

Jewelglen Limited

Parkview Residential Home

Inspection report

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Bolton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

This unannounced inspection took place on Thursday 21 April 2016.

Parkview Residential Home is a large property built on three levels with a passenger lift to all floors. The home provides 32 places for the care of older people including six places for people with a physical disability. The home has garden areas to the front and rear and faces a local park. The home is situated close to Bolton town centre and main bus routes.

At our previous inspection on 16 and 18 September 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the skills relating to the registered manager, person centred care, assessing/mitigating risk, the safety of the premises, medication, infection control, nutrition/hydration, good governance, staffing levels, training/supervision and recruitment of staff. The home was rated as 'Inadequate' overall and in three of the five 'key questions' against which we inspected.

Although we found the home had made improvements in several areas, we did identify continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medication, infection control, assessing/mitigating risk and good governance. We also identified an additional breach in relation to seeking consent.

During this inspection we found the home did not always assess and mitigate risk effectively, to ensure the safety of people living at the home. We saw that hot water dispenser had recently been purchased by the home. This was very hot to touch and posed the risk of people scalding themselves if they came in contact with it. We saw no evidence of an appropriate risk assessment being considered by the service, to mitigate such risks. The deputy manager contacted us following the inspection to say they had replaced the dispenser with a kettle.

We saw people had risk assessments in their care plans relating to road safety, building security and safety in the community. These contained generic statements and control measures which appeared to have had been copy and pasted between different peoples risk assessments. In one risk assessment we looked at, a male resident had been referred to as a female, with the wrong name also used. We found a similar issue when looking at PEEPs (Personal Emergency Evacuation Plans), with one stating how a female resident must remain in 'his' room during an emergency. At the time of the inspection there were 20 people living at the home and only 9 PEEPs were in place. This meant that in the event of an emergency, staff wouldn't have access to guidance to evacuate people safely from the building. This meant there had been a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because the home had failed to mitigate risks presented to people living at the home.

We also saw no evidence of risk assessments being conducted in relation to falls and waterlow. A waterlow assessment would identify if a person was at risk of developing pressure sores. We saw there were blanks

waterlow documents in people's care plans, however these were incomplete. The deputy manager told us falls risk assessments had not been completed but would do so immediately following the inspection. According to the accidents and incidents records, one person had fallen from bed on four occasions, however we were unable to see what was being done to prevent this. This meant there had been a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because the home had failed to assess the risks to people living at the home.

We found several instances of uncleanliness around the building and poor practices in relation to infection control. We found skirting boards on the ground floor of the home were dirty and dusty and looked like they had not been cleaned for some time. We also found not all bedrooms, bathrooms and toilets were equipped with appropriate hand hygiene guidance and foot operated pedal bins. This meant staff could be unaware of how to clean their hands correctly and reduce the spread of infection. These issues had also been highlighted in a recent infection control audit done by the local authority. We also found two soiled mattresses stored in bedrooms that were vacant. These issues meant there had been a breach meant there had been a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We found medication was not always given to people safely. This was because in some instances, people had run out of their medication, meaning it wasn't available. This included pain relief. We also saw no evidence of PRN (when required) protocols being implemented by the service, as well as guidance on when to give creams. We also made an alert to the local safeguarding team, due to staff adding thickening agent to drinks with a tea spoon, rather than the scoop provided in the tub. This was because staff may not be adding the correct amount to people's drinks to ensure they were of a safe consistency. This meant there had been an ongoing breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

The people we spoke with told us they felt safe living at the home. The staff we spoke with also demonstrated a good understanding of safeguarding and how they would report concerns. Staff also told us they have completed appropriate safeguarding training.

We saw improvements had been made to the way the home recruited new staff. This was because the home was now carrying out appropriate background checks such as ensuring DBS (Disclosure Barring Service) were completed before staff began working at the home.

We looked at how the home sought the consent of people living at the home. People had consent forms in their files, although these had been signed by staff. The deputy manager didn't know why this was. There was also no evidence of any capacity assessments having been carried out, to establish if people were able to make their own choices and decisions. This meant there had been a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had enough training available to them and felt supported in their roles. They also reported receiving a comprehensive induction when they started working at the home and received regular supervision.

People told us they received enough to eat and drink and we saw accurate records of this was maintained by staff. People had specific care plans in place about their nutritional needs and were weighed at regular intervals to ensure they remained within a safe weight remit.

People told us they liked living at the home and spoke favourably of the staff who cared for them. People said they felt treated with dignity and respect, with staff also displaying a good understanding in this area. A visiting relative we spoke with was full of praise about the care being provided.

We saw people had care plans in place, which were reviewed at regular intervals. The care plans provided lots of background information about people's previous life experiences and the things they liked. However, we found care plans didn't always provide relevant information about people's care for staff to follow. This included missing information about people's epilepsy, diabetes and turning regimens. The deputy manager said they acknowledged this and would include this information.

People told us they had enough to do and that staff made an effort to provide regular activities. We observed positive interaction between staff and people who lived at the home, with everybody enjoying a game of bingo in the afternoon.

There was 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.

A new manager had started working at the home since our last inspection and registered with us in January 2016, although wasn't present during the inspection. The staff we spoke with during the inspection felt management had improved in recent months and that significant improvements had been made. The deputy manager told us they applied for the job at the home once they read the previous CQC report and felt they wanted to make a difference for people.

During this inspection, we still identified continuing breaches of regulation in relation to medication, assessing/mitigating risk and good governance. These were also concerns in April 2015 and had specifically been addressed within the notice of proposal.

We found improvements had been made to quality assurance checks within the home since the last inspection, although we found they weren't always effective in identifying the concerns we had raised. Some of the areas found during audits covered care plans, infection control, personal emergency evacuation plans (PEEP), training requirements, incident/ accidents and the complaints register. For example, three care plan audits didn't highlight any concerns with capacity assessments and water low charts, whereas we had found these to be missing, or incomplete. Another one of the audits hadn't been completed. This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

We saw accurate records were always maintained in relation to the turning regimens of two people who lived at the home. The deputy said these were the only two people who staff kept records for. The deputy manager told us they should take place every two hours but records did not support that this had taken place. For example, according to records, one person was last re-positioned by staff at 6am on 20 April. We saw records relating to when people needed a bath or shower and for food and fluid intake were left in lounge for anybody to read. One member of staff told us they completed records later in the day, meaning they could have been stored somewhere more confidential. We also found part of a torn up care plan and MAR (Medication Administration Record) thrown in a bin in the back yard, with person's name visible. We showed this to the deputy manager who told us this should have been shredded. These issues meant there had been a breach of regulation 17 (2) (c and d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good governance.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

At our last inspection in September 2015 the home was rated as 'Inadequate' and issued with an NOP. As a result, it is a legal requirement to display the ratings from that inspection in a public place within the home and also on any corresponding websites. Whilst undertaking a tour of the home, we saw the ratings poster was clearly displayed on the notice board, as required. People also had a copy of the last inspection report in their bedrooms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

We found the service had not adequately assessed and mitigated all risks posed to people living at the home. This included a lack of risk assessments in relation to falls, water low and a boiling hot water dispenser in the dining room.

People did not always receive their medication safely and we found re-occurring problems from previous inspections. This included problems with how thickening agent was added to people's drinks.

We found certain areas of the home were not clean with several instances of poor practice being identified.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

We saw no evidence of capacity assessments being undertaken, to establish if people were able to make their own choices and decisions. Additionally, we saw consent forms had been signed by staff the care plans we looked at.

We saw little improvement to make the environment more 'dementia friendly'.

We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

We saw people were supported to eat their food at meal times by staff. People's weight was also monitored at regular intervals.

Is the service caring?

Good ●

The people we spoke with and their relatives told us they were happy with the care provided by staff at the home, with improvements seen in recent months

We saw people were treated with dignity and were offered

choice.

People's clothes were clean and we saw people looked well-groomed and presented.

Is the service responsive?

Not all aspects of the service were responsive.

Care plans didn't always provide sufficient information about people's care for staff to refer to. We also had concerns with record keeping around re-positioning charts.

We saw care plans provided good detail about people's likes and preferences.

People told us there was enough for them to do and we saw people enjoying a game of bingo during the day.

Requires Improvement



Is the service well-led?

Not all aspects of the service were well-led.

We identified continuing breaches of regulation, which had also occurred at our previous two inspections.

The service undertook audits to monitor the quality of service, however they did not identify concerns we had found during this inspection.

We found confidential information about people's care wasn't always kept secure.

Requires Improvement



Parkview 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on Thursday 21 April 2016, which was unannounced. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of four adult social care inspectors from Care Quality Commission (CQC). The inspection was also supported by a pharmacist inspector, who looked at medication.

In advance of our inspection we liaised with the safeguarding, infection control, and contracts/commissioning teams, all based within Bolton local authority. We also contacted Bolton Healthwatch to see if they had any recent involvement with the home.

We looked at information such as any notifications we had received either from or about the service. These came in the form of any deaths, safeguarding incidents or any serious injuries. We also viewed previous inspection reports, action plans sent by the service and enforcement notices, which had been issued.

At the time of the inspection there were 20 people living at the home. During the day we spoke with the director of the home, the deputy manager, four people who lived at the home, one visiting relative and eight members of staff. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included five care plans, 10 staff personnel files and 11 medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home including observing breakfast.

Is the service safe?

Our findings

At our previous inspection we found the service to be unsafe and rated this area of the report as 'inadequate'. We had concerns in relation to assessing and mitigating risk, staffing levels, infection control, medication, staff recruitment and the safety of the premises. At this inspection we found progress had been made in some areas. However, a number of previously identified issues continued.

People that were able to speak with us, told us that they felt safe living at the home, as did their relatives. During the inspection, not everybody was able to tell us about their experiences, mainly due to living with different stages of dementia. One person said; "I'm safe. Everybody is very kind to me". Another person said; "I've been living here a while so I know it well. That gives me re-assurance about the safety". A relative also commented; "My relative was very poorly when he came here, the care staff were excellent in getting him to improve".

During this inspection we found the home did not always assess and mitigate risk effectively, to ensure the safety of people living at the home. This had also been a concern at our last inspection. We saw a hot water dispenser had recently been purchased by the home, which was located in the dining room. Whilst this promoted peoples independence by allowing them to make their own drinks, the dispenser itself was very hot to touch and posed the risk of people scalding themselves if they came in contact with it. We also saw no evidence of an appropriate risk assessment being carried out by the service, to mitigate such risks. The deputy manager contacted us following the inspection to say they had replaced the dispenser with a kettle.

We saw people had risk assessments in their care plans relating to road safety, building security and safety in the community. These contained generic statements and control measures, which had been copied and pasted between different people's risk assessments. In one risk assessment we looked at, a male resident had been referred to as a female, with the wrong name also used. We found a similar issue when looking at PEEPs (Personal Emergency Evacuation Plans), with one stating how a female resident must remain in 'his' room during an emergency. At the time of the inspection there were 20 people living at the home and only 9 PEEPS were in place. This meant that in the event of an emergency, staff wouldn't have access to guidance on how to evacuate people safely from the building.

We also saw no evidence of risk assessments being conducted in relation to falls and waterlow. A waterlow chart would identify the potential risk of a person developing pressure sores. We saw there were 'blank waterlow documents' in people's care plans, however these were incomplete. The deputy manager told us falls risk assessments had not been completed, but would do so immediately following the inspection. According to the accidents and incidents records, one person had fallen from bed on four occasions, however we were unable to see what was being done to prevent further falls.

We found there had been a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because the home had failed to assess and mitigate risks to people living at the home.

At the last inspections in April and September 2015, we found that medicines were not handled safely and we told the provider they must take action to improve the safe handling of medicines. A pharmacist inspector visited the service on 21 April 2016 to ensure that improvements had been made.

We found limited improvements had been made in the safe handling of medicines. We saw the pharmacy now supplied most medicines in a new tamper proof system, which meant people were given their prescribed medication from sealed containers. These were only opened when they were administered to people and meant there was very little risk in tablets being given to the wrong person. We saw the records about the administration of medicines had improved and there were very few gaps or omissions, which meant that the records were signed when people were given their medicines. We also saw on the day of the inspection that the medicines trolley was locked when it was unattended during medication rounds, which meant medicines were not accessible to people.

However we found further and ongoing concerns with regard to other aspects of medicines handling for all 11 people whose medicines and records about medicines we looked at. We found three people were unable to be given their prescribed medication because there was none available. One of those people ran out of pain relief for four days. If medicines are unavailable people's health maybe placed at risk.

We found medicines were not administered safely. We saw eight people whose records we looked at were prescribed medicines to be given either 'when required' and / or with a choice of dose. As at the last two inspections we saw there was still no information to guide staff when administering medicines, which were prescribed in this way. The deputy manager confirmed there were no 'PRN protocols' in place. This was poor practice and contrary to the home's medicines policy, which stated there should be a specific plan in place for any 'when required' medicines. It is important clear guidance is recorded about when and how to give medicines prescribed in this way. If this information is missing, especially for people with dementia, medicines may not be given effectively or consistently and people's health could be placed at risk. We also saw some this type of information was missing for prescribed creams, which meant that staff may not consistently apply the cream to the correct area of the body.

Medicines were not administered in accordance with the manufacturers' directions regarding food. We saw that medicines, which must be given before meals were given at the same time as medicines which needed to be given with food. If medicines are given at the wrong times with regard to food they may not work properly and people will not receive the full benefit of their medication, which places their health at risk.

We saw people were prescribed a thickening agent to be used in all their drinks and fluids to thicken them to a specific consistency to prevent them from choking. One person needed their fluids to be thickened to syrup consistency and the information on the tin fully explains how many 'scoops' of powder to be used to achieve this thickness. Each tin was provided with a special scoop, which must be used. The member of staff who was giving them a drink showed us that they used a teaspoon rather than a scoop. We saw that a scoop was equivalent to about 4 or 5 teaspoons. This means the drink had not been thickened enough and the person was at risk of aspirating and chest infection. Due to the nature of this concern, we made an alert to the local authority safeguarding team for further investigation. The deputy manager also got in touch with us to say they had introduced a new protocol on how this needed to be given safely and would be providing a full demonstration on how to do this with all staff.

As at previous inspections we found stocks of prescribed medicines were not listed on people's Medication Administration Record Sheets (MARS). We examined the lists of medicines in each person's care files, but they did not match the currently prescribed medication on their MARS. There was no information recorded to confirm that these medicines were still currently prescribed or if they had had been discontinued. We also

found that medication, which was prescribed the previous month was not on the current months MARS and staff were unsure if this medication had been discontinued or not. We were told that the pharmacy sometimes failed to issue MARS or the GP communicated directly with the pharmacy when medicines were discontinued. We were told staff did not check on these kind of discrepancies. This is an ongoing concern, which continues to place people at risk of missing doses of prescribed medication or being given medication which was not longer prescribed.

As at the last inspection we found people were looking after their own inhalers despite the fact their care plans had assessed that it was not safe for them to do so. We found that records about medicines were often incomplete. We saw that the records about the quantity of medicines in the home for each person of medicines were not accurate, which meant it was not possible to fully audit medicines to ensure they were being administered as prescribed or that all medication could be accounted for. Staff confirmed to us that sometimes they gave medication to people, but did not make a record that they had done so when there was no MARS supplied by the pharmacy. When a choice of dose was prescribed staff did not always record the exactly quantity they had administered. We found that staff sometimes failed to make a record of the creams they applied. It is important that accurate records are made of medicines given to people to make sure they are not given another dose of the same medication in error. We also found that no records were made about the use of prescribed thickeners, which meant it was not possible to tell if people had their fluids thickened each time they had a drink.

The stock levels and usage of controlled drugs, such as morphine, must be recorded in a special register. We found that such drugs were not recorded in the controlled drug register as it is a legal requirement. As at previous inspections we saw that creams were not stored safely. We found that creams were kept in people's bedrooms without assessing if it was safe to do so. We also saw that two injections were stored in the fridge. According to the manufacturers' information neither injection needed to be stored at a low temperature. If medicines are not stored at recommended temperature they may not work effectively.

This meant there had been an ongoing breach of Regulation 12 (1) (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found several instances of uncleanliness around the building and poor practices in relation to infection control. We founds skirting boards on the ground floor of the home were dirty and dusty and looked like they had not been cleaned for some time. We also found not all bedrooms, bathrooms and toilets were equipped with appropriate hand hygiene guidance and foot operated pedal bins. This meant staff could be unaware of how to clean their hands correctly and reduce the spread of infection. These issues had also been highlighted in a recent infection control audit done by the local authority. We also found two soiled mattresses stored in bedrooms that were vacant.

These issues meant there had been a breach a breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We found there were enough staff working at the home to care for people safely. The home was currently unable to take new admissions and as a result, there were only 20 people living at the home. The deputy said to us; "If we were restored to maximum numbers, staffing would need to increase by at least one during day and night". At the previous inspection we found there was not always enough staff working at the home to look after people safely. We arrived at the home at approximately 6.45am due to previous concerns with night time staffing levels and found there was a senior carer and care assistant on shift. One member of staff said; "They have addressed staffing by introducing a 10am to 10pm shift, which helps us get people to bed when they want to. I have no concerns at night. People are not at risk. Staffing numbers have improved and

we have a lot more staff. If staff report in sick, they are always replaced with trained agency staff".

The deputy manager told us she was unaware if a dependency tool was used to determine staffing levels. We viewed the document that was in place at the last inspection, which recorded the level of support provided in relation to washing, hoisting and dressing. The deputy manager acknowledged this was used as a record of care rather than to plan required staffing levels. The deputy manager told us they would look to utilise this tool to inform staffing to ensure numbers were in line with people's care requirements.

The 'Day shift' was staffed by the deputy manager, a senior carer and four care assistants. This was in addition to a maintenance person, the cook and two domestic staff. At the last inspection, we saw lounge areas were regularly left unattended for long periods and that people often had to wait for assistance. People who were at high risk of falling also weren't supervised, as stated as a requirement in their care plans. During this inspection, we saw improvements in this area and saw staff responding to people's needs in a timely manner. Staff appeared aware of what our concerns had been from the previous inspection and we heard them discussing with each other about the importance of having a staff presence in the lounge area at all times. We asked staff for their views of the current staffing levels. One member of staff said; "Plenty of staff during the day, no problem. We have time to spend with people". Another member of staff said; "No concerns about staffing here, we have a good team and we get along".

We found there were appropriate systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of abuse and how they would report concerns. One member of staff said; "With any safeguarding concerns, I would immediately report to a senior or whoever was in charge. If it was very serious I would contact the police or social services directly. I would even consider whistleblowing if appropriate". Another member of staff said; "If I thought someone was abused I would report to the most senior person. I wouldn't hesitate to report any form of abuse". A third member of staff also added; "If I thought someone was being abused I would document it and report matters. I wouldn't be afraid to report things as it's old people's safety at stake".

We found the service had improved recruitment processes, which was an area of concern at our last inspection. This was because DBS checks weren't always undertaken before staff started working at the home. We found people were now protected against the risks of abuse, because the home had appropriate recruitment procedures in place. We saw that appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at 10 staff personnel files. Each file contained job application forms, interview questions, proof of identification, a contract of employment and suitable references. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults.

Is the service effective?

Our findings

At the previous inspection we had concerns with staff training, the accuracy of fluid intake charts and dementia friendly environments. This 'key question' was rated as 'inadequate'. We saw improvements in relation to training and fluid intake sheets, but still felt improvements could be made in relation to the environment.

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.

Staff demonstrated a basic understanding of the Mental Capacity Act 2005 and how people's ability to consent impacted on the care that was delivered. We saw that there were no mental capacity assessments or restrictive practice screening tools in each of the five care records we looked at. These assessments are required to determine whether a person may be subject to a deprivation of their liberty and require authorisation from the local authority. There were inconsistent responses when we asked staff how many DoLS (Deprivation of Liberty Safeguards) were in place. The deputy manager told us there 'approximately eight'; whilst a member of care staff said there were 19. The deputy manager said she was unaware how many applications had been authorised, but felt the registered manager would know.

We saw that people had consent forms in their care file which covered areas such as having photographs taken, access to records and administration of medication. However, the files we looked at, we saw these were signed by staff and not by people living at the home. The deputy manager stated these should not have been signed by staff and would raise the issue with them.

Following the inspection we contacted the home manager to ask them about DoLS in place at the home. The manager told us they had sent off 10 applications at the time of the inspection (21 April). We were also told Bolton DoLS team had recently been out and completed all the assessments and were now awaiting the final five completed assessments to come back. The manager then said CQC notifications would be submitted all at once as was required.

We found little improvement had been made to make the environment suitable for people living with dementia, which had also been raised as an issue at the last two inspections. We saw some pictorial signs on toilet and bathroom doors, but nothing to direct people to their bedrooms, the dining area or the main lounge. The corridor areas were bland in colour and there were no tactile objects, which people could touch and explore further as they walked around the building. We also saw pictures on people's doors were very small as was the writing for whose room it was. The deputy manager said this wasn't something people wanted on their doors.

This was raised at the previous two inspections and we once again recommend the home seeks appropriate

guidance about how to make the environment of the home suitable for people living with dementia.

We spoke to the deputy manager who explained the induction programme all new staff received, which included classroom based training and shadowing of experienced staff. Staff told us they received an induction when they started working at the service. We saw topics covered during the induction included personal care, health and safety, moving and handling and safeguarding. One member of staff said to us; "When I started I had an induction, which included training in moving and handling, end of life care, safeguarding and infection control, and shadowing of experienced staff. I have just been confirmed in post following the induction period". Another member of staff said; "I have shadowed since starting and have done courses in safeguarding, infection control, moving and handling, food hygiene, fire safety and first aid. I have also spent time with more experienced staff. I am also about to start training in the care certificate standards and am going to do an NVQ level 2".

The staff we spoke with told us they were happy with the training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses which included moving and handling, infection control, medication, safeguarding, fire awareness and health and safety. Additionally, staff reported feeling well supported to undertake their roles effectively. One member of staff said; "I have had a lot of training recently, medication, mental capacity act, health and safety, infection control. Training seems to be on-going and is now included on the rota, but I'm more or less up to date". Another member of staff said; "I have recently done food hygiene training and the rest of my training is up to date". A third member of staff also told us; "When I started I had an induction, which included shadowing and training. At the moment training is well managed and there are opportunities to progress to NVQ training. I have completed a degree in Psychology as well".

Each member of staff we spoke with told us they received supervision on a regular basis and felt well supported. Supervision provides the opportunity for staff to discuss their work in a confidential setting and discuss any concerns or training requirements they may have. During the inspection we were able to review these records in staff files. One member of staff said; "The last supervision I had was in February with the deputy manager, we discussed all issues such as staff relationships and training, how we can improve things". Another member of staff told us; "Since the new management, I have had two supervisions with the deputy manager. It's an opportunity to discuss my development and issues in general".

We checked to see how people's nutrition and hydration requirements were adhered to. At the previous inspection we had concerns with the frequency in which people were weighed and found people didn't always receive enough to drink according to records. This presented the risk of people becoming dehydrated. We checked eight sample records of people's fluid intake and saw people, on average, received approximately 1800 millilitres of fluid each day and in some cases more. This was a significant increase compared to the last inspection, when records were as low as 100-150mls in some cases. We also saw accurate records of people's weight were maintained, whether this was done weekly, or monthly. This meant staff would be able to respond appropriately if people had any significant weight loss or gain.

We saw people had specific food and drink care plans in place. This provided an overview about where people liked to eat their meals, if they were able to eat independently, or needed support from staff. We saw MUST (Malnutrition Universal Screening Tools) had also been completed, which would highlight if anybody was being nutritionally compromised.

We observed breakfast, which was relaxed and we saw people came into the dining area in their own time when they were ready to eat. There was a menu displayed in the dining room, which was rotated every four weeks. People were able to make a choice about what they ate for breakfast and we saw tables were set

with salt, pepper and table cloths. During the day we saw one person requesting a cooked breakfast and another person requesting a bacon sandwich. These were both provided by staff. One person said to us; "The food is very good. I can eat anything I want". Another person added; "I'd say the food is nice with lots of nice things available".

We saw people had access to relevant health professionals where necessary, with records of this maintained in people's care plans. Care plans also provided an overview of people's current health needs such as their medical history. We also saw two instances where the home had summoned emergency services, due to concerns with a person's health.

Is the service caring?

Our findings

At last inspection we had concerns about the use of CCTV (close circuit television) in areas such as the garden and corridor areas. This had since been turned off and was no longer in use. We also observed limited interaction between staff and people who lived at the home. Some people were able to go out independently, but this wasn't encouraged by staff. This 'key question' was rated as 'Requires Improvement'. We saw improvements in these areas during this inspection.

We asked people who lived at the home for their views and opinions of the care provided. One person said to us; "It's alright here, they seem to be very nice people. The staff are very nice and treat me well. I enjoy staying in my room, but that is my choice. I'm quite happy here overall". Another person told us; "It's very good here in a lot of ways I must admit. I find the staff to be caring and they all seem to be in a job they like. They are all very good. I'm quite satisfied thank you".

A visiting relative told us they were satisfied with the care provided at the home. We were told; "My relative is much improved and very happy and we find the staff very helpful. The place has improved enormously with a different atmosphere, which visitors have remarked on to my relative. Staffing levels have increased and they work as a team. The management team are very much on the ball and work well as a team. The place seems a lot cleaner and brighter. There is a good choice of meals and they do their utmost for people. There is more interaction between staff and residents, which didn't happen previously".

We observed positive interactions taking place between staff and people living at the home. Staff were attentive and responsive to people's needs. We witnessed lots of one to one engagement, laughing, holding hands and chatting happily. For instance, we saw people were greeted when they came to the dining area for breakfast. We also heard one member of staff telling a person how nice their hair looked that day. On another occasion a member of staff came into the lounge and told people how smartly dressed they were and if they would like to sit in the garden later, due to it being a nice day. We also observed staff sitting and chatting with people about the queen's birthday, which was on the day of the inspection.

On another occasion, a person who lived at the home suddenly became unwell and distressed. The staff responded quickly and immediately called the doctor due to being concerned for this person's welfare. We saw several staff members sitting with this person, with one member of staff holding the person's hand. Shortly afterwards, this person needed supporting out of their chair and we heard staff telling the person not to worry about anything and that they wouldn't leave their side.

We observed people's clothing to be clean and people generally looked well presented. On two occasions we saw people had spilled food and drink on their clothing and were taken somewhere private to be helped into a change of clothing.

During the inspection we saw people being treated with dignity and respect by staff. This was also echoed by people living at home and their relatives. One person said to us; "I'm very much treated with respect by all of the staff. I get on well with them all". When we asked staff how they aimed to treat people with dignity and

respect, we were told by one member of staff; "I always close curtains and people are covered up and make sure I knock on doors before I enter. If I'm changing people's pads I always make sure they are covered up". Another member of staff said; "With dignity and privacy, I will always take people to their rooms for personal care and changing, always ensure doors and curtains are closed. I'm very conscious of this".

People told us staff tried to promote their independence as much as possible whilst living at the home. One person said; "I must admit, the staff do encourage me to do things for myself such as washing myself, or putting my own clothes on". We also asked staff how they aimed to promote people's independence and where possible, allow people to do things themselves. One member of staff said; "We have residents who can make their own drinks, dress and wash themselves. Where they can do things for themselves, we always encourage them to do as much as they can so that their lives are more active".

During the inspection we, on several occasions, saw people were offered choices around how they spent their day, or what they wanted to do. On one occasion we observed a member of staff asking people if they would like cereal or a cooked breakfast. Shortly after this, a member of staff escorted a person into the living room and asked them where about they would prefer to sit. The television was also on in the lounge and we saw staff offering people the choice of what they wanted to watch. A member of staff told us; "There is more choice for people with food. People who are able to make their own tea during the night, snacks are now available. Another member of staff said; "I give people choices when dressing, eating or when they want to go to bed or get up".

Is the service responsive?

Our findings

At our previous inspection we had concerns with the content of care plans for people who lived at the home. For instance, we found they didn't always provide an accurate reflection of what people's current care needs were and there was limited information about people's personal preferences. We also saw little evidence of residents or relatives' meetings having taken place. This 'key question' was rated as 'Requires Improvement'. We saw some improvements in these areas during this inspection.

We saw several examples of where staff had been responsive to people's needs. In one instance a person had suffered weight loss and the home had immediately sought further advice from a GP to ensure this person was safe. In another person's care plan, it stated they were very hard of hearing and if they struggled to hear, then staff needed to write down what they were saying on a piece of paper. We observed staff doing this on several occasions to facilitate communication during the inspection. Another person's care plan stated they wanted to have a bath twice a week and have their hair done. We saw records which confirmed this was provided.

During the inspection we looked at five care plans and saw they provided guidance for staff about how to care for people. We found some of the care plans in place covered food and drink, communication, getting about, getting ready for the day ahead, going to the toilet, personal care, support with medication, hair, skin and nails. The care plans we looked at had all been reviewed recently in March 2016.

We noted there were records of things people liked and past experiences. This included where they were born, their parent's background, schools attended, memorable places, previous employment, favourite holiday place, war experiences and hobbies/past times. By having access to this information, this would enable staff to provide care to people based on what they wanted. One person told us one of their favourite past times was knitting and told us they often enjoyed doing this in their bedroom. Another person said they supported Liverpool and was keen on football. They told us they watched the games on TV where possible and were kept up to date with the scores.

Whilst looking at accident and incident records, we noted that despite care plans being regularly reviewed, care plans didn't always take into account changes to people's circumstances. For example, where a person had fallen from bed on four occasions, there was no record of what was being done about this. Another person had three reported incidents of displaying aggressive behaviour, but again, their care plan did not take this behaviour into account and how staff may need to de-escalate certain situations. The deputy manager told us they would update these care plans immediately following the inspection.

We also noted there wasn't always sufficient information in care plans in relation to people's care needs. For example, there was no mention in two care plans about how often people needed to be repositioned during the day or at night. The deputy manager said this was done every two hours, but this was not in the care plan and we found gaps in some of these records. Another person was epileptic and there was no guidance to follow in the event of this person having a seizure, other than it being controlled by medication. In a third care plan, it stated the person's intake needed to be monitored and we saw evidence of this occurring.

However, staff also told us, and the intake records supported that this person only ate jam sandwiches and refused to eat other meals. There was no mention of this in the care plan, or detail about what staff should do in terms of supporting them to eat a healthy diet appropriate for a diabetic.

We saw accurate records were not always maintained in relation to the turning regimens of two people who lived at the home. The deputy said these were the only two people who staff kept records for. The deputy manager told us they should take place every two hours but records did not support that this had taken place. For example, according to records, one person was last re-positioned by staff at 6am on 20 April. These issues meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good governance.

We looked at the most recent minutes from the relatives and residents meetings. The deputy manager told us they were now taking place a lot more regular than previously. Some of the topics covered included concerns highlighted in the last CQC report, staffing levels and the proposed maintenance programme. One person said; "I don't go to them all, but they have taken place. People can have their say".

The people we spoke with told us they had enough to do and that staff made every effort to keep them occupied with different activities. Two people were also able to go out independently into the community without staff support. One person told us they liked being able to have their dog with them in the home. On the day of the inspection the weather was warm and sunny and we saw people were able to sit outside in the garden if they wanted to.

During the afternoon we observed people playing a game of bingo and heard laughter and enjoyment between staff and people who lived at the home, with people winning prizes. Another person was enjoying playing an individual game of cards. A member of staff said; "There is a lot more activities, such as bingo, parties and singers coming in. We ask people what they want to do and get them involved". Another member of staff said; "People play bingo, watch films and there is singing and board games. We spent yesterday afternoon sat in the garden and had a lovely time".

The people we spoke with told us they would be confident to raise a complaint with a staff member or the registered manager if required. We looked at the service's record of complaints and spoke with one person who had made a complaint. They told us appropriate action had been taken and that their concerns had been addressed. We saw the complaints procedure was also clearly positioned at various points throughout the home. One person told us; "I previously lived in a room on the ground floor, but it was too noisy. I complained and it got sorted out straight away".

Is the service well-led?

Our findings

There was a registered manager in post, although they weren't present on the day of the 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 is run.

A new manager had started working at the home since our last inspection and registered with us in January 2016. The service had also recruited a new deputy manager and they facilitated our inspection in the absence of the home manager. The deputy manager told us they had read the last inspection report and applied for the position so that they could make change to the lives of the people living at the home.

Staff told us they enjoyed their work and told about how they had seen vast improvements at the home. One member of staff said; "Things have changed dramatically, if you look around you will see the change. Staffing has improved, there is more up to date training and we have meetings where our voices are being heard. The up keep and renovation of the home has also improved. The place is also much cleaner. Things such as completion of documentation have also improved." Another member of staff commented; "There has been a lot of change for the absolute better of residents and staff and the home in general. There is a lot more choice for people, more activities, the home is cleaner and food more appetising. Residents and relatives have told me they are happier. I definitely feel residents are safe here. I think lots of things have been put in place such as ensuring a member of staff is always in the lounge throughout the day to monitor residents. Things have improved dramatically; people are a lot safer and happier".

The staff spoken with during the inspection felt the home was both well managed and well-led. One member of staff said; "The manager and deputy manager are very nice. They are always available and do listen and do take action, where as in the past nothing got done. I feel a lot happier with the management team, who make you feel valued and appreciated. The deputy manager is very supportive and leads by example. The owner has definitely put money into the place to improve the environment. There is new furniture ordered for the dining room for example". Another member of staff said; "The new manager and deputy manager are excellent". A third member of staff also added; "No concerns with the way the place is managed, they are really supportive and always have time to listen".

At our previous inspection in September 2015 we had concerns with quality assurance systems being ineffective and not picking up concerns we had identified. There were also continuing breaches of regulation from the inspection that took place in April 2015. The service had also failed to act on known risk within the home.

We found some improvements had been made to quality assurance checks within the home since the last inspection, although we found they weren't always effective in identifying the concerns we had raised. Some of the areas found during audits covered care plans, infection control, personal emergency evacuation plans (PEEP), training requirements, incident/ accidents and the complaints register. For example, care plan

audits we looked at didn't highlight any concerns with a lack capacity assessments, falls risk assessments and water low charts, whereas we had found these to be missing, or incomplete. The concerns with regards to people's medication, in some instances, related to the same people as the previous inspection and this had not been picked up during the medication audits. These issues meant there had been a continuing breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good governance.

We saw records relating to when people needed a bath or shower and for food and fluid intake were left in lounge for anybody to read. One member of staff told us they completed records later in the day, meaning they could have been stored somewhere more confidential until they needed to be filled in. We also found part of a torn up care plan and MAR (Medication Administration Record) thrown in a bin in the back yard, with person's name visible. We showed this to the deputy manager who told us this should have been shredded. These issues meant there had been a breach of regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good governance. This was because records were not always stored securely.

We saw there were also regular checks were undertaken of water temperature checks, PAT testing, lifts, food hygiene, call bell systems, gas & electricity safety certificates, checks of individual bedrooms, fire safety equipment, operation of fire doors, wheel chair cleaning & inspection, emergency lighting, automatic alarm and fire alarms.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service. This had been something we had raised as a concern during our last inspection.

At our last inspection in September 2015 the home was rated as 'Inadequate' and issued with a report. As a result, it is a legal requirement to display the ratings from that inspection in a public place within the home and also on any corresponding websites. Whilst undertaking a tour of the home, we saw the ratings poster was clearly displayed near the front door, as required. People also had a copy of the last inspection report in their bedrooms.