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Bowland Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6, 7 and 19 December 2017. We visited the home on 6 and 7 December and contacted relatives and other professionals for their views of the service on 19 December 2017. The inspection was unannounced.

At our last inspection in 2015 we found the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act Regulations 2014 - Person-centred care. They had not always carried out an assessment of the needs and preferences for the care and treatment of people; and had not always designed their care and treatment in line with such needs and preferences. During this inspection we found improvements had been made in this area.

During this inspection we found breaches of Regulations 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not done all that was reasonably practicable to mitigate risks to people including responding to high water temperatures and ensuring the cleanliness of the home. The home had not been adapted to meet the needs of people with dementia type conditions. The provider did not have any monitoring or oversight arrangements in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Bowland Lodge 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. The home accommodates up to 36 people in one building. There were 30 people using the service during our inspection. People who used the service had enduring mental health needs or dementia type conditions.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before the current registered manager came into post people who used the service had been the victims of theft in the home. Lessons had been learnt by the current registered manager who developed new systems to prevent thefts happening again. However, the provider failed to carry out reasonable checks to ensure people's finances were being managed correctly.

The registered manager had arrangements in place to monitor the effectiveness of the service. We found the provider failed to have oversight of these arrangements to ensure improvements were made to the service.

We checked on records of health and safety checks. Whilst staff were given guidance on bathing temperatures for people we found people who used the service had access to basins where the water temperatures were in excess of those recommended by the Health and Safety Executive to minimise the risk

of scalding. A plumber was called to the service during our inspection to assess the situation.

We found cleaning took place in the home, however due to the condition of some of the equipment and flooring cleaning could not be carried out to an acceptable standard to reduce the risks of cross infection.

Some people who used the service were living with dementia type conditions. We found the home had not been adapted to meet people's needs. People could not access the garden independently as there were no front gates to ensure people could be kept safe.

We found window frames which had rotted and some windows could not be opened. The registered manager showed us an email from a builder who having received a payment from the provider was preparing to start work on the windows.

The service had appropriate systems in place to protect people from harm. Staff were trained in how to safeguard vulnerable adults and told us they felt able to approach the registered manager with any concerns about people who used the service.

People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Records of medicine stocks were correct.

People had the opportunity to give their views about the service and a complaints procedure was available to them. The registered manager showed us they had investigated complaints and provided an outcome to the complainant to their satisfaction.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service.

The registered manager reviewed accidents and incidents which took place in the home on a regular basis to see if there were any patterns or trends which could be avoided in the future.

We found the registered manager and the staff had advocated on behalf of people to secure their rights and prevent them from becoming distressed.

Everyone we spoke with was complimentary about the caring approach taken by staff towards people and their relatives. We found staff knew people well and were able to provide individual care for people using well timed words and shows of affection. We observed people being cared for with the utmost kindness and patience.

People had care plans in place which were accurate, up-to-date and were reviewed by staff on a regular basis.

Some people living in the home were able to access the community by themselves. Other people required staff assistance to leave the home. We found staff when they were able provided activities for people, however there was not a programme of stimulating activities in place for people who could not access the community independently.

The registered manager carried out audits and surveys to monitor the quality and effectiveness of the service. These audits identified where improvements needed to be made, however they did not identify all the improvements which were required to the building.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found the registered manager was proactive in supporting people and they showed great care towards people who lived in the home.

The service worked in partnership with health and social care professionals. Professionals told us they were welcomed into the service and facilities were provided for them to carry out their respective roles.

We have made recommendations about activities provisions and the accessibility of the building for people with physical disabilities. .

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.

Before the current registered manager came into post monetary thefts from people who used the service had taken place in 2014. The current registered manager had learned lessons about the thefts and put additional stringent accountability systems in place. However we found the registered provider had not taken action to support the current registered manager and demonstrate they had appropriate checks in place.

People had independent access to hot water which exceeded the recommended temperature to avoid scalding.

Areas of the home could not be thoroughly cleaned to reduce the risk of cross infection.

Requires Improvement ●

Is the service effective?

The service was not always effective

The building had not been adapted to meet the needs of people who used the service.

People's dietary needs and preferences were met by staff. If people did not like the meals on the menu they were able to choose an alternative meal.

Support was provided to staff through the use of induction, supervision and appraisal.

We recommend the registered provider reviews the building in the light of providing services to people with physical disabilities.

Requires Improvement ●

Is the service caring?

The service was caring.

Everyone we spoke with was very positive about the caring approach taken by staff towards people who used the service. Relatives and professionals complimented the staff on their ability to provide a caring service.

Good ●

Staff strongly advocated on behalf of people to ensure their needs were met.

We found staff knew people very well, understood their needs and provided the utmost care to them which protected their dignity, respected their privacy and improved people's lives.

Is the service responsive?

The service was not always responsive.

Arrangements had been put in place by staff with people to respond to and reduce the effects of harm caused by lifestyle choices.

People had care plans in place which reflected their needs and were reviewed on a regular basis.

Whilst relatives told us they had nothing to complain about, the registered manager had investigated complaints made by people who used the service to their satisfaction.

Staff supported people to carry out activities when they had the time to do so after they had completed their other duties. We recommend the provider reviews how the availability of activities can be increased in the home

Requires Improvement 

Is the service well-led?

The service was not always well led.

The registered manager had put in place arrangements to manage the service. However the provider had no oversight of these arrangements to ensure improvements were made to the service and to the building.

Surveys had been carried out by the registered manager to monitor the quality of the service. The survey results showed people who used the service and their relatives were very positive about Bowland Lodge.

The registered manager and the staff had clear working arrangements in place with other professionals to meet people's needs.

Requires Improvement 

Bowland Lodge

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 6, 7 and 19 December 2017. The first day of our inspection was unannounced. We visited the home on 6 and 7 December and contacted relatives and other professionals for their views on 19 December 2017.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Before the inspection, the provider 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 improvements they plan to make.

During the inspection we spoke with five staff including the registered manager, senior care staff, care staff and maintenance staff. We spoke with four people who used the service and six relatives. We reviewed four people's care files and other information relating to the management of the service. This included checking everyone's medicine administration records and four staff personnel files. We also spoke with five professionals who had contact with the service.

Is the service safe?

Our findings

Prior to our last inspection we found a previous employee had been convicted of thefts from people who used the service. As part of this inspection we saw the registered manager had rigorous systems in place for the monitoring and accountability of people's finances. They showed us their systems and demonstrated their processes to us. However we found the provider had failed to learn lessons and put in place oversight of the financial arrangements of the home to support the registered manager in their accountability. The provider failed to carry out reasonable checks to ensure people's finances were being managed correctly.

We looked at the arrangements in place to maintain the building and ensure people were safe. A maintenance person was employed by the service. The registered manager provided the maintenance person a list of tasks to be completed each week; the list included building checks to be carried out. These included fire checks which were regularly carried out to ensure the fire system was working efficiently. We noted window frames in people's bedrooms needed replacing, as some had rotted away and the paint was chipped. Some windows could not be opened. The registered manager showed us an email from a builder who had agreed to start work on the windows and needed to order the windows to fit the building.

Water temperature checks had been carried out once at each water outlet in the last year. We saw these temperatures exceeded the Health and Safety Executive recommendations of 44 degrees to reduce the risk of scalding. The registered manager had ensured risk assessments were in place and staff were aware of the required temperature for people to bathe safely. Thermometers were available for staff to test people's bath water. However in some basins in people's rooms and communal toilets the water temperature reached and in some cases exceeded 60 degrees which exceeded the Health and Safety Executive recommendations. Guidance can be found on <http://www.hse.gov.uk/healthservices/scalding-burning.htm>. During our inspection the provider took action to put in place thermostatic valves to control the water temperature. As a result of our findings a plumber was called to the service to assess the risks.

We looked at the cleanliness of the home and actions which had been taken to reduce the risk of cross infection. Regular cleaning took place, however we found there were areas of the home which could not be effectively cleaned due to the condition of equipment. For example, toilet frames were rusted and flooring in toilets and bathrooms was raised around the edges and not sealed to the wall

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

Policies and procedures were in place to protect staff. For example risk assessments were in place for manual handling, first aid at work, the use of work equipment and PPE, and lone working.

People were supported to take their medicines in a safe manner by staff who were trained in medicine's administration and assessed as competent to do so. Senior care staff administered people's medicines. We checked the medicines administration records and found there were no gaps in the records. People's medicine records included a photograph to enable staff to identify people together with records of any known allergies.

People had been prescribed medicines on an 'as and when required' basis. Staff explained to us that people had capacity to explain when they needed this, for example pain relief. Descriptions of these occasions were in people's care plans to guide staff about when people may need these type of medicines.

Controlled drugs are those which are liable to misuse. Staff carried out daily audits to check to see if the stock matched the records. We found the records were accurate.

Accidents and incidents in the home were recorded by staff and monitored by the registered manager in order to ascertain if they were preventable and take action to reduce the likelihood of future occurrences. Visitors to the home expressed concerns about the open stairways and the potential risks posed to people living with dementia. We found staff supported people and reduced the risks on the stairs. No accidents had taken place on the staircases.

Prospective staff members were required to complete an application form which detailed their experience and training relevant to the post for which they were applying. Vetting checks were carried out by the registered manager who sought two references for each member of staff and arranged for a disclosure and barring services (DBS) check to be carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. When we checked staff files we found one staff member had historical convictions for offences. The registered manager was able to provide verbal details of the risk assessment they had carried out with the staff member regarding their convictions to ensure they were safe to work with vulnerable people. They acknowledged this was not documented. The registered manager agreed to document their decision making in the future.

The registered manager used a dependency tool to assist them to work out how many staff were required to meet people's needs. We checked the staff rotas and carried out observations during our inspection. We found there were enough staff on duty. We saw staff were able to respond promptly to people's requests for assistance.

People were protected by staff who had been trained in safeguarding. Staff told us they felt confident in raising any concerns with the registered manager about people who used the service. We spoke to the registered manager about any current whistle-blowing concerns. They advised us there were no on-going concerns.

The provider had in place a staff disciplinary policy which could be used to address inappropriate staff behaviour. We learned from the registered manager there were no current concerns about staff discipline.

The human rights of people who used the service were promoted by the staff. People were encouraged and supported to have contact with their family. The service had in place a network of healthcare providers to support people's right to life.

Is the service effective?

Our findings

Bowland Lodge consists of two large three storey Victorian semi-detached houses joined together. Relatives and visitors to the home expressed concern about the poor state of the home. During our inspection we saw the provider had used the land behind the home and built a new care home extension. Staff told us this had been built for a number of years and this was not in use. Relatives spoke with us about the physical environment of the home. One relative said, "The building needs some work." Another relative told us they believed the home was outdated and in, "Serious need of repairs and massive refurbishment."

People who used the service, including those with dementia type conditions and people whose liberty was restricted due to cognitive impairments, only had access to the front garden. This was insecure as there were no gates. We asked the registered manager if people could access the garden area. They explained this did happen but not without staff support.

We looked around the building and did not see any evidence of adaptations to the environment, in line with best practice, to meet the needs of those living with dementia. For example, there was no evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and toilet seats in bathrooms. We observed one person struggling to get through a heavy door with a walking frame to access the toilet facilities. The provider had failed to ensure the home was suitable for the purposes for which it was being used.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service is registered with CQC to meet the needs of physical disabilities. At the time of our inspection one person used a wheelchair and other people used walking frames. People with mobility issues were unable to enter and exit the building due to steps at the front door. Instead people were required to walk through the house, down the corridor of an annex to exit the building and along a pathway running parallel to the front of the property. During our inspection this was done by people in order to access taxis at the front door in order to attend their appointments.

We found the bedrooms in the home to be of varying sizes. The registered manager explained to us if the home was to admit a person with physical disabilities they would need to ask another person to change bedrooms and move to an upper floor. The smallest bedrooms were on the ground floor and were too small for people who may need to use hoisting equipment. At the time of our inspection no one in the home required the use of a hoist. One bathroom on the ground floor had an accessible shower. There were no other adaptations to other bathrooms. There was a lift in the home, but access to the lift from some of the bedrooms on the first floor was via a narrow corridor which was further narrowed by the location of a large radiator.

We recommend the registered provider reviews the building in the light of providing services to people with physical disabilities.

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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had been trained in MCA and DoLS and understood what they were expected to do. Capacity assessments were on file and applications had been made to the local authority to deprive people of their liberty and keep them safe. CQC had been notified when these applications had been approved. Each person had capacity assessments in place

One person was described as having fluctuating capacity; their care plan went onto describe if their facial expressions were changing staff needed to be aware they may be struggling to hear what is being said as opposed to lacking capacity. This meant staff understood people may be perceived as lacking capacity when they had a hearing impairment.

Transition planning for people who may need to attend hospitals was in place. Each person had a transfer to hospital document on which was recorded people's medical histories. This meant hospital staff would have access to important information about people if they were admitted to hospital.

Staff who were new to the service completed an induction to familiarise themselves with policies and procedures and the needs of people who used the service. On-going support was provided through supervision and an annual appraisal. Staff confirmed to us they undertook regular training and we found certificates from training organisations on staff files. The manager had devised a training matrix which showed when staff had completed the training and when they were required to update their training. One relative told us staff were, "All-round competent." Another relative said, "Staff are knowledgeable and very helpful. They provide a good level of service." Professionals we spoke with during our inspection were complimentary about the staff working with them to meet people's needs.

Kitchen staff were aware of people's dietary requirements due to diagnosed health conditions such as diabetes. They were also aware of their individual preferences which had arisen due to people's previous living conditions or their current beliefs about where they were living due to their cognitive impairments. For example, one person preferred only to eat sandwiches. The registered manager explained whilst the kitchen staff met people's individual preferences they also tried to support people to introduce new foods into people's diets.

We saw there was a three week menu in place. People had a choice of food at each meal and were able to select an alternative meal if they did not like what was on the menu. We observed staff supporting and encouraging people to go into the dining room for their meals. One person living with dementia said they did not want anything to eat. The staff tried again approximately ten minutes later and the person agreed to have some lunch. We checked people's weights and found people's weight fluctuations were only minor. When staff had become concerned about a person's weight loss they had requested a referral to a dietitian. Food supplements had been prescribed and staff had documented when these were given.

Communication systems were in place in the home. Staff used a shared diary to monitor people's appointments and put in place arrangements to help them attend. Daily reports were in use for staff to share pertinent information about people needs as shift changes took place. Both relatives and professionals commented on the good communication generated by staff to assist them to work together and support people. One relative described the registered manager as a "Great communicator." Another relative expressed confidence in the staff and told us they always let them know what was happening with their family member.

Is the service caring?

Our findings

At our last inspection we rated this domain as 'Outstanding'. Whilst we found the staff team were exceptionally kind and caring in their approach to supporting people, the provider did not deliver care in a manner which was caring, as they had not done all that was reasonably practicable to mitigate risks to people. Neither had the provider ensured the home was suitable for the purposes for which it was being used.

We received only very positive comments about the staff and their approach to people. A relative we spoke with said, "Staff are wonderful, very good and understanding. They don't judge people." Another relative told us the service provided the, "Best type of care" and went on to tell us the staff are always there for people who use the service. A third relative said, "Staff are lovely." Relatives also wanted to tell us about the caring approach of the registered manager. One relative said, "The [registered] manager is fantastic, she seems to care very much." The registered manager had used their sewing skills to sew table cloths and curtains for the dining room to make it a more welcoming environment for people to use.

In 2016 a person who used the service had nominated the registered manager and the deputy for an award run by Healthwatch for their 'Outstanding care and support.' Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. The registered manager and the deputy manager had won the award and this was on display in the office.

One relative commented in their survey response, "The staff are always available and approachable and always will deal with any issues I have with my relative's well-being." Another relative wrote, "All staff are helpful and I always get a nice welcome at the home. My [relative] receives good care in all aspects of her needs." A third relative had written, "Excellent welcoming and caring staff."

Staff knew people very well and were able to anticipate their responses and reactions to change. They spoke to us about people leaving the home to move onto new services or their own supported accommodation. They told us what they would need to do to maintain a person's well-being in order for them to make a successful transition. We found staff were well informed, understood the risks to people and how to ensure they promoted the well-being of people who used the service.

We saw staff provided timely and effective emotional support when people became distressed. During our inspection this support included the use of well-chosen words or appropriate warm hugs. Staff spent time with people to talk with them about their worries. We found the service was very compassionate and staff treated people with the utmost kindness and respect. One person who used the service was able to discuss with us the insight they had gained into their own behaviour as staff had listened to them and helped them think about issues in their past. We observed another person who staff believed their dementia was driving them to re-live their past experiences. Staff worked alongside the person using good practice techniques as they relived their traumatic early life experiences.

The service provided help and support to people who had experienced significant personal challenges. Irrespective of the challenges we found staff provided a positive approach to people and promoted equality, for example by using advocacy.

We looked at the advocacy arrangements in the home. Advocates provide a service to people to enable and support them represent their views to others. The registered manager and the staff understood the purpose of advocacy and supported people to access advocacy services. They spoke to us about one person's need for advocacy and how important it was to them. One advocate told us the service always found a private space in the home to hold conversations in private and staff respected the confidentiality boundaries of the advocate's role.

Staff also acted as advocates for people. One person told us they were given the wrong counselling service to meet their needs and had reported this to the registered manager in a distressed state. They told us the registered manager had sought further help and advice for them. We observed a telephone call between the registered manager and another professional. The registered manager spoke to the other professional and advised on the right approach to take to engage the person. We saw the registered manager had been persistent and undertaken extensive enquiries and advocated on behalf of one person who had not been able to claim their benefits. We found the service to be highly proactive in getting the right services for people. Staff spoke to us with emotion about a person for whom they had sought appropriate services returning to visit the home and they looked and felt much better. Staff expressed delight at the person's improvements to their lifestyle.

Staff promoted the well-being of people who used the service. For example people in the service were permitted to have pets. The registered manager brought their dog into work to support one person who loved animals. They explained another person needed to move on to a home which provided nursing care and could not take their dog. A member of staff adopted the dog and took it to visit the person in their new home. The registered manager also spoke about other pets the service had continued to care for once people and moved into other homes. These included fish and birds.

Without exception all the relatives we spoke with felt involved in the care of their family members. Relatives reported to us staff provided them with information and listened to their concerns. One relative told us how staff worked with them to motivate their family member to address personal hygiene issues so they could go out with their family. They told us the staff had some success and had made every effort to encourage and support the person to improve their wellbeing. A professional commented on the person they had recently visited in the home. They told us the person looked very well and their personal appearance had improved significantly.

The registered manager told us they felt their staff were very caring and gave an example of a member of staff transporting a relative home which was some distance away after a family member had passed away. We spoke to the staff member concerned who said, "Well you can't let a person go home all that way on public transport." We found the care provided by the staff extended to relatives and visitors to the home.

We saw staff respected people's diverse needs. For example, arrangements for church services were in place for those people who wished to practice their faith.

We saw people were involved in the service and were able to express their views and opinions. Resident meetings were held where people were listened to and their views considered. For example some people wanted to do to Beamish Museum. A trip was planned but unfortunately had to be cancelled due to bad weather. The staff apologised to people for the cancellation.

People's dignity was respected. Staff were alert to people's needs and spoke in hushed tones with people who needed assistance with their personal care. Personal care was carried out behind closed doors to maintain people's privacy.

People who used the service were given a resident's handbook. The handbook gave people information about the service and included meals, laundry, keeping of pets, advocacy and how to make a complaint.

Is the service responsive?

Our findings

One relative had written in response to the survey carried out by the registered manager, "Family can rest assure their loved ones are being cared for." Another relative wrote, "The staff are really helpful and respond to anything you ask them to do. My [relative] is very settled here and seems so happy. It makes my life much easier knowing he is looked after here. They are all doing a great job. The [registered manager] is always on hand to help."

During our last inspection in 2015 we found the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act Regulations 2014 - Person-centred care. They had not always carried out an assessment of the needs and preferences for the care and treatment of people; and had not always designed their care and treatment in line with such needs and preferences. During this inspection we found improvements had been made in this area,

People were protected from discrimination by a registered manager who sought to secure people's rights in order to meet their needs. For example they told us about how they had ensured a person's access to benefits and a bank account. Due to personal circumstances the person who used the service had not secured the benefits they were entitled to claim and they did not have access to a bank account.

Before people were admitted to Bowland Lodge staff carried out a pre-admission assessment with each person, their relatives and other professionals. On admission staff had developed care plans for people. We found these care plans to be person centred and up to date. If people had specific health care needs for example diabetes we found there were care plans in place to guide and support staff on each of these needs. Plans were regularly reviewed and updated by staff.

People who used the service had complex histories and needs. Some people who used the service had a history of alcohol misuse. In line with harm reduction methodology staff had supported people to reduce their alcohol intake by consuming drinks which contained lower alcohol levels. Staff had engaged people to agree the amounts which they consumed. The registered manager explained this was to reduce the risks associated with alcohol misuse. Two people confirmed to us staff had supported them to reduce their alcohol intake and one person spoke with us about the insight they had gained, whilst living at Bowland Lodge, into their drinking patterns. One person told us they had stopped drinking alcohol.

We asked people and their relatives if they had needed to complain One relative said, "We don't have anything to complain about." Another relative said, "The staff are fine. No complaints." The registered manager investigated complaints made about the service. We saw they had documented any complaints made, no matter how small and described what actions they had taken to resolve the issues raised. Complainants were informed of the outcome and their satisfaction was noted. This demonstrated the registered manager took people's complaints seriously.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. Visitors to the home told us they were welcomed by staff.

Some people who used the service were able to access the community without staff support. This meant people were free to leave the building, go shopping and access community facilities for themselves. They were able to participate in activities in the community.

One professional spoke of what was available to staff and said in relation to activities, "There is not much available in the way of resources." People who were subject to 24 hour supervision were dependent on staff for stimulation. During our inspection we saw people playing drafts with staff. Some craft activities had been carried out and in the quiet lounge we saw jigsaws and Christmas tree decorating. However we found there was not a structured programme in place to stimulate people living in the home. Staff provided activities when they could once other duties were finished. We spoke to the registered manager who confirmed staff supported people to do activities when they were able to do so.

We recommend the provider reviews how the availability of activities can be increased in the home.

Relatives we spoke with told us about how people were treated as individuals and their concerns were addressed. One relative told us about their family member being supported to attend hospital so they had someone with them to help them understand, "What was what." During our inspection we found a person who used the service with a serious illness. Staff were working with professionals to support them visit the person in the home as the person did not wish to attend hospitals.

At the time of our inspection there was no one on end of life care. The service had spiritual and end of life care plans in place. People's care plans detailed the 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) directive that was in place for some people. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. Staff expressed confidence in the registered manager and the deputy manager and told us they felt supported. People knew who the registered manager was and we found them to be a visible presence in the home. Professionals we spoke with were complimentary about the manager and felt they were approachable.

The registered manager had in place a number of audits to monitor the effectiveness and quality of the service. These included care file audits, health and safety audits, medicines and infection control. The audits were carried out before specific deadlines so the registered manager could have an overview of the home at the end of the month. We found these audits did not always identify the deficits we found in the service.

We spoke with the registered manager and asked if they found deficits in the service how were these reported to the provider to make improvements. The registered manager told us they spoke to the provider if anything was needed in the home. They rang them and made a record in the office diary to remind themselves they had spoken to the provider. We found the provider did not have reporting mechanisms in place for the manager to be transparent and accountable to the provider for the work they carried out in managing the regulated activity. There were no records in the service which demonstrated the provider was making improvements.

The provider did not have any monitoring or oversight arrangements in place of the home to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This meant the service was lacking in quality and improvement planning.

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

The provider relied heavily on the registered manager to manage the home. We found the culture of the home was based on caring values. This was driven by the registered manager but equally demonstrated by staff. Relatives and other professionals consistently provided evidence of a caring culture in the home.

People and staff were engaged in the service through meetings. The minutes of each 'Residents' Meeting' were placed on a notice board to give people a chance to read them if they wished along with other information. A service user's guide was provided in an easy read format. We read the minutes of each meeting and found staff had engaged people in the running of the home.

People's records in the service were up to date and accurate.

The provider had in place a statement of purpose which gave information about the home and how it was run. This provided clear information to people about the running of the home and what support was available to them.

There were working partnerships in place between the home and other professionals. For example during our visit an optician visited the home. Staff put in place arrangements to ensure the optician could test people's sight. Following the inspection we spoke with other professionals who told us staff were helpful and supportive of their visits to meet people's needs. The registered manager told us when they referred people to a 'Challenging Behaviour' team they put in place behaviour charts to monitor behaviours which challenged the service in order to proactively support the referral. Professionals confirmed the registered manager was able to provide the necessary information to support them working in partnership with the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the home was suitable for the purposes for which it was being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have any monitoring or oversight arrangements in place of the home to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.