

Parkhaven Trust

Kyffin Taylor

## Inspection report

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Date of inspection visit:

09 April 2018

10 April 2018

12 April 2018

Date of publication:

10 May 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 9th, 10th and 12th April 2018 and was unannounced on the first day.

Kyffin Taylor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kyffin Taylor accommodates up to 29 people, the majority of whom have dementia in one adapted building. The building has 21 rooms on the ground floor and eight on the first floor. There is a car park at the front of the home and secure, well maintained gardens at the rear.

There was no registered manager in post at the home. The previous registered manager had left in October 2017. However the current manager had submitted their application to be registered manager with the Commission. 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.

People told us they felt safe living at Kyffin Taylor. Relatives said they had no concerns. People were weighed regularly but weight loss was not always identified and responded to promptly. We found a person had lost significant weight. Despite being weighed each month the weight loss had not been reported to the manager or deputy manager so action could be taken. Nutritional screening risk assessments, like a Malnutrition Universal Screening Tool (MUST) tool, were not used by the registered provider. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese. The manager took immediate remedial action and referred the person to health care services.

We saw there was enough staff on duty to provide care and support to people living in the home. Staff responded to people's needs when they needed them; call bells were answered quickly.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely to people and stored safely and securely when not in use. Staff who administered medicines had received medicine training and had undergone competency assessments to ensure they had the skills and knowledge to administer medicines safely to people.

People's needs were assessed and care plans were completed to demonstrate the support required. Support plans were completed for all aspects of care, including personal care, mobility, falls and nutrition and were regularly updated.

The environment and equipment was well maintained and subject to service contracts and safety checks. All areas seen were clean and kept hygienic.

Staff sought advice from external health and social care professionals at the appropriate time. This ensured people's health was monitored effectively.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Staff understood people's care needs and how they liked their care delivered. Staff could give examples of people's likes and dislikes and the support people required.

The environment was suitable for people living with dementia. Large signs for key areas such as, toilets and bathrooms were displayed. Bedroom doors were brightly coloured. Personalised identification outside each bedroom varied. There was a secure and well-kept garden for people to sit in.

Staff received regular support, supervision and training. Staff had received annual appraisals and had received regular supervision throughout the year. Most of the care staff had achieved an NVQ or Diploma qualification in health and social care at level two and three. New staff had completed the Care Certificate as required.

A three week menu was in place and we saw people offered choice of well balanced meals and snacks. People told us the food was good. People's nutritional needs were assessed and recorded.

We saw good standards of privacy and dignity for people receiving care in the home. Staff were kind and friendly in their approach to people. When supporting people to move from one place to another staff took time and were gentle and reassuring.

Care records showed people's plan of care was written in a way that reflected their wishes, preferences, needs and choices in areas such as people's routine, preferred foods and social activities.

Social activities were arranged including musical events, exercise and crafts.

Complaints received by the home were recorded and investigated appropriately.

End of life care was provided and the correct documentation had been completed. Staff had completed a recognised training course to support people to have a comfortable and dignified death.

Since the last inspection the provider had introduced a 'Challenging Behaviour risk assessment which identified any known triggers, any de-escalation technique and identified any safeguarding risk. This document was now in use and had been completed for people displaying behaviour that challenged, because they had a diagnosis of dementia.

A number of audits were completed to monitor quality and drive improvement of the service provided. However an audit of care records on 31 January 2018 had not identified the issue we identified during this inspection.

Staff were supported by the manager and deputy manager through supervision and by attending regular staff meetings.

Feedback on inspection from people in the home and relatives was very positive regarding the care and support provided at Kyffin Taylor. People were able to provide formal feedback each year through questionnaires.

The rating from the last inspection was clearly displayed within the home as required.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were completed. However significant weight loss in a person was identified but action was not taken to address the issue.

Medicines were managed safely in the home.

Safety checks of the environment and equipment were completed regularly.

The provider had recruitment procedures in place.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

There were enough staff on duty to support people and meet their needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People had sufficient choice regarding meals and received a nutritious and balanced diet.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People had access to a range of health care professionals to maintain their health and wellbeing.

**Good** ●

### Is the service caring?

**Good** ●

The service was caring.

Staff were caring in their approach. We observed positive interaction between the staff and people they supported.

People at the home had their views taken into account when deciding how to spend their day.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. However checks were not robust enough to identify the issues we found during the inspection.

The manager in post had applied to be registered manager with the Commission.

People living in the home and relatives were able to share their views and were able to provide feedback about the service.

# Kyffin Taylor

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 10 & 12 April 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

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

During the inspection we spoke with three people who were living at the home and four relatives. We spoke with a total of six staff, including the manager and cook. We also sought feedback about the service from a visiting health care professional.

We looked at the care records for five people living at the home, three staff personnel files, staff training records, and records relevant to the quality monitoring of the service. We looked around the home, including the kitchen, bathrooms, dining area and lounges. We undertook periods of observation during the first two days of the inspection.

# Is the service safe?

## Our findings

People living at Kyffin Taylor were weighed regularly but people's weight loss was not always identified and responded to promptly. We examined a care plan for one individual. We found that staff completed a weight record each month. However since 31 August 2017 this individual had lost weight each month and had lost a total of 6.35 Kilos. In addition the weight loss had not been reported to the manager or deputy manager so action could be taken. Nutritional screening risk assessments, like a Malnutrition Universal Screening Tool (MUST) tool, were not used by the registered provider. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese. This meant that those at risk of weight loss may not be identified and measures put in place to manage these risks may not be sufficient. The manager took remedial action to rectify this error on the inspection day. In addition the weight chart for each person living the home was reviewed to ensure they had not lost weight and that action had not been taken.

The manager told us they planned to introduce MUST assessments. Evidence seen in an audit completed in January 2018, stated that 'staff are to be informed to complete MUST assessments by 31 January 2018'. However this had not yet been actioned by staff or addressed by the manager or deputy manager as to why no action had been taken.

This is a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Kyffin Taylor. A person said, "Yes, I feel safe; I never feel frightened". Another person said, "Oh yes [feels safe] because they're (staff) well trained and they do their best".

Visitors' comments included, "I have absolutely no concerns. My relative is happy here, therefore we're happy", "[Name of person] is safe in general", "My relative has had a lot of falls and the home has provided a seat mat so that if [person] gets up out of their chair, the staff know and can try to get there to stop them falling. They also put in a grab rail at the side of the bed, and a pressure mat on the floor, to help stop falls at night", "My relative now has two carers to support them when moving about; I think the staff are doing as much as they can."

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records showed staff had received safeguarding training. The manager had reported actual or potential harm to the local safeguarding authority and action had been taken. This approach helped ensure people were kept safe and protected from further abuse.

We looked at a number of care records which showed that a range of risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were updated each month to reflect any changes in people's needs monthly to ensure they received the appropriate care and support. Completed risk assessments included falls, pressure area care, moving and handling, personal safety and for using bedrails.

Accidents and incidents were recorded. These were discussed by managers and any trends or patterns were identified and measures put in place to reduce risk. We saw actions taken to introduce some equipment in respect of increased risks for a person because of a change in their mobility. Many people had motion sensors in the bedrooms which were switched on each night to alert staff to any unusual or unexpected movement.

People we spoke with gave mixed responses to the question, 'Is there enough staff to support people? Most people told us that staff worked very hard and were very busy. Their comments included, "There's enough staff around, yes", "To be honest, I think some of them would jump ship if they could, because of being short of staff, and the hard work", "There's always lots of staff, all run off their feet, but they're always welcoming and make you feel it's more of a family thing here", "Sometimes when I come to visit, they [carers] don't know where [name of relative] is. They're too busy to keep an eye on everybody", "I would imagine the staff are a bit pushed, especially when taking people in and out of the dining room" and "I feel there are not always enough staff. Sometimes I can walk through the lounge and there's no staff there. They're all busy taking someone to the toilet etc, because so many of the people here need two carers to get hoisted or whatever".

Staff told us the working day was very busy due to the increased needs of the people who lived in the home. We found the manager was aware of the increase in needs and had taken action to increase the staffing levels. They demonstrated a good working knowledge of individuals' needs and had taken action to ensure people's safety.

The manager told us there were six care staff working each day. Three staff worked at night. The manager was supernumery; the deputy manager was supernumery for two days a week. In addition there were ancillary staff; a chef, kitchen assistant, domestic and laundry staff, worked each day.

We saw that there was enough staff on duty to provide care and support to people living in the home. They were constantly in demand, especially at before and after meal times, because of the numbers of people with high needs who required two staff each time to assist them. People felt and our observations confirmed that staff responded to people's needs when they needed them; call bells were answered quickly. Some comments from people in the home included, "I ring the bell [in their room] if I need someone at night; they come quickly. In the day, I feel very well-supported regarding my continence needs", "I just ask, and they help me", "Staff respond quite quickly, depending on how busy it is in general", "They [staff] come when you ring the buzzer; they're very good", Comments from visitors included, "They seem to get to people quite quickly when they ask for help. It depends how busy they are with others. There's less supervision in the garden lounge, so I'm not sure if they'd get to someone there as quickly", "[Name] can speak up when they need any help, and staff do come quite quickly, I think", "Staff response [to people's calls for assistance] is instant, from what I've seen" and "It depends how many [carers] are around and available. Fairly quickly, but it can be 10 minutes sometimes".

Staff spent a lot of time attending to people's immediate needs; for example, moving people from room to room, or providing support with going to the bathroom. We observed few people asking for support at any time but saw that people were not being left to wait after asking. Staff we spoke with felt there were enough staff working in the home on each shift to support people safely but said that it was, "Non-stop" and "Very busy". The manager told us that an additional member of staff was planned for the early shift, to assist with personal care and at meal times. There were currently some vacancies in the care staff team. Some care staff had worked extra shifts to cover, additional hours. However as a short term measure some agency staff had to be used, given the number of vacancies.

During this inspection we saw medicines were administered safely to people. Staff who administered medicines had received medicine training and had undergone competency assessments to ensure they had the skills and knowledge to administer medicines safely to people.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was within the recommended range and was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were stored appropriately. Records we saw showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act 1971 legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had received their medicines; this included the application of creams which were applied appropriately.

We checked a number of medicines, including a controlled medicine and found the stock balances to be correct. We saw other relevant information was kept with the MARs, such as a list of staff signatures to recognise which staff had administered the medication.

People had individual support plans for taking their medication. Medication prescribed as required (PRN) for agitation had written protocols for this medication in most people's file. We found a person did not have a protocol in place for their PRN medication. We discussed the person with the senior carer; they knew the person and told us when they would administer the PRN medication. We informed the manager of the missing documentation at the inspection. They told us it was in the process of being reviewed due to a recent change in medication for the person. Written protocols are important as they provide consistent guidance for staff when administering PRN medication.

People told us the home was kept clean. Comments included, "Yes [the home is clean] – not too bad", "It's all very clean – beautiful", "It's clean; getting a bit 'tired' but it never smells and you always see them [domestic staff] on the go", "It's always clean, and there are usually two cleaners on the go whenever you come" and " My relative's room is always clean. It needs a bit of work doing, but they will get round to it".

We found the home to be clean and tidy with no odours. We visited people's bedrooms and communal living areas and bathrooms. Housekeeping staff worked each day and had a cleaning schedule in place to ensure all work was completed and areas were cleaned. We found staff wore protective clothing (aprons and gloves) whilst they worked. Disposable aprons and gloves plus hand sanitisers were available on corridors in the home for staff to use. The use of protective clothing is advised to prevent cross contamination and promote good hygiene.

We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A signing in book was in place to record visitors to the home and to ensure an accurate record of people on the premises in case of an emergency such as fire.

There was a process in place to attend to repairs, to keep people who lived in the home safe and ensure the

home was in a good condition. A member of staff from the provider's maintenance team visited the home each week.

The home had received a food hygiene inspection on 30/05/2017 and received a five star (very good) rating.

# Is the service effective?

## Our findings

People's needs were assessed and care plans were completed to demonstrate the support required. An assessment was completed prior to people coming to live at Kyffin Taylor; this helped to ensure the person's needs could be met. Support plans were completed for all aspects of care, including personal care, mobility, falls and nutrition. We saw these were regularly updated to reflect people's current health and support needs.

Referrals were made to health care professionals when changes in health care needs were identified. We saw from people's care records and from conversations with staff that people saw health care professionals when they needed to, to help maintain good health. We asked people if this was the case. Their comments included, "Yes, if necessary. And I have regular blood check-ups, which the home arranges", "Yes, I think I do [see a doctor]. I can't remember when but I'm sure I have", "The home sorted the new doctor and [my relative] has seen them because of swollen legs – that seemed to get sorted out okay", "Every time my relative falls, they let me know. Mostly they let me know if the doctor is involved, but not for just a little cold or something" and "My relative saw the community matron recently about a chest infection, and was given antibiotics".

Care monitoring records were completed. For example, fluid balance charts (for recording people's input and output), ABC charts (for recording and monitoring people's behaviour) and charts for monitoring people's meals and snacks, and repositioning charts to ensure their health and wellbeing.

Care records were stored securely. Care files were accessible to all staff to ensure they had access to relevant information they required to enable them to support people safely. We observed staff completing daily records and monitoring forms throughout our inspection to maintain accurate records.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards (DoLS)'. We checked that 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. Applications had been submitted to the local authority as required.

We could see that care staff made sure that people had choice and control of their lives and supported them in their decision making where possible. The policies and systems in the service supported this practice. We viewed paperwork in relation to the MCA and DoLS and could see this was completed appropriately. Where

people were subject of a DoLS authorisation the manager was aware and appeared confident in completing a DoLS application when required.

People and their relatives told us staff knew how to support them. Comments included, "Oh yes, very much so. If I didn't think that, I wouldn't be here", "I haven't come across any incident where I've had to question staff knowledge, so yes I do think carers know what they're doing", "The staff are very good with the physical needs of people here; there's a lot of attention paid to that" and "Yes, definitely [the staff are knowledgeable]. I am confident that they look after [my relative] well".

From our observations and conversations we heard we saw that staff understood people's care needs and how they liked their care delivered. Staff we spoke with were able to give examples of people's likes and dislikes and the support people required.

We looked round the home to see if the environment was suitable for people living with dementia. Walls painted in calming pastel colours helped to provide a contrast in colour to orientate people throughout the home and floors had plain flooring, with contrasted handrails and skirting boards which helped people to mobilise safely. Large signs for key areas such as, toilets and bathrooms were displayed. Bedroom doors were brightly coloured. Personalised identification outside each bedroom varied. There was a secure garden for people to sit in when the weather allowed and people were supported to access this. Identifying information, such as the date and time was accurately displayed to help people orientate.

Staff told us that they received regular support, supervision and training and the home's staff training records supported this. We could see that staff had benefited from a range of relevant training courses including: Behaviour that Challenges, Mental Capacity Act and DoLS, Food safety Fire safety, Medication Awareness, Moving and Handling, COSHH, Safeguarding Vulnerable Adults and Diabetes care. We saw that most of the care staff had achieved an NVQ or Diploma qualification in health and social care at level two and three. NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. New staff had completed the Care Certificate. The Care Certificate is a nationally recognised set of fifteen standards that care staff are expected to meet as part of their role. This is particularly important for staff who have not worked in the care profession previously. This helps to ensure that staff that have the necessary skills to meet people's needs and support them safely.

We looked at three staff personnel files. We saw that staff had received an appraisal in 2017/2018 and had received regular supervision throughout the year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs. Newly appointed staff had a monthly supervision meeting for each of their three month probationary period, to help ensure their work was going well and they were receiving the support they needed.

People living in the home told us they had good meals and had a choice; we saw they had plenty to eat during the two days of our inspection. Their comments included, "The food's good. I have what I want for breakfast – the same every day. For the other meals, there's a choice and enough of it [food]. I have Horlicks at night time; and there's always fruit available", "The food is adequate and there's plenty to drink as well" and "Oh yes [food is good]; they have a good menu. I enjoy all my food. The main thing I like is the stew; [name] makes a good stew, with everything in it. Sometimes lunch is a bit overpowering, when you've just had your breakfast".

Visitors told us, "My relative is well-fed and has put on weight since being here", "The loss of the last chef had a bit of an impact – a lot of sandwiches, fish fingers, etc. They have a new one now, so hopefully things will

get back to where they were before. I'm not sure how much [relative] eats, because we're not allowed to be here at meal times" and "It would be good if we had a menu up on the notice board in the entrance, so that we're aware of what's on offer".

Meals were served in the dining rooms. People were offered biscuits as a mid-morning and afternoon snack; there was also fresh fruit available. Where people had difficulty taking these, staff took time and care in ensuring that they ate some, or all, of their snack. A three weekly menu was in operation. Meals and snacks for the day were displayed by pictured on the menu board.

One of the inspection team joined people for lunch in the first day of the inspection. Lunch was served in the two dining areas for everybody, so they all sat at tables in social groups. Table were not laid with cloths or cutlery and we were informed this was for safety reasons. Once people were sitting at a table, they were quickly offered a drink, so the purpose of being at the table became clear to them.

We found positive engagement from staff to the people who were eating. Staff were aware of those people who required assistance with meals and sat with them. Support was offered sensitively and in a dignified way. People were asked if they wanted more to eat before dishes were cleared, to ensure they had eaten enough.

People received a choice of hot meals and snacks each day to meet their dietary preferences. Kitchen staff were aware of people's likes and dislikes, preferences and dietary requirements; information was recorded on a white board.

## Is the service caring?

### Our findings

We asked people living at Kyffin Taylor and their relatives about the standard of care provided. All the people spoken with told us they were well cared for, their needs were met, they felt involved and they were treated with dignity and respect. Their comments included, "Oh yes, they're marvellous [the staff], and they'll say 'are you all right; do you need anything?'" , "I've seen 'girls' helping people who need hand feeding and they're always very caring, very patient", "They [staff] are very nice and very kind", "Oh yes, I can't fault any of [the staff]; they're very good, very kind", "They [staff] do sit and talk with me sometimes. They mix well; they're friendly", "[The staff] joke with you and have a laugh with you" and "I've said the most important thing to me is my dignity, and the people here do look after my dignity".

Relatives comments included, "Yes, one hundred per cent. There's an overwhelming feeling that [the staff] do care – it's about caring. They're not just here for the weekly wage; they care, and it shows", "I feel confident that [my relative] is really cared for here", "Yes, they seem to [have time to chat] and even more: if someone's upset, they get a hug [from a carer]. I feel they treat people as their own parents".

We asked people living in the home if they could talk to staff and tell them how they felt about things? They told us they could. A person said, "If I really felt upset, I would [talk to staff], yes", and another person said, "Yes I can [talk to staff], if I want to".

Visitors comments included, "The staff all know [my relative], they use first name terms; [my relative] is very settled here and never asks to go home", "The staff here are fine, and you can talk to them" and "They do talk to [my relative] and understand what they're trying to say".

We observed staff to be kind and friendly in their approach to people at the home even during very busy times in the day. When supporting people to move from one place to another staff took time to chat with them. When giving support with moving, [when using equipment] they were kind, gentle and reassuring.

We observed staff approaching people and offering supporting and explaining what they were doing, for people unable to give verbal consent. For example, a staff member said, "Shall I just get you a cardigan? You look a bit cold"; another said, "I'm just going to move you over to that chair, is that all right?" Staff supporting people with their meals asked people they were supporting, to say they were ready for more food. Everybody supported with eating was given plenty of time, and staff were patient and respectful in their support.

People's care records recorded their preferred name. For some people it was their middle name. We saw that staff always used people's preferred names when talking to them and supporting them. People looked clean and well-dressed, with everyone wearing well-fitting slippers or shoes. We saw that carers were aware of keeping people covered, as necessary, when supporting them in moving, especially when using a hoist. Bathroom/toilet doors were kept closed when in use, and we saw that carers were quiet and discreet when offering support to people to go to the bathroom, or discussing this with other carers. A relative agreed with our observations. They told us, "The staff are always very polite with people and you can see them trying to

treat them with dignity – covering their legs up, things like that. And they guard the toilet doors, for instance, if someone is in there."

People who had hearing or visual impairments had support plans in place to help ensure staff fitted their aids or glasses each morning to help them with mobilising and so they were able to converse with others.

## Is the service responsive?

### Our findings

We saw care records which showed people's plan of care was written in a way that reflected their wishes, preferences, needs and choices. We saw this for people's routine, people's preferred foods and social activities. The importance of such documentation is that it reflects the approach and values of treating people as individuals. Additional personal information recorded people's family and employment history. Most of the life story documents we saw had been completed by family members and included family photographs. This helped staff get to know people as individuals and provide care based on their experiences and preferences. Care plans were completed in areas such as mobility, personal care, communication, safety and wellbeing, end of life and skin integrity.

The provider employed a dedicated activities coordinator who facilitated activities across three of the homes in the Parkhaven Trust group. At Kyffin Taylor activities were provided in groups and on a one to one basis. Activities were provided most days and included activities from external organisations.

A schedule of activities was on display and included craft, quizzes, music and exercise, reminiscence and bingo. Other activities included musical entertainers, film nights and exercise and massage. Garden parties and other events were held throughout the year, to which families were invited. Photographs were displayed throughout the home of these events.

None of the people we spoke with who lived at Kyffin Taylor could remember ever having raised a concern. Relatives we spoke with said, "We've had no cause for concern or reason for a meeting. Little things like if [my relative's] glasses go missing, we just go down to the office and there's always someone there who will keep you up to date with anything else" and "Only around falls really. Also we had a problem a while back [regarding my relative's belongings]. I spoke to the manager and they sorted that out".

The registered provider had a complaints procedure in place. A copy of the policy was displayed on the notice board in the entrance hall for people to refer to. A recent complaint which had come to our attention had been investigated and the complainant informed of the outcome.

With regards to the provision of end of life care there were no people who were being cared for at the home on a plan for end of life care. However, we saw that DNAR (do not attempt resuscitation) forms were in place and people's wishes were recorded. Some care staff had completed the Six Steps training. This is a recognised national end of life qualification, developed for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively, working in partnership with the individuals, their families and carers and other organisations to deliver the best quality of care.

## Is the service well-led?

### Our findings

At the last inspection we found the provider's documentation for staff to complete did not include a risk assessment for anyone who could display behaviour that challenged. This meant that whilst risks were identified and monitored on an ABC chart recording severity, the risk was not formally analysed and reviewed. We made a recommendation about this.

At this inspection we found that the provider had introduced a 'Challenging Behaviour risk assessment which identified any known triggers, any de-escalation technique and identified any safeguarding risk. This document was now in use and had been completed for people displaying behaviour that challenged, because they had a diagnosis of dementia.

A number of audits were completed to monitor quality and drive improvement of the service provided. These included audits for medication, falls, incidents and accidents, cleaning and infection control and the manager's monthly health and safety audit which looked at the premises, staffing and care documents. However an audit of care records on 31 January 2018 had not identified the issues we identified during this inspection and therefore the person's weight loss was allowed to continue and was not addressed. The audit only looked at two or three specific areas in the care plan; for example support plans and risk assessments, checking that they had been completed and reviewed.

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

People who spoke with us were positive about Kyffin Taylor. A person who lived in the home said, "It's happy and Friendly." Another person said, "It's very nice; I've got no complaints."

A relative we spoke with said, "It seems to be a calm place – very calm." Another said, "I get the impression that it's quite calm and settled, most of the time. The staff are friendly and welcoming, except for the restricted mealtimes."

Most of the people in the home knew who the manager was; one was able to describe them and knew their name. A person told us, "Yes; she's fine, I think." Of the four relatives we spoke with, three knew who the manager was. One relative said, "We have only spoken to [the new manager] in passing. I think everyone here is approachable."

The manager had been appointed in January 2018. They had started the application process with the Commission to be the registered manager. 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 manager was supported by an Operational Manager who visited the home regularly and carried out

their own audit every two months. The services at Parkhaven Trust were overseen by a board of trustees. The trustees visited the home regularly and reported on their findings.

Staff we spoke with said the home was a great place to work in; staff worked well together as a team and supported each other. We saw that staff supported each other throughout the day during our inspection. Staff told us that regular staff meetings were held and the new manager was supportive and listened to what they had to say. One staff said, "The manager is very approachable, easy to talk to." Another said, "I love my job, I wouldn't work anywhere else."

The manager had sent us notifications of incidents and events which were notifiable under current legislation. This helped us to remain up-to-date with what was happening at the service and monitor its performance.

Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, when they have received a CQC performance assessment for their regulated activities. We found that the rating from the last inspection was displayed in the home and on the provider's website.

Questionnaires were sent out each year to gather people's views on the service. The analysis of 2017 feedback was displayed on the entrance hall. Feedback was positive.

The staff at Kyffin Taylor worked in partnership with other agencies may help improve the quality of care provided. These included the 'Tele Meds' Service and Care Home Innovation project (CHIP). CHIP is a programme, launched by NHS South Sefton Clinical Commissioning Group (CCG) that offer care homes a comprehensive package of support to look after their residents' health care needs. The Care Home Innovation Programme (CHIP) brings together several initiatives to improve the quality of care homes such as community matron visits, standardisation of protocols, a bi-monthly quality improvement collaborative meeting and training for care home staff. Being a member of this group gave the staff access to immediate professional support and assistance when someone was unwell or had had a fall.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Significant weight loss was not identified and measures put in place to manage the risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  An audit of care records was not operating effectively. It had not identified the issues found during the inspection. A person's weight loss was allowed to continue and was not addressed.