

People told us they felt safe and staff were aware of safeguarding vulnerable adults' procedures.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider was not always acting in accordance with the Mental Capacity Act 2005.

Staff told us they were provided with appropriate training; however, the staff training matrix was not up to date.

People were provided with a balanced diet and were supported as necessary to eat and drink. People had access to healthcare services as appropriate.

Improvements had been made to the internal and external environment.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were not always involved in the care planning process.

Staff respected people's rights to privacy, dignity and

independence. However, we noted staff on the first floor did not always take time to interact with people and on one occasion failed to supervise one person which resulted in an incident which compromised their dignity.

Is the service responsive?

The service was not consistently responsive.

Whilst all people had an individual care plan, the plans had not always been updated in line with the provider's policy. However, we did not find this had a negative impact on people's care.

The provider had failed to manage complaints.

People were provided with a programme of varied activities both inside and outside the home.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a lack of effective auditing systems in place to identify, measure and monitor the quality of the service delivered to people.

There was new manager in post who told us he was committed to making improvements to the service.

Requires Improvement ●

The Victoria Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 site visit took place on 20 and 21 November 2017. The first day was unannounced. The inspection team comprised of two adult social care inspectors, one medicines inspector, one medicines team support officer and one expert by experience on the first day and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we contacted Lancashire County Council's contracting unit and safeguarding team, East Lancashire Clinical Commissioning Group and Lancashire Fire and Rescue for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

We did not ask the provider to submit a provider information return. 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.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, five relatives, four members of staff, the deputy manager, the manager and the nominated individual. We also discussed our findings with the Executive Chairman of the company.

We had a tour of the premises and looked at a range of documents and written records including a detailed examination of five people's care files, four staff recruitment files and staff training records. We also looked at nine people's medicines administration records, a sample of policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Following the inspection, the independent consultant sent us a copy of the kitchen action plan, which had been formulated in response to a visit by the Environmental Health Department in May 2017.

Is the service safe?

Our findings

At our last inspection in June 2017, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were issues with storage, late administration, the management of controlled drugs and the disposal of waste. Following the visit, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met.

At the time of the inspection, we noted the manager was working closely with the Medicines Management Team from the local CCG (Clinical Commissioning Group) to improve the medicines arrangements in the home. However, on this inspection we found continuing shortfalls.

Since the last inspection, the home had made significant improvements to the storage of medicines. A large room had been adapted on the ground floor to accommodate medicines for the whole home. The room was large enough for three new medicines trolleys and had a range of storage and waste cupboards. The room temperature was monitored daily and records showed the temperature stayed below the recommended maximum of 25oC for safe medicine storage. The fridge used to store medicines was unlocked. A new recording chart had been introduced seven days prior to the inspection that included the minimum and maximum range. Staff had completed the record but were not recording the temperature accurately. There was also a gap in the records for 12 days in November.

We looked at the arrangements for the management of controlled drugs. Medicines were stored securely, however, records were not accurately maintained in line with legislation and there was a risk these medicines could be misused. At the time of the inspection, there was no evidence of weekly stock checks being performed in accordance with the home's policy.

We looked at the medicines administration record (MAR) for nine of the 26 people living in the home. Records were clear and there was evidence that stock checks were performed. We checked some medicines and stock was correct. Some people were prescribed medicines to be taken 'when required'. Information (protocols) to guide staff how to give the medicines properly was not always available. Person centred information was present on some protocols, however, we saw one resident was prescribed a medicine for anxiety and others for pain relief, but there was no information on when this would be used, the time between doses or maximum daily dose.

During the inspection, we observed a resident that required a medicine at 12 noon, to treat the symptoms of Parkinson's disease, which had not been given. We alerted staff and the medicine was given 50 minutes later than prescribed. This problem was highlighted at the last inspection.

Two people were prescribed different brands of thickener powder to be added to drinks to reduce the risk of choking. One person's MAR chart had only one signature for administration in four weeks. Care staff told us that they did not routinely record when thickener was added to drinks and also told us that one brand of

thickener was used for both people. The amount of thickener used, was more than had been prescribed. Sachets of thickener were stored on a shelf in the dining room. The NHS England patient safety alert – Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder states that thickener must be stored securely to avoid harm.

According to the records provided, six staff had provided specimen signatures for administering medicines on the MAR record. There were no records that these staff had completed medicines competency training in the last 12 months following national guidance. Four other staff had been assessed for administering medicines but were not listed as doing so.

Although there was evidence that stock checks and some medicine audits had taken place, we did not see any regular audits or actions taken following any medicine incidents.

These findings evidence a continued breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection, we found the provider had failed to deploy sufficient numbers of suitably qualified and experienced staff on the ground floor to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to notify the provider that improvements must be made to the deployment of staff. On this inspection, we found the necessary improvements had been made.

People spoken with told us there were sufficient staff on duty and confirmed they did not have to wait a long time for assistance. For instance, one person living on the ground floor told us, "The staff are always there if I need help." Following the last inspection, we were informed an analysis had been carried out to consider people's needs and the layout of the building. This had resulted in additional staff being deployed, to ensure people's care and support needs were met more effectively.

We saw the home had a computerised rota, which was updated in response to staff absence. The rota confirmed staffing levels were consistent across the week and weekend. Existing staff or agency staff filled any gaps in the rota. We were told that wherever possible the agency staff had previously worked in the service and were familiar with people's needs. The manager explained the provider was actively recruiting new staff in order to reduce the number of agency staff.

We saw staff on the ground floor responded to people's needs in a timely manner and they had time to chat and interact with people. However, we observed there were times when staff on the first floor were all busy and they found it difficult to respond to people's immediate needs. We noted the senior member of staff allocated to this floor had been given an essential administrative task so was not able to supervise and guide the staff. The nominated individual told us this was a rare occurrence due to the administrator's annual leave and there were usually one senior staff and three care staff working on each floor during the day.

At our last inspection, we found the provider had failed to keep all areas of the premises and equipment clean. This was a breach of Regulation 15 of the Health and Social Care Act Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

We saw the home had a satisfactory standard of cleanliness in all areas seen. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This

ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training. We noted cleaning records had been placed in toilet and bathroom areas, which were completed following staff checks. We also saw records to indicate the kitchen had been professionally deep cleaned.

We considered how the provider managed risks to people's health and safety. We looked at six people's care files and saw that individual risks had been assessed in relation to nutrition, pressure ulcers, falls, restricted mobility and where appropriate behaviour that challenged others and the service. Whilst the provider's care documentation stated the risk assessments should be reviewed on a monthly basis or in line with changing needs, we noted some people's risk assessments had not been reviewed for up to three months. This is important to ensure the risks associated with people's care and support are managed in a consistent and safe manner.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. We noted arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We checked the arrangements in place for the maintenance of the premises. We noted a maintenance officer was employed to carry out routine maintenance and repairs. We saw records to demonstrate regular checks were carried out on the fire systems, water temperatures, call points and equipment, such as hoists and slings. The electrical and gas safety certificates were in date. We were informed a new fire alarm system had been fitted since our last inspection.

We looked at records kept in relation to accidents and incidents that had occurred at the service. The manager informed us he checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. For instance, a chair sensor mat had been put on one person's chair to ensure staff supported the person when they wished to stand. We noted an analysis of the accident and incident records completed in September 2017 had been carried out, however, there were no accident and incident forms seen for June, July and August 2017 and no analysis. Further to this, the provider sent us copies of monthly analysis forms for this period on 10 January 2018. We were also informed the manager was analysing the data for any potential trends. This is important in order to identify any learning for future practice.

We reviewed four staff files and found all new staff had completed an application form and attended the home for an interview. Interview notes had been recorded to support a fair process. We also noted written references and an enhanced criminal records check had been obtained before staff commenced work in the home. However, we saw a reference had not been obtained from one person's recent work in a social care setting. The manager addressed this issue immediately during the inspection. New staff completed a probationary period and spent time shadowing experienced staff before becoming a full member of the team. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected the current regulatory requirements.

We looked at how people were protected from abuse, neglect and discrimination. People spoken with told us they felt safe and comfortable in the home. For instance, one person told us, "We're all happy together. I have never felt uncomfortable at any time" and another person commented, "The staff have a nice manner to them. I have not heard an angry word spoken." Similarly, relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. We observed positive interactions between people living in the home and the staff and noted there was a friendly atmosphere.

We saw there was a safeguarding adults and whistle blowing policy and procedure in place and appropriate information was displayed on notice boards around the home. Safeguarding vulnerable adults' procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff said they would report any incidents of abuse to the manager and were aware they could take concerns to organisations outside the service if necessary. Staff spoken with told us they had completed safeguarding training. According to the staff training matrix given to us at the time of the inspection, 14 staff had undertaken this training in the past 12 months, with 22 staff due to complete the training.

Whilst the local authority's safeguarding team had investigated alerts in collaboration with the management team, we saw no records of investigations undertaken by the managers or provider during the inspection. We also received information prior to the inspection from a representative from the safeguarding team who told us it was difficult to access information as many records had been archived. This meant they had difficulties completing their investigation.

Staff were provided with equality and diversity training. Equality is about ensuring individuals or groups of individuals are not treated differently or less favourably, on the basis of their specific protected characteristics and diversity aims to recognise, respect and value people's differences. We noted there was information displayed on the notice board highlighting the importance of these issues as part of daily practice. Staff also had access to an appropriate policy and procedure covering equality and diversity.

Is the service effective?

Our findings

At our last inspection in June 2017, we recommended the provider considered the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005. During this inspection, we found limited progress had been made.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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 found the staff had some knowledge of the MCA and had been provided with training. On looking at people's files, we found that some mental capacity assessments had been carried out to assess people's capacity to make specific decisions. However, there were some files where these assessments were not apparent. This is important to enable people to have maximum control over their lives.

We further recommend the provider seeks advice and guidance from a reputable source to ensure there is appropriate documentation in place to indicate people's capacity to make decisions has been assessed.

We asked how many DoLS applications had been submitted to the local authority for consideration. The manager was not able to provide this information. This meant there were no processes in place for tracking the status of applications. We saw there were copies of the applications on people's files and one person had an authorised DoLS in place. The authorisation to restrict the person's liberty to maintain their safety had been granted with a number of conditions. However, there was no evidence seen of any action taken to meet the conditions. We have dealt with this matter separately.

At our last inspection, people not subject to a DoLS, relatives and professionals were not given key codes to the doors. This situation had been rectified and we saw people freely entering and leaving the home during our visit.

Before a person moved into the home, a representative from the management team undertook a pre admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. We were assured people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We looked at how the provider trained and supported the staff. Members of staff spoken with told us they had been provided with appropriate training. For instance, one member of staff told us, "The training is really good. I look forward to it." We looked at the training matrix and noted staff were provided with a range of courses including health and safety, moving and handling, first aid, nutrition and hydration, food hygiene, MCA 2005, fire safety, safeguarding vulnerable adults, record keeping and infection control. The provider expected staff to refresh their knowledge on annual basis. However, on looking at the training matrix we noted only five staff had completed moving and handling training in the last 12 months. The deputy manager informed us more staff had undertaken the training, however, there were no records seen of when the course had taken place and which staff had completed the training.

There were arrangements in place for new staff to complete an induction programme, which included an initial orientation induction, familiarisation with the company's policies, procedures and philosophy of care and the provider's mandatory training. New staff were expected to enrol immediately on a QCF (Qualifications and Credit Framework) level 2 qualification. Whilst new members of staff told us they had completed the induction programme, we noted one person's training had not been entered onto the training matrix and there was no evidence seen of what courses they had completed. This meant the records were not an accurate reflection of the training staff had completed. This is important in order to plan and monitor future training needs.

We spoke with an agency member of staff during the inspection, who told us they had not received an induction. We spoke about this issue with the manager and noted that whilst there were written profiles of people's needs, there were no specific arrangements for a handover of information. This meant the agency staff member may not have been fully aware of people's current needs and circumstances.

Staff spoken with told us they felt supported by the manager. However, apart from supervisions undertaken following new members of staff probationary periods, we saw no records of supervision undertaken since June 2017 on the staff files. Supervision is important to enable staff to discuss their role, any concerns and their future training needs. We saw staff had received an appraisal of their work performance during our last inspection of the home.

At our last inspection, we recommended the provider sought advice and guidance in order to improve the internal and external environment of the home. During this inspection, we noted improvements had been made. We saw fences had been erected at the side of the home and work was ongoing to develop a secure garden for people living with dementia. We also noted a mural had been installed in the living room on the first floor and the nominated individual explained further work was planned to support people living with dementia. Benches acting as resting stations had been put in the corridors on the first floor to fit with the garden theme of the wall murals and bedrooms had memory boxes installed outside to help people recognise their room. The overall internal environment was warm, bright and uncluttered. A new multi-faith / meeting room had been set up on the ground floor and the storage of medicines had been moved to a new room.

At our last inspection, we recommended the provider improved people's experiences at mealtimes. At this inspection, we found improvements had been made.

We found people were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with made complimentary comments about the food provided, for instance one person told us, "The meals are very good. We always get a choice" and another person commented, "I like the food. There is plenty to eat."

People were offered a choice of food every mealtime and could request alternatives if they wanted something different to eat. We observed the lunchtime arrangements on the first day of the inspection. We noted the atmosphere was relaxed and unhurried and people were given appropriate support and assistance to eat their meals. Staff ensured that people had drinks and that these were topped up when required. The meals looked well-presented and were plentiful. We observed people were offered second servings if they wanted more to eat. Staff engaged people in conversation and the atmosphere was cheerful and good-humoured.

Information about people's dietary preferences and any risks associated with their nutritional needs were assessed. The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines, which can be used to develop people's care plans. People's weight was monitored in line with their needs.

People's healthcare needs were considered within the care planning process. Records we looked at showed us people were registered with a GP and received care and support from other professionals. We noted assessments had been completed on physical and mental health. A specialist nurse practitioner visited the home twice a week to carry out consultations with people living in the home. Whilst there was equipment in place for Telemedicines, the manager told us this was not being used at the time of the inspection. This system was intended to enable staff and people to contact and talk to medical professionals at a local hospital using a computer. In the event of a person being admitted to hospital, information such as medicines administration and care records were shared as necessary.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. For instance, one person told us, "I really like it here. The staff have your best interests at heart and do their best to help" and another person said, "I find the staff pleasant, cheerful and comforting." Similarly, relatives were happy with the care their family members were receiving. One relative commented, "I think the place has transformed recently and I no longer have any complaints. I feel [family member] is well looked after."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the two days we were present in the home.

At our last inspection, we asked the provider to ensure information given to people was an accurate reflection of the home. This was because we found the service user guide contained inaccurate and misleading information. At this inspection, we found the service user guide available on the provider's website had not been revised and updated. We were given a revised copy of the guide on the second day of the inspection, but noted this contained inaccurate information about the home's registration. These issues were resolved three days after the inspection when an accurate service user guide was placed on the provider's website. Whilst this matter was addressed, we would have expected appropriate action to be taken without our intervention.

We noted there was information available about advocacy services. Advocates can represent the views for people who are not able to express their wishes. However, the contact details for local services was out of date. We noted the laminated poster was removed from display during the inspection so the details could be updated.

People said the routines were flexible and they could make choices about how they spent their time. Reflecting on this, one person told us, "They leave you alone to do your own thing, but they are there as back up if you need them." We saw people were involved in decisions about their daily life, for example, where they wanted to sit, what they wanted to do and what they wanted to eat. However, we found people were not familiar with their care plans and could not recall discussing their care needs with staff. There was no evidence seen in people's care plans to indicate they had been involved in decisions about their care. This was reflected in people's comments, for instance one person who talked to us about their care told us, "They (the staff) just get on with it." This meant staff may not be aware of people's wishes and preferences and there was the potential for inconsistent and uncoordinated care.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to

make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. However, whilst staff had time to chat and interact with people on the ground floor, we observed there were occasions when all staff on the first floor were engaged in tasks and did not take time to interact with people. For instance, we saw staff did not always reassure people when they assisted them to move and on one occasion, they failed to supervise and recognise when one person required urgent attention. This resulted in an incident, which compromised the person's dignity.

Staff told us they were committed to maintaining and building people's independence and meeting individual needs. For instance, staff explained how people were offered choices and were encouraged to maintain their mobility skills. We noted appropriate equipment was available to help people maintain their independence such as walking frames, raised toilet seats and handrails in corridors. Some people also had specialist chairs to enable them to spend time with others in the living room.

Feedback received by the home highlighted the caring approach adopted by staff. We saw several cards expressing gratitude to the staff, for instance one relative had written, "I really appreciate the wonderful care you give [family member]. You all do a great job and I never have any worries about their care."

Is the service responsive?

Our findings

At our last inspection, we found the provider had failed to ensure an accurate and complete record of people's care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and told us they would be compliant with this regulation by 31 October 2017. During this inspection, we found some progress had been made to improve people's records.

We reviewed five people's care files and other associated documentation. We found each person had an individual care plan underpinned by a series of risk assessments. The plans were split into sections according to people's needs and included a "This is me" form which set out people's family and cultural background as well as information on their preferences and past life experiences. However, we noted not all the "This is me" forms had been completed. This meant staff did not have access to important background information about some people living in the home.

According to the instructions on the care plan documentation, there was an expectation that people's care plans would be reviewed once a month or in line with any changing needs. Whilst we found two people's plans had been reviewed and updated, we noted three people's plans had not been updated on a regular basis since July / August 2017. This is important to ensure staff are fully aware of people's current needs and circumstances. The manager stated that all care plan documentation was due to be reviewed.

We saw daily charts were in place to monitor aspects of people's care; however, the charts had not been fully completed. For instance, there were no shower records for one person between 1st and 11th November 2017.

Whilst not all records seen had been updated in line with the provider's policy, we did not determine any negative impact on the care of provided to people living in the home.

Records were maintained of the contact people had with other services and included details of any recommendations and guidance. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. There were systems in place to alert staff to people's changing needs, which included a handover of information at the start of each shift. We saw records of the handovers during the inspection.

People and their relatives told us they felt confident to raise any concerns about the care provided and the operation of the home. One person told us, "I haven't got any complaints, but if I had I could talk to the staff. They listen to me when I'm upset" and a relative commented, "We've raised issues and everything is now sorted." Staff confirmed they knew what action to take should someone in their care want to make a complaint. We found information was available to people and their families about how to make a complaint in the service user guide. The procedure was also displayed in the home.

On 25 July 2017, we received a copy of a letter from a relative of a former resident of the home detailing a complaint about the service. We asked the provider to investigate the issues raised and provide a response in line with their complaints procedure. According to the procedure, complaints "will be acknowledged within two days and responded to within 28 days." The provider failed to provide a response within the 28 days and assured us the investigation would be completed by 8 September 2017. Whilst the relatives received a response by 8 September 2017, there was no response sent to the commission until 11 September 2017. We found the investigation report lacked sufficient detail and failed to address all matters raised in the original complaint. We therefore asked for a thorough response by 21 September 2017. The provider informed us that due to technical difficulties they were unable to meet this time frame. We finally received the investigation report on 28 September 2017. This was nine weeks after the original complaint was raised.

We were aware that other complaints had been received by the home since our inspection in June 2017. We looked at the complaints records and noted that apart from the letter referred to above, two complaints recorded by the current manager in September 2017 and complaints records from 2016, there were no other records in the file. We were informed records had been archived; however, none of the records were made available during the inspection. This meant it was not possible to determine the number of complaints received or assess the effectiveness of any response. We also noted there was no overall record of complaints received between June and September 2017 and no analysis of any patterns or trends.

The provider had failed to operate an effective complaints system. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were provided with the opportunity to participate in social activities both inside and outside the home. The provider employed an activities coordinator and activities were planned in consultation with people living in the home. We noted details of forthcoming activities were displayed on a notice board; these included armchair exercises, quizzes, bingo and arts and crafts. People also had the opportunity to go out on trips to places of interest such as Towneley Garden Centre, Knowsley Safari Park and Sea Life at the Trafford Centre. People spoken with told us they enjoyed the activities and in particular the trips out. The activities coordinator spoke enthusiastically about providing people with varied and meaningful activities. She was aware of the risks of social isolation and ensured people who were not able to participate in group activities had individual time. She also told us she had started training in the use of OOMPH! (Our organisation makes people happy). OOMPH! is designed to improve people's mental, physical and emotional well-being. We observed activities on the first day of the inspection and noted there was cheerful and positive atmosphere.

Care plans provided information about how to meet people's communication needs. Staff described how they supported and approached a person who exhibited behaviour, which challenged the service. One staff member told us, "You have to be patient and listen carefully to what they want to do and carefully suggest how they can be supported. If this doesn't work I go back again later." We observed staff throughout the inspection speaking with people in a compassionate way, giving them time to express their views.

We noted all people had an end of life plan, which took account of their wishes. The manager advised the staff liaised closely with the district nursing team to ensure people receiving end of life care had access to appropriate equipment and pain relief medicines.

Is the service well-led?

Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the leadership and management of the home. For instance, one person told us, "I think it's well managed. The manager and the staff are very approachable" and a relative commented, "In general the home is calm and organised and I feel the staff are doing what they should be doing."

Since our last inspection, the registered manager had left the service. A new manager was appointed on 25 September 2017. The manager had previous experience of managing a care home and is a qualified mental health nurse. At the time of our visit, he was in the early stages of the registration process with the Care Quality Commission (CQC). The manager had responsibility for the day-to-day operation of the home and was aware of the challenges involved in improving the service. He told us he was committed to making the necessary improvements and described his priorities as improving the care planning system, improving medicines management and supporting and developing the staff team.

At our last inspection, we recommended the provider provide evidence of their quality assessments on the ongoing operation of the service. This was important to ensure the provider had assurances the home was operating in accordance with regulatory requirements. During this inspection, we found a number of concerns across many aspects of the operation of the home. We looked to see what quality assurance checks had been carried by the provider since our last visit and what plans were in place to further develop the service.

The nominated individual told us he visited the home on a frequent basis and was in constant contact with the manager. From the records seen, we noted the nominated individual had carried out a domestic audit in October 2017 and had introduced a new quality assurance template to record monthly checks carried out in the home. The template covered the five key questions used by CQC and the main topics areas under each key question. The nominated individual explained he looked at different key questions on each visit. We saw completed reports for August, September and October 2017. However, we noted that the "Responsive" section had not been completed on any report. As a result, there was no evidence seen that the systems in place to manage complaints and care planning records had been checked. This was a concern because we found there were delays in the reviews of some people's care plans and the management of complaints was ineffective.

We noted there was a schedule of monthly audits in place; however, on looking at the audit file we found there were no recorded audits for July and August 2017. There was a note stating records had been archived, however, these were not made available during the inspection. We also saw no accident and incident records for June, July and August 2017 and no analysis in order to identify any patterns or trends. Similarly, apart from a letter of complaint, there were no other records of complaints received between June and August 2017. There were also no records of complaints investigations or safeguarding investigations and no analysis carried out to determine if there was any learning for future practice. In relation to the management of medicines, we noted that whilst there was evidence of stock checks and some medicine audits, we did not see any regular audits or actions taken following any medicine incidents. There was a

matrix to monitor staff training, however, this was not up to date and it was unclear what training had been completed by the staff.

The manager was not aware of the number of applications for Deprivation of Liberty Safeguards (DoLS) submitted to the local authority and there was no central record. This meant there was no evidence seen of checking on the progress of the applications. We noted one person's DoLS had been authorised with conditions. However, there was no evidence seen that action had been taken to meet the conditions. This meant the provider had failed to monitor and mitigate the risks to the welfare of the person.

We asked about the plans in place to develop the service. The manager told us he was only aware of the action plan produced for CQC following the last inspection and a medicines management plan devised in conjunction with the medicines management team from the local Clinical Commissioning Group. We noted there was no overall development plan for the service. This meant it was difficult to determine what plans were in place and what progress had been made to meet any actions to improve the service. Following the inspection, we were sent a copy of a kitchen action plan devised in response to a visit by the Environmental Health Department on 30 May 2017. Whilst the manager had been designated monitoring responsibilities set out in the plan alongside the independent consultant, he was not aware of the plan at the time of the inspection.

People were asked for their views on the service as part of daily conversations. We also saw that a residents' meeting had been held in July 2017, which according to the minutes was attended by four people. However, people had not been offered the opportunity to complete a satisfaction survey since September 2016. It is important for provider to continually seek feedback from people in order to evaluate and improve the service.

The provider had failed to establish and operate an effective system for assessing, monitoring and improving the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities. Staff spoken with were complimentary about the management of the home. For instance, one staff member told us, "The manager is very approachable. I would feel comfortable if I wanted to discuss any concerns." The staff confirmed communication with the manager was good and they felt supported to carry out their roles in caring for people. The manager encouraged and supported staff to raise any concerns and operated an "open door" policy. Staff spoken with were aware of the whistleblowing procedure (reporting poor practice) and there was information about the procedure displayed on noticeboards.

The manager was part of a wider team within the provider's organisation and met every two months with other managers to discuss and share best practice in specific areas of work. The manager was supported three days a week by an independent consultant, who had acted as the interim manager when the registered manager left the service. This meant he was familiar with the needs of the people living in the home and the skills of the staff team.

The manager and nominated individual understood their responsibilities in relation to the registration of the home and were aware of the need to notify the commission and other agencies of any untoward incidents or events within the service.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to operate an effective complaints system. Regulation 16 (1) (2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (g)

The enforcement action we took:

Issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate an effective system for assessing, monitoring and improving the service. Regulation 17 (1) (2) (a) (b) (d) and (e)

The enforcement action we took:

Issued a warning notice.