

# Silver Healthcare Limited

# Fulwood Lodge Care Home

## Inspection report

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## Ratings

|                                 |                      |   |
|---------------------------------|----------------------|---|
| Overall rating for this service | Requires Improvement |  |
| Is the service safe?            | Good                 |  |
| Is the service effective?       | Requires Improvement |  |
| Is the service caring?          | Good                 |  |
| Is the service responsive?      | Requires Improvement |  |
| Is the service well-led?        | Good                 |  |

# Summary of findings

## Overall summary

This inspection took place on 23 March 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 5 July 2017 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in; Regulation 10, Dignity and respect; and Regulation 17, Good governance. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive, caring and well-led to at least good. We found improvements had been made and the registered provider was no longer in breach of regulations.

Fulwood 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. Fulwood Lodge is a 42 bed home providing personal and nursing care to older people with a range of support needs, including people living with dementia. There were 27 people living at Fulwood Lodge at the time of this inspection.

There was a registered manager employed at the service. 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 we spoke with told us there had not been a wide range of activities or outings in recent months. However, people also told us the newly employed activity coordinator was committed to introducing activities that were enjoyable and beneficial for everyone's health and wellbeing. We recommend the registered provider ensures these recent improvements are sustained and developed to meet everyone's needs.

People were usually 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. Staff clearly knew people and their likes and dislikes, however on occasion staff did not ask for consent or give people options before providing care and support. We spoke with registered manager and registered provider about this.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

There were enough staff available to ensure people's care and support needs were met. The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

We saw the premises were clean and well maintained.

People and their relatives told us they enjoyed the food served at Fulwood Lodge, which we saw took into account their dietary needs.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

People's care records reflected the person's current health and social care needs. We saw these were evaluated monthly by staff and we were told six monthly reviews were to be introduced involving the person and their relatives.

There was an up to date complaints policy and procedure clearly displayed in the reception area. People, their relatives and staff told us the registered manager was approachable and responsive to any issues raised.

People living at Fulwood Lodge and staff were regularly asked for their views. Concerns and suggestions were considered and acted upon.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. However, some of them needed amending to include information and local contacts specific to Fulwood Lodge.

## 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 safe.

People told us they felt safe living at Fulwood Lodge. There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

There were sufficient numbers of staff employed to meet people's care and support needs. Recruitment procedures made sure staff were of suitable character and background.

We found systems were in place to make sure medicines were safely stored and that people received their medicines as prescribed.

Good 

### Is the service effective?

Requires Improvement 

The service was not always effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. However, staff did not always ask for consent before providing care and support.

People were assisted to maintain their health and wellbeing by being provided with a balanced diet and having access to a range of health and social care professionals.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

### Is the service caring?

Good 

The service was caring.

People and their relatives told us the staff were kind and caring.

People's privacy and dignity was respected and promoted.

Information and support was provided in ways to help people

understand the care and support available to them.

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

The service was not always responsive.

There had not been a wide range of activities or outings available to people to participate in. A new activity coordinator had recently been employed to rectify this.

People's care records reflected the person's current health and social care needs. We saw these were evaluated monthly by staff and we were told six monthly reviews were to be introduced involving the person and their relatives.

The service had an up to date complaints policy and procedure. People and their relatives told us they were confident in reporting any concerns to the registered manager.

### **Requires Improvement**

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

**Good** 

The service was well-led.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

People and staff told us the registered manager was supportive and approachable.

People living at Fulwood Lodge and staff were regularly asked for their views. We saw any concerns and suggestions were considered and acted upon.

# Fulwood Lodge Care 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 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 23 March 2018 and was unannounced. The inspection team was made up of one adult social care inspector, one expert by experience and a specialist advisor. The specialist advisor was a nurse with experience of working with older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury. We received two complaints regarding possible neglect of people living at Fulwood Lodge. As a result we brought this inspection forward and the areas of concern were looked at as part of this inspection. The registered provider met the minimum requirement of completing the Provider Information Return (PIR) at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, as the inspection was brought forward the information in the PIR was not recent enough to help with the planning for this inspection and to support our judgements.

Before our inspection we contacted members of Sheffield City Council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group. They told us they continued to jointly monitor the service and support the registered provider to improve as they had concerns regarding the quality of support provided to people who used the service.

During this inspection we spoke with 11 people who lived at Fulwood Lodge and three relatives who were visiting at the time. We met with the registered manager and the registered provider. We spoke with eight members of staff. We spent time observing daily life in the service as well as looking at written records, which

included five people's care records, six staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Fulwood Lodge. Comments from people included, "I have felt safe since the moment I arrived [at Fulwood Lodge]," "The staff do all they can to assure your safety" and "Without a doubt I am safe here." Relatives told us, "[Name of relative] is much safer here, I really trust the staff," "I have never seen the staff act poorly or inappropriately, they have some good staff here" and "[Name of relative] loves [Names of two members of staff] as they make her feel safe and special."

All staff received training in safeguarding vulnerable adults as part of their induction and every year thereafter. Every member of staff we spoke with confirmed they had this training and were able to tell us what suspected abuse might look like. This included where people may have been neglected or physically abused. Every member of staff we spoke with told us they would report their concerns to the registered manager. All were confident the registered manager would respond immediately and effectively.

The service had up to date safeguarding vulnerable adults and whistleblowing policies and procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. All staff we spoke with told us they knew how to escalate their concerns if they were ever dissatisfied with their manager's response. This meant staff were aware of how to report any unsafe practice.

Since the previous inspection CQC had raised one safeguarding concern with the local authority regarding alleged neglect. We saw the registered manager had kept a record of this and the appropriate action they had taken to resolve the issues raised.

We were told accident and incident forms were completed by the care worker at the time of the incident and reviewed by the nurse to ensure immediate actions to resolve the situation were completed. The registered manager reviewed these forms every month to ensure action was taken to mitigate against further incidents, where appropriate and to identify any trends. We checked two forms to see if the incidents had been recorded in the relevant person's care records and staff handovers, which they had.

There were 27 people living at Fulwood Lodge at the time of this inspection. Five of these people were assessed as having residential care needs and the rest were assessed as having a higher level of care and support needs, classed as nursing care. We asked people and their relatives if they thought there were enough staff on duty to meet their care and support needs. They told us, "My priority is my [relative's] safety and I feel that [relative] is safe here, it's just that the staff numbers are a bit tight at times," "Sometimes the staff are very busy," "Having more staff would help as they work so hard" and "Sometimes the staff say 'I'll just be a minute,' but it can be lot longer."

We asked the registered manager how she ensured there were enough care staff available on each shift to keep people safe. She told us she used a staffing dependency tool to calculate numbers of staff required based on the current occupancy levels and the needs of each person living at Fulwood Lodge. This created a dependency profile for each month. In addition, dependency levels in the home were reassessed whenever a person left the home, whenever a person moved or whenever a person's needs changed. We saw evidence

of completed dependency assessments on the care records we looked at and we saw they accurately reflected the level of care and support needs the person had.

At the time of this inspection there should have been five care workers and two nurses on the day shift from 8am to 8pm and two care workers and one nurse on the night shift from 8pm to 8am. We saw the staffing rotas for the previous, current and next week and they confirmed these staffing levels. The registered manager told us there were occasions when they needed to use an agency nurse at night to cover training or annual leave. A new deputy manager was due to start the following week. They were a registered nurse and would be the clinical lead with management responsibility for the nursing staff.

Throughout the day of this inspection we saw there were enough staff to meet people's care and support needs in a timely way. However, the registered provider may want to consider people and their relatives' views as part of the decisions made about the staffing levels at the service.

We looked at the recruitment files for four members of staff who had been employed in the previous 12 months and two files for longer standing members of staff. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. These checks helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We checked to see whether medicines were stored safely and administered correctly. We saw daily temperature recordings of medicine rooms and fridges were taken and up to date. The temperatures recorded were within the safe limits for the storage of medicines. We saw the medicine trolleys and fridges were clean and in good order, labels on bottles and boxes were clear, and drops and creams were dated when opened. We saw the medicines trolley was never left unattended or unlocked.

Some medicines are classified as controlled drugs (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. We checked the stock records for four different CDs and found they were correct. The service had safety tubs to return all unused medicines to the pharmacy, we saw these were all counted and recorded correctly. This meant there were systems in place for the safe storage and disposal of medicines.

We observed the end of the breakfast medicines round and the lunchtime medicines round. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw there was a sheet at the front of each MAR with a list of the signatures of everyone with responsibility for administering medicines. Only registered nurses administered medicines at the home.

We checked seven MAR charts, one MAR had one blank space, which we brought to the nurses attention to rectify. Each MAR had a current photograph of the person to aid identification, details on how the person preferred to take their medicines and any allergies they may have. We saw MARs were appropriately completed after medicines were administered, and we saw the nurse stayed with the person until the medicines had been taken. The nurse discreetly explained what each medicine was for and offered the person a drink. Some people were prescribed topical medicines, such as creams and lotions. We saw these people had a body map to indicate where on their body the topical medicine needed to be applied. We saw staff had signed when the cream had been applied. People and their relatives told us, "I always get my medication on time" and "I come at different times of the day and the medication is always on time."

We saw staff had access to a medicines policy and procedure file that was up to date and covered all areas of safe medicines management. Staff also had access to an up to date British National Formulary (BNF) book for practical information on the selection and clinical use of medicines. This meant there were systems in place for the safe administration of medicines.

We checked all three floors in the home which included communal bathrooms, toilets, dining areas and lounges and found all to be clean and fresh, and in good repair. Plastic gloves and aprons were used by all staff at appropriate times throughout the day of this inspection. This meant there were systems in place to reduce the risk of the spread of infections.

# Is the service effective?

## Our findings

We checked progress the registered provider had made following our inspection on 5 July 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 17, Good governance. This was because the service had not always assessed, monitored and mitigated the risks relating to people's pressure care, and had not maintained an accurate and contemporaneous record in respect of each person. During this inspection we found improvements had been made in this area and was no longer in breach of this regulation.

People with pressure wounds continued to be reviewed by the community tissue viability nurse (TVN) who gave advice on how to care for the wound. We saw this advice was recorded and care records updated accordingly. Where people had pressure wounds these were photographed regularly to ensure the wounds were healing. This is good practice as any deterioration in wounds can be quickly identified and referred back to the TVN as required. We saw where people had special pressure relieving mattresses the nurse checked each of the beds settings and recorded the readings on charts kept in the bedroom. We saw people at risk of pressure areas were using appropriate equipment to reduce the risk of skin breakdown, such as pressure relieving cushions.

When needed we saw completed charts that recorded positional changes in line with the person's care record. For example, where a person needed support to turn over every four hours we saw this had happened and correctly recorded at the time. In addition we saw accurate records of people's fluid and food intake were taken at the time. The senior care worker then transferred this information on to a central log towards the end of each shift. Any concerns were reported to the nurse on duty to assess and plan to mitigate the risk. The registered manager then checked the records every week. We saw this was a new system introduced in the last three weeks. Staff told us it was working well.

People told us they enjoyed the food served at Fulwood Lodge. Comments included, "What can I say? We get good, wholesome home cooking," "You cannot fault the food, the cooks try their best to cook us the food we like," "The food is spot on," "The main thing that I will miss when I leave here is the good home cooking" and "The catering team go to so much trouble, they try their best to satisfy me."

Kitchen staff told us, "We [staff] discuss the menus at the residents and family meetings and we also have separate meetings about the menus from time to time. [Staff] also circulate questionnaires," "We [staff] have made a number changes to the main menus. [Staff] keep a record of all the comments made by the residents" and "We [staff] will try and accommodate anything." People we spoke with confirmed this to be the case, "There are meetings that are just about the menus, they [staff] are always asking for ideas," and "The cook comes to see me and ask what I think of the menus and the quality of the food."

Relatives also had positive comments about the food. These included, "[Name of relative] would certainly let them know if she did not like the food" and "I have eaten here and I can guarantee the food is smashing."

The home had two dining rooms. The largest one was on the ground floor with a smaller dining area in the

communal lounge on the first floor. No one took their meal in the first floor dining room on the day of this inspection. Everyone ate in the ground floor dining area or their rooms. The ground floor dining area was sufficiently spacious to accommodate everyone and the atmosphere was relaxed and calm. Kitchen staff worked to a four week menu plan that we saw included a variety of meals options. Some people had specific dietary needs for health or cultural reasons and we saw these needs were catered for.

Overall we saw the dining experience was positive. The dining tables were fully set prior to everyone being seated and the food served looked appetising and plentiful to us. We saw a lot of people were asked what they wanted to eat for lunch and three people went over to the chef to look at the options available and select what they wanted. Most people who required support to eat were supported in a dignified and unhurried way. Staff sat next to the person at eye level and chatted with the person explaining what they were doing and asking the person if they were enjoying their meal. However, we did see one member of staff who stood up to support a person to eat their meal while carrying out other tasks between mouthfuls.

We spoke with the registered manager about this and she agreed to remind staff of the importance of providing everyone with a positive dining experience. Relatives told us the dining experience was improving. They told us, "I sometimes feel that my [relative] does not get the right attention at meal times, but it is getting better," "It is much calmer in the dining room these days" and "It is much better organised at mealtimes than in the past."

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. All staff completed an induction and we saw records of this on staff personnel files. This included completing mandatory training, such as safeguarding vulnerable adults, and health and safety. Care staff also shadowed more experienced members of staff and worked towards completion of The Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate should give everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager told us all mandatory training was class room based learning and staff confirmed this to be the case. It was provided by a private training company for all the registered provider's services at the start of their employment with refresher and update sessions throughout their employment.

We saw the registered manager kept a 'supervision tree' which listed all current members of staff against their line manager. For example, nurses managed care workers and the registered manager managed ancillary staff. The service had an up to date supervision policy which stated all staff should receive four supervisions a year and a yearly appraisal. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The registered manager told us she completed the appraisal every year with every member of staff. This meant she was able to keep an overview of all staff performance.

Every member of staff we spoke with told us they received regular supervision and a yearly appraisal. We saw written records of these meetings taking place.

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 found the service was working within the principles of the MCA. We saw records of best interest meetings taking place when a person did not have capacity to consent to potentially restrictive equipment, such as bed rails. We saw there were possible restrictions on people's liberty at Fulwood Lodge as a key code was required to move between different floors and to exit the building. The registered manager understood her responsibilities under the MCA and we saw she kept a progress record of all DoLS applications. Where these been authorised, we saw the registered provider was complying with any conditions applied to the authorisation.

Care staff we spoke with understood the principles of the MCA and were able to give examples of what this meant in practice. We saw records confirming staff had undertaken training in this area.

We did see staff ask for consent before proceeding with supporting a person. However, there were also occasions where this did not happen. For example, people were not always asked if they wanted to wear clothes protectors at mealtimes, staff put them on some people without asking first. We spoke with the registered manager about this and they assured us staff would be reminded of the importance of always asking for consent first.

All the people we spoke with told us staff looked after them well and supported them to see a range of health and social care professionals when required. Comments included, "The staff always call the doctor if I am unwell," "The staff ensure that I get to all my specialist appointments on the day and on time" and "My independence has improved thanks to the staffs efforts"

The care records we looked at recorded the input of other professionals. For example, two of the care records we looked at contained advice from a dietitian and tissue viability nurse.

# Is the service caring?

## Our findings

We checked progress the registered provider had made following our inspection on 5 July 2017 when we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect. This was because we saw people's dignity and confidentiality were not always respected. During this inspection we found improvements had been made in this area and was no longer in breach of this regulation.

We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw care records were locked away when not in use.

People and their relatives told us staff respected their privacy and dignity. We saw staff respected people's privacy by knocking on their door before entering their room and closing doors on toilets and bathrooms when people went in. We heard staff explaining to people what they were doing when supporting them with personal care.

Staff we spoke with were able to tell us what it meant to treat people with dignity and respect. They told us, "We [staff] treat people as individuals. I treat people with respect as I would want to be treated," "We [staff] tell people what we are doing, rather than just doing it" and "We [staff] try our best to make a difference to people's lives for the better."

People were positive about the care and support they received. Comments included, "The care staff are very good at looking after us," "Without a doubt the staff are first class, they have done everything within their power to make me feel settled and at home," "The staff are such kind, caring people" and "The staff take very good care of me."

Relatives we spoke with were also positive about the staff. They told us, "The staff certainly know what they are doing," "All of the staff do their best for my [relative], they go to so much trouble to get things right," "Staff are so friendly and welcoming, they make you feel a part of the home," "The staff show everyone such patience" and "The staff are always happy and cheerful when I visit."

We saw people, their relatives and staff all got on well together. We heard a lot of laughter and lively conversations. People told us staff were good at listening to them and meeting their needs. We saw relatives and visitors were also welcomed to the home in a caring and friendly manner.

We saw examples of caring practice. For example, we saw when people required support, or appeared anxious or upset, staff attended promptly and spent time with them to understand the situation and support the person appropriately. We saw staff kneeling down to speak with people to maintain good eye contact to aid communication.

We saw the service had up to date policies and procedures relating to maintaining 'service user rights,' such

as access to personal files, advocacy services and expressing sexuality. We saw information was provided, including in accessible formats, to help people understand the care and support available to them in a way they could understand. For example, a version of the 'service user guide' contained pictures to aid understanding.

We saw people's religious needs were part of everyday practice. Staff we spoke with understood different religions have certain customs that need to be respected. Comments from people included, "It is so important to me to have a church service here and I also go to my own church when I can" and "The staff arrange for the priest or representative to come and support me."

All the staff we spoke with told us they enjoyed working at Fulwood Lodge and would be happy for a relative to live there if they needed this type of care and support.

# Is the service responsive?

## Our findings

We checked whether the service provided meaningful activities and social opportunities for people. The registered provider had recently employed a full time activity coordinator. This member of staff had been in this post for a week at the time of this inspection. Every person we spoke with told us that over the past few months there had not been a wide range of activities or outings. However, people also told us the new activity coordinator was committed to introducing activities that were enjoyable and beneficial for everyone's health and wellbeing.

During this inspection we saw people were playing games with the activity coordinator in the morning and discussing what activity they would like to undertake in the afternoon. We saw an 'activities file' which recorded what activities people had been involved with. These records were minimal and the majority of records for people were empty for the last three months. However, the last week had more comprehensive information regarding what people had done and whether they enjoyed it. Some records showed that people had pointed to pictures of activities, such as bingo, skittles and musical entertainment and following this, pictorial formats of facial expressions were used for people to indicate if they were happy with the activities being suggested. This enabled people with communication needs to make decisions and choices.

Comments from people included, "I like whose doing the activities [now], she is doing a good job," "I love music and dancing, we haven't done it for a long time," "I would love to go our more, even during the cold weather seasons" and "There have not been many activities lately, but we have a new activity worker and she is great."

Relatives told us, "My [relative] loves it when there is music and dancing. I must say the activities have been very poor of late, but a new person has just started," "I really appreciate seeing [relative] having such fun with everyone" and "I don't feel that the activities are appropriate for [relative], the games and pastimes don't stimulate [relative] in the right way, but I have told the manager." The activity coordinator told us it was her intention to find out what each person liked to do to ensure their needs were met.

We recommend the registered provider ensures these recent improvements are sustained and developed to meet everyone's needs.

We saw the service produced a newsletter and the most recent was displayed in the reception area. The registered manager told us this was produced approximately four times a year. We saw it contained information reminding people and their relatives of the registered manager's open office twice a month on Thursday evenings. This was to give relatives alternative times to meet with the registered manager outside of usual working hours.

People and their relatives knew how to complain and they told us they would inform the registered manager if they were unhappy with their care. Comments included, "If I had a complaint I would go straight to [name of registered manager]" and "I have no problem speaking with the manager, her door is always open."

The service had an up to date complaints policy and procedure in place. This was clearly displayed in the main reception area. The procedure described what action the registered manager would take to investigate and respond to any complaints and concerns raised. It included information on who to contact if a person was unhappy with the initial response to their complaint. We saw the registered manager kept a record of complaints, their response and the outcome. We also saw recent thank you cards displayed in the reception area.

We looked at five people's care records. These detailed people's care and support needs in all areas of daily living. Any associated risks were recorded with information on how best to support the person to reduce the risk. We saw risk assessments were completed for skin integrity, nutrition and falls for everyone. We saw the care records were person centred and contained information about the person's social history and likes and dislikes. We told the registered manager one of the risk assessments we looked at was hand written and hard to read. They told us care records were to be typed and we saw this was happening.

We saw each section was evaluated monthly and highlighted any changes or progress made in the previous month. Care staff told us they read people's care records as part of their induction. We saw any significant changes in a person's care and support needs were also shared at handovers at the start of each shift.

Relatives told us, "Communication varies, I don't always feel well informed of any changes. I am not involved in the care planning" and "[My relatives] are handled with such kindness, but I am not clear about what's in their care plans." The registered manager told us everyone's care record was in the process of being reviewed and updated and we saw this process was nearly complete. In addition to the monthly evaluations the registered manager told us she was planning to introduce six monthly reviews of care records with the person and their relatives.

# Is the service well-led?

## Our findings

We checked progress the registered provider had made following our inspection on 5 July 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the systems and processes in place for good governance were ineffective in practice. We found improvements had been made in this area and was no longer in breach of this regulation.

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the service now had a range of effective audits covering all areas of service provision, such as medicines audits, care record audits and infection control audits. We saw where actions had been identified these had been completed or were in progress.

The registered manager told us she undertook a daily walk around the home with the maintenance person checking for any damage or repairs that may impact on safety and comfort. However, these were not recorded although we saw the maintenance person carrying out checks and repairs during the day of this inspection. The registered manager told us she often works on the floor alongside the care staff and uses the time to check on cleanliness of the home and the safe storage of equipment. The registered manager would also discuss staff competencies with the care workers and chat to people and their relatives. Our conversations with people and staff confirmed this to be the case. One member of staff told us, "[Name of registered manager] is very approachable and always around."

We checked that maintenance records for the premises were regularly undertaken with satisfactory outcomes. Water safety and legionella testing, bed and mattress checks, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. The maintenance person told us they undertook a fire drill at least every three months.

We checked progress the registered provider had made following our inspection on 5 July 2017 when we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. A notification should be sent to the Care Quality Commission every time a significant incident has taken place. During the previous inspection we were made aware of a number of safeguarding concerns raised with the local authority and a number of DoLS authorisations granted which CQC had not been notified of. During this inspection the registered manager told us she was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to this inspection confirmed that a number of notifications had been received. This meant the registered provider was no longer in breach of this regulation.

We asked if people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. People told us, "I go to all the meetings as that's how you make

changes," "I certainly feel involved in the home, the owner always comes to ask me if things are going well for me," "The new manager makes it clear that this is my home," "I am not bothered about going to meetings as everything is alright here" and "I consider this my home and I would recommend this place to anyone."

The registered manager held regular meeting with people, their relatives and staff. 'Resident and relatives' meeting were held four times a year. We saw the minutes from a recent meeting and dates of future meetings for the rest of year were clearly displayed in the reception area.

We saw questionnaires were sent to residents and their relatives every year to gain their views about the service. The most recent was sent out in January and the registered manager told us the results were still being collated. We saw one outcome from last year's survey was that more plants had been bought for the outside decking area. While we could see evidence of action being taken in response to people's comments we asked the registered manager to consider sharing the analysis and outcomes of the questionnaires with people and their relatives.

The registered manager held a number of staff meetings. We saw records of monthly meetings with nursing staff to discuss the health and wellbeing of each person. In addition there were regular meetings for all staff. We saw the minutes of the most recent staff meeting held earlier in the month which covered a range of issues that could have an impact on staff.

We reviewed the service's policy and procedure file. The registered provider had created the same policies and procedures across all their services. We saw they covered all areas of service provision relating to both the people who lived at Fulwood Lodge and the staff that worked there. However, some of them needed amending to include information and local contacts specific to Fulwood Lodge. Staff needed to sign the file to confirm they were aware of the policies and procedures and how to access them. We saw they were up to date which meant they reflected current legislation and good practice guidance.