

City of Bradford Metropolitan District Council

Norman Lodge

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?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 31 January and 7 February 2018. The inspection was unannounced on the first day and announced on the second day. At our last inspection in August 2016, we rated the service overall as 'requires improvement' and identified breaches of the regulation relating to the need for consent, safe care and treatment, good governance and staffing. At this inspection we found the provider had made improvements in all of the above areas. However, further improvements were still needed to good governance.

Norman Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Norman Lodge provides accommodation and personal care for up to 35 people. Accommodation is provided in four units at ground floor level and each unit has a lounge, dining and kitchen area. Norman Lodge offers a mixture of placements which includes permanent places, rehabilitation, assessment and respite care. There were 29 people using the service when we visited.

There was a registered manager in post. However, they were on secondment to another role and an interim manager was in day to day control of the home. A registered manager is a person who has registered with the CQC 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.

Systems were in place to promote people's safety and to check with them if they felt safe. We found the home was well maintained.

We saw accidents; including near misses and other incidents had been appropriately managed and reviewed to help improve safety. Staff understood how to identify and report any potential abuse. Medicines were managed safely and people received their medicines when they needed them. We saw a system was in place to log and investigate safeguarding concerns and where appropriate, ensure action was taken to improve the safety of the service and the person. Staff understood safeguarding procedures and how to report concerns. Staff were also confident that management would act on any concerns yet also felt supported to follow whistleblowing procedures if necessary.

Staff were recruited safely as we found the necessary checks were carried out in line with the provider's policy. Staff were on duty in sufficient numbers to provide timely care and support; including ensuring people could maintain their independence as much and as safely as possible.

Staff told us training was good and provided them with the required skills to offer safe and effective support. Staff received skills support in the form of an induction programme, on-going training, supervision and

appraisals.

The service was working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted. People's rights to choose and make decisions were supported in accordance with good practice and legislation. Staff asked people's consent before any care or support was given. However, we found documentation did not always clearly indicate whether conditions were attached to DoLS authorisations. It was not always evident whether conditions had been complied with.

People were able to choose how and where they spent their time, and lifestyle choices were respected. People had access to appropriate recreational and social activities and equipment was available for people living with dementia to occupy their time.

People were treated with kindness and compassion. There was a clear emphasis on people's individuality, dignity and independence. There was a lively and homely atmosphere and we saw people and staff knew each other well.

Staff supported people to access healthcare services and support was delivered to meet their needs and preferences. There were systems in place to ensure complaints were managed appropriately, and people told us their concerns were dealt with well.

People told us they enjoyed the food and had various options available. The cook had good knowledge of people's nutritional needs. However, food and fluid charts needed to be more robustly completed.

We saw staff and people who used the service knew each other well, and we saw examples of caring practice during our inspection. Equality and diversity principles were also well embedded within the culture of the home.

The management acknowledged more work was required to ensure care records were kept up to date and accurately reflected people's changing needs. We also found end of life care plans were not always available for people.

The home was clean and the environment was well maintained. Gloves and aprons were readily available and were seen to be used by staff when providing personal care.

Staff and people who used the service felt it was well-led, and we saw management had a visible presence in the home and clearly knew people well.

Systems were in place for people to voice their opinions and we saw the provider shared results of surveys and plans for development with people involved in the home. We saw examples of actions taken to improve the service as a result of feedback.

We did not find good governance systems in place. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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?

Good 

The service was safe.

Medicines management was safe and effective, which meant we could be confident people received their medicines as prescribed.

Staff recruitment and selection procedures were being followed to ensure only people suitable to work in the caring profession were employed.

Risks to people's health, safety and welfare were properly assessed.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Although the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) the documentation could be improved. Currently forms did not always clearly indicate whether conditions were attached to DoLS authorisations so it was not always evident whether conditions had been complied with.

Staff were supported to meet people's needs by means of a planned programme of staff training, supervision and appraisals.

Though there were food and fluid charts in place for people, these needed to be completed with more detail to reflect the actual amount consumed. The daily recommended amount of fluid intake according to people's weights should also be included.

People were supported to have an adequate dietary intake and their preferences were catered for.

Is the service caring?

Good 

The service was caring.

Staff demonstrated a caring attitude to people living at the

service and knew them well.

We saw people's dignity and privacy was respected and we saw evidence of an advocacy service being requested to support people.

Is the service responsive?

The service was not consistently responsive.

It was noted not all care plans had been recently reviewed and some also contained out-of-date documentation.

Complaints and concerns raised about the service were investigated appropriately and in a timely manner.

Staff were very vigilant and reacted quickly when people needed support.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Staff told us the home's manager supported them with all aspects of their work and was willing to undertake care tasks if needed.

People's views on the quality of the service were regularly sought and staff meetings were held and actions taken as a result of these.

Quality assurance monitoring systems were not sufficiently robust and some audits were not in place.

Requires Improvement ●

Norman 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 function. This inspection checked whether the provider was 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 31 January and 7 February 2018. The first day was unannounced; the second day was announced. The first day the inspection was carried out by two inspectors 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. On the second day, one inspector visited the service.

Before the inspection we reviewed the information held about the home. This included statutory notifications we had received from the home. We also contacted the local authority safeguarding team, the clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public in relation to health and social care services in England.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a variety of methods to find out about the experiences of people who used the service. We spoke with five care staff, the cook, the cook supervisor, the activities co-ordinator, the home's registered manager, the interim manager and the interim assistant manager. We spoke with 11 people who used the service, five visitors and two health care professionals.

As it was evident people were able to speak with us and share their experiences, we observed care and support but on this occasion did not carry out a Short Observational Framework (SOFI). We looked at records relating to care and support including five people's care plans, medicines records and a sample of information about the running of the home including audits, maintenance records and four staff files. We

looked around the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I like it here." "Yes, I feel safe." Our observations during the inspection noted positive interaction and laughter between staff and those living at the home which suggested people felt comfortable and secure in the company of staff.

At the last inspection in August 2016 we found a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. At this inspection we found improvement had been made.

We looked at how medicines were managed and observed senior staff during the lunch time medicines round. The staff member was calm and efficient and followed good practices to ensure medicines were administered safely. Some medicines were prescribed with special instructions about how they should be taken in relation to food. We saw there were arrangements in place to make sure these instructions were followed.

We looked at six random medication administration records (MARs). The MAR sheets were checked and administration was found to be accurate in terms of stock held. Any incidents of non-administration or refusals of medicines were noted on the MAR sheets.

As and when required, (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This helped ensure these medicines were given consistently.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called control drugs (CDs). We saw records of CDs were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff to help ensure safe practices were followed.

Where medication errors had occurred previously, we saw these had been investigated and action taken to prevent a re-occurrence. A low number of medicines errors had occurred within the service.

We looked at medication storage and saw the medicines required for all persons were well stored and secure. Daily temperature records confirmed that medicines were stored within the recommended temperature ranges to guarantee their safety and effectiveness. The storage of CDs was managed safely.

We saw staff had received appropriate medicines training and had on-going competency checks to ensure medicines were being administered safely. People told us they received their medicines when they needed them, and appropriate consent had been obtained for staff to administer these to people.

Some people were prescribed topical medicines such as creams. We saw body maps were in place which provided guidance to staff on how to apply these medicines. Topical medicine administration records were well completed indicating people regularly and appropriately received their prescribed creams. We saw

creams and eye drops contained the date of opening to ensure these did not pass their safe 'use by' date.

Staff we spoke with understood how to recognise signs of potential abuse and their responsibility to report any concerns. We saw the safeguarding and whistleblowing policies were displayed in the home, meaning they were accessible at any time.

Accident and incident records we looked at showed the provider recognised when safeguarding matters should be reported to the local authority safeguarding teams and the CQC.

The interim manager had introduced an accident checklist for senior staff to complete with brief information which also included actions and comments. This meant staff had quick and easy access to relevant communication which ensured appropriate actions could be taken following incidents and lessons learnt.

Care plans we looked at contained a range of assessments which evidenced the provider had a good understanding of risks associated with people's care and support needs, and how these could be minimised. The risks considered included nutrition, skin integrity, falls, mobility, and management of behaviours that challenge as well as social exclusion.

Staff we spoke with were knowledgeable about specific risks associated with people, and could tell us what they needed to do to ensure people were safe. Assessments were in place to mitigate risk to people's health and safety. For example, we saw smoking assessments in some people's care plans and assessments about the use of bed rails in other people's care plans. These assessments were reviewed monthly to ensure they were kept up to date.

Personal emergency evacuation plans (PEEPs) were in place for each person. Easy read versions of these were located on the inside of people's bedroom doors and copies in a folder which was easily accessible to staff in case of an emergency.

We found staffing levels were appropriate for people's needs. Staff responded promptly to people and told us there were enough of them to meet people's needs. The registered manager told us staffing levels were kept under review and were increased according to people's dependencies. This was confirmed by the staff rotas we looked at.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS), two written references and explanation of gaps in employment.

There were effective infection control systems in place. The home was clean and there were no noticeable odours. Staff wore personal protective equipment (PPE) such as gloves and aprons where necessary and there were plentiful supplies available. Hand sanitising units were available throughout the building and there were paper towel dispensers in people's rooms. The service had also received a five star rating for food hygiene. This is the highest award that can be achieved. This meant the service had taken appropriate actions to prevent and control infection.

We saw weekly quality and safety checks of the environment were in place and noted where issues had been identified, appropriate action had been taken.

We checked maintenance certificates and found they were all in place and up to date including fire,

electrical, gas, water and fire systems. All portable appliances testing (PAT) was undertaken There were monthly fire evacuation tests as well as weekly fire alarm tests. Emergency lighting checks were in place and up to date. There was also a monthly health and safety audit tool in place with all completed actions being documented.

Moving and handling equipment was in place and maintenance kept up to date. Where appropriate, other equipment such as bed sensors to mitigate the risk of falls at night were in place.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in August 2016 we found the service was not complying with conditions attached to DoLS authorisations. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. The service provided us with an action plan detailing the actions they had taken to address this issue. We checked to see if improvements had been made to make sure 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 concluded the service was working within the principles of the MCA.

Care plans contained assessments of people's capacity to make a range of decisions associated with their care; including contributions to their care planning, consenting to interventions such as bed rails, continence care, and sharing information about their care with health and social care professionals as required. These assessments adhered to good practice and demonstrated the provider had improved their approach to assessing people's capacity.

The interim manager had put documentation in place to track DoLS applications and renewals. The interim manager told us a person had a DoLS in place but there were no conditions attached to this. However, we saw there was a condition attached to the DoLS for the GP to be informed. We spoke with the interim manager who told us the GP had been informed. However, the service needed better documentation in place to ensure the service could clearly evidence conditions were complied with. The interim manager agreed to address this.

Staff we spoke with confirmed they had received training in the MCA and DoLS, and were able to tell us how these impacted on the ways in which they worked with people. Staff understood the importance of supporting people to make their own choices wherever possible; for example, in using pictorial aids and technology to allow people to communicate their needs and showing people clothing so they could choose what they wanted to wear more easily.

At our last inspection in August 2016 we found the service was not compliant with updating staff training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. At this inspection we found improvements had been made. Staff told us they felt the training they received enabled them to work effectively and safely with people. We looked at records relating to staff

support. We saw staff completed a comprehensive induction. As a part of their induction we saw new staff spent time shadowing more experienced members of the staff team, to help them understand how care and support was delivered. New staff did not begin working without this oversight until they and senior staff were confident in their ability to do so effectively.

We looked at staff records and the training matrix. We saw training was either completed, booked, or in the process of being signed off as completed. Staff were required to complete a number of courses including fire safety, moving and handling, infection control, safeguarding, health and safety, nutrition, dignity and respect.

People told us they felt staff had the skills and knowledge to meet their needs. One person said, "I think they are marvellous and pretty good at understanding my needs." We found the low turnover of staff and stable staff team contributed to staff displaying a high level of skill and knowledge. A system of supervision and annual appraisals was also in place.

We spoke with the cook and cook supervisor. They told us they cooked fresh food and baked every day including desserts, cakes and specific diets for people with diabetes. We saw suitable information displayed about people's dietary requirements which the cook told us was regularly updated by staff. The cook told us they went around the service weekly to check if people were happy with the food. They regularly consulted with people on the type of food they preferred and ensured foods were available to meet peoples' diverse needs. A five week rotating menu was in place which included choices for each meal. The main meal was served at lunchtime with a lighter option served at teatime. Menus for each week were displayed on the wall of each dining room. These were laminated A4 sheets with a star stuck above the week which was currently relevant. However, these menus were difficult to see if a person had poor eyesight and no daily menus, pictorial menus or guides were on display. The interim manager agreed to address this. People's weight was monitored and referrals made to the GP if staff had concerns about weight loss. We saw people received nutritional supplements where required.

At the last inspection in August 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. At this inspection we found improvement had been made. We saw food and fluid charts were in place for people. However, these needed more robust completion to reflect the actual amount consumed and to include a daily recommended amount of fluid intake according to people's weights. For example, we saw one person's fluid chart on 30 January 2018 documented they consumed an undisclosed amount of coffee at 16:30 and 19:30. This was not added to the daily total of their fluid intake. On 29 January 2018, we saw the same person's fluid chart was incorrectly totalled and there was no record of supper or teatime drinks. The same incidences took place on 27 January 2018 and 28 January 2018. This showed staff were not always accurately documenting what people drank which meant we could not be certain people were receiving the correct amount of fluid each day. This was discussed with the registered manager who told us this would be addressed.

People told us they enjoyed the food. One person commented, "If we want we can ask for more." We observed the breakfast meal service. Tables were set with place mats, matching crockery, coloured mugs, milk jugs and sugar pots. A basket of assorted cereals was placed on each table for people to choose from. Some people had cereal, some requested toast and other people were given the option of a hot cooked breakfast. One person told us, "You can have what you want. You can get some more if you want."

We observed the lunchtime meal and found a relaxed and inclusive atmosphere with people supported appropriately. Tables were set with condiments and napkins and people had access to hot and cold drinks. People were offered a choice of meals including a choice of the type and amount of vegetables. Where

people needed assistance this was provided by staff in a kind and patient manner. Everyone was asked if they had had enough to eat and second helpings were offered. One person said, "The food is marvellous and there is plenty of it and we are always asked if we want seconds."

The interim manager told us the service had a good working relationship with other healthcare professionals to ensure people received appropriate care and treatment. Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as GPs, dentists, opticians, chiropodists, dieticians and the community nurse. We spoke with two visiting health professionals. Comments from the social care professional included; "Generally always staff around. Over the last three to four months there seems to be plenty of staff. They seem to be on the ball with everything; not having to chase them up. On the ball with infections...doing a dip stick test and getting the GP out. They will follow guidance. Seniors will email me with updates. The management side of things seems to run a lot better now. I feel people are safe. They get enough to eat. I have no concerns. I would recommend the home on what I've seen recently. My view has changed as there are more staff around and they are able to discuss things. They all seem to know the service users really well which means we get the right information. Service users don't seem to have any complaints."

GP comments included, "It's good. Caring. People often have physiotherapy here which shows that their health care needs are supported. There is always someone (staff) at the front door; there's always someone here (staff). Our nurse practitioner has had no concerns about the service or care. I've no concerns about the care [Service user] is receiving."

We saw the home had also installed the Tele-Care system. This is an interactive healthcare system that utilizes visual collaboration technology; adding value wherever there is no absolute requirement for a clinician and the patient to be physically in the same room. High quality and secure video links provide patient consultations which enables care staff to seek medical assistance for people at any time without the person needing to leave the home.

We looked around the premises including six people's bedrooms and communal areas. There were adequate areas offering communal space for people to spend time; including various dining rooms and lounges. Bedrooms were well maintained and furnished to a good standard with people who used the service being encouraged to personalise their rooms. Equipment used to support people such as hoists was provided and each bedroom easily accommodated a wheelchair where necessary.

We found the environment to be clean and tidy. The floor coverings throughout the home were either neutral coloured carpet or laminate flooring and people were able to put/hang personal items such as photographs and pictures in their bedroom. There was signage to the bathroom/toilet, lounge/dining room which included pictorial representation. There were also signs on people's bedroom doors which specified who lived within them.

A pleasant enclosed garden was also available where people were encouraged to spend time and enjoy the greenery.

Is the service caring?

Our findings

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan.

We observed some good interactions between staff and people who used the service. For example, at the lunchtime meal we saw a staff member approach a person who was eating their meal and ask, "Is it ok if I sit here with you?" They sat and ate with the person, engaging them in meaningful conversation and encouraging them to eat their food.

We saw staff were respectful and kind with people and respected their privacy. For example, we saw staff knocked on people's doors and asked permission to enter their bedrooms. One person told us, "They treat you okay. If they don't I tell 'em off." Another person said, "I don't want to leave. Staff are friendly." We saw people's wishes were respected. For example; a staff member told us, "Everyone gets up when they want to. We do at home, don't we?"

Staff we spoke with were able to tell us in detail about the people living in the home, and spoke about them with appropriate familiarity and fondness. We saw staff that took the opportunity to sit and chat with people, and we saw people appreciated this.

Staff told us about ways in which they were mindful of people's privacy and dignity as they provided care and support. These included being discreet when asking if people needed any personal support and ensuring doors and curtains were closed before delivering personal care. We saw staff discreetly re-arranging one person's clothes in a way to preserve their dignity as they got up from their chair to walk off. Staff also told us they encouraged people to do as much as they could or preferred to do when washing or bathing in order to promote their independence and dignity.

Care records we reviewed showed people's family members had been consulted about their relative's care and support. We saw agreements in place describing under what circumstances staff should contact relatives if there had been a change in a person's condition. This helped ensure good communication with families.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Care plans also contained this relevant information and all staff we spoke with knew the needs of each person well. People also commented on how well their individual needs were met and staff we spoke with were respectful of people's cultural and spiritual needs. There was guidance and equipment in place to ensure people who did not always speak English or communicate verbally were supported to express their needs, meaning the provider was taking action to ensure people had equality of access to care and support.

We saw a staff member speaking with a person whose first language was not English in their native tongue. We saw no evidence that anyone living in the home was discriminated against. Documents we reviewed contained details of important relationships and friendships, and evidenced people were supported to maintain contact with people.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

During the inspection we looked at five people's care plans. We saw initial assessments had been completed which included; a summary of medical information and care needs, social information, interests and hobbies, daily routines, likes and dislikes, skills and abilities, strengths, relationships, culture and religion. This meant staff had the necessary information prior to people moving into the home to formulate plans based on their needs.

Care records were not always up to date or reflected people's current care and support needs. For example, we saw one person's care records stated they often got angry and frustrated due to their inability to do things for themselves. There was no care plan to indicate what strategies staff should use in these situations. The same person's pressure care requirements in their 'This is Me' document stated they had a pressure ulcer on their sacrum but there was no information documented about further pressure ulcers the person had. The person's foot care plan stated staff should check their feet on a daily basis, but this was not reflected in the person's daily notes. We therefore could not evidence this had been done.

We saw one person's bath record which appeared to indicate they had last received an assisted body wash on 28 December 2017 although assisted body washes were documented in their daily notes during January 2018. We saw in the daily notes there was a five-day period between 18 January 2018 and 23 January 2018 when the person did not receive a bath, shower or assisted body wash. There was no documented evidence the person had received a bath or shower throughout January 2018. The interim manager told us people had regular baths and showers however, this was not always recorded.

Some people had 'do not resuscitate' (DNACPR) documentation in their care plans. However, we saw some of these had not been recently reviewed. The interim manager agreed to address this.

We saw one person was on an end of life pathway. However, even though the person had been admitted to the service on 19 November 2017 there was no end of life care plan, advanced care planning in place or information about discussions held with the person or their family about their end of life wishes.

The same person had a repositioning care plan in place for when they were in bed. However, the acting deputy manager told us the person was no longer being repositioned. This meant the care record did not reflect current and/or accurate information.

Another person's nutritional care plan stated, 'Was placed on a supplement drink which [Name of person] enjoyed, however the GP felt these weren't needed due to [Name of person] eating a varied diet and stopped them'. The care plan had been reviewed on 18 January 2018 and marked as still valid. However, when we reviewed the medication administration record for the person we saw they were still receiving a nutritional supplement. This demonstrated the person's care plan had not been updated and did not reflect their current nutritional needs.

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

Regulations.

Staff told us the communication systems were good in the service. Staff had a daily communication sheet which gave them information which was discussed at handover, so they were familiar with any changes in people's needs. There was also a diary for any appointments made for people so these were not missed. One member of staff told us, "We have good communication in the team, we have meetings and things are discussed."

The service employed a part time activities co-ordinator. During our inspection we saw the activities co-ordinator pushing a trolley laden with sweets, snacks, papers, magazines and books around the home in the morning which some people took items from. Later that morning, people were invited to participate in music exercise in one of the lounges. We saw a daily activities guide board was displayed in each unit. The activities co-ordinator told us they put a tick beside the activities they had highlighted for the day, dependent on people's preferences. They told us they were holding a 'dignity day' on the following day. We saw preparations had been made for this event, including a poster about activities to be held during the day and posters displayed on all the units with phrases relevant to people's thoughts about dignity. We saw the service's dignity champion was due to speak about their role as part of the day. During the afternoon of our inspection we saw a musical film was being shown on one of the units with some people singing along with the music. The activities co-ordinator told us they took some people to a nearby centre for a social afternoon. We saw other activities such as quizzes, baking, exercise to music, sing songs and bingo were offered. Staff also told us a non-denominational church service was held each month.

We looked at what the service was doing to meet the Accessible Information Standard. We saw people's communication needs were assessed and plans of care put in place to help staff meet these. During the inspection we saw some staff were able to assist with communication for some people whose first language was not English. This meant areas such as care and support were explained and discussed with people using their native tongue.

A system was in place to log, investigate and respond to complaints. We saw the complaints procedure and associated forms were displayed in the home, and the statement of purpose made clear the provider welcomed and would respond and act on all feedback. Complaints were audited and analysed to look for any trends. We saw a low number of complaints had been received about the service and when complaints had been made, action had been taken to investigate and reduce the likelihood of a re-occurrence. A significant number of compliments had also been received, and these were logged so the service knew where it had exceeded expectations. People and relatives said they were aware of how to raise any concerns appropriately. One relative said, "No care home is perfect. If I have any problem I would go to the manager."

Is the service well-led?

Our findings

The registered manager of the home had been seconded to another role within the provider; and they were not currently managing the home daily. An interim manager was in place who had worked at the service for a number of years. They had a good understanding of how the service operated, its limitations and were clear on the areas where further development was required.

We observed a pleasant and inclusive atmosphere within the home with some good interactions between people and staff. Staff we spoke with told us the staff team and morale was good. They said they felt able to raise any issues with the management who they described as effective and supportive. One staff member told us, "We have a good team and good relationships."

An accident analysis report was completed monthly following accidents/incidents and included a monthly analysis of falls and any actions undertaken. However, patterns in accidents were not always identified such as two instances where a person fell as result of poor footwear and in another case a person had fallen six times trying to mobilise without assistance. Although actions were eventually put in place, these had not always been quickly identified. We found end of life plans were not always recorded in people's care records. Care records were not always up to date or reflective of people's current care and support needs.

Audits and checks were completed in a timely manner and included weekly and monthly medicine checks, equipment, environment and care plans. Although we saw some evidence these checks were identifying and rectifying some issues, audits should be operated to prevent the issues we found from occurring.

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

People's views on the quality of the service were regularly sought. People staying at the home for short periods were asked to complete a questionnaire at the end of their stay, and longer stay residents were asked about the service on a periodic basis. Relatives and carers were also asked for their views on the service. We reviewed a selection of recent quality surveys and found the responses to be positive demonstrating people and relatives were very satisfied with the quality of the service. People were also able to air their views through regular resident meetings where topics such as activities and food were discussed.

Regular staff meetings took place. These included a range of meetings for care staff which included senior care staff meetings, unit meetings and an overall home staff meeting. It was evident these meetings were used as opportunities to discuss quality issues which had occurred within the home to ensure improvement of staff practice. For example, we saw at recent meetings it had been identified that some training was not up to date, so staff had been reminded of their duty to ensure they complete and update their training.

The home used quality visitor's. This is where volunteers are recruited by the local authority to visit the service and speak with staff, relatives/visitors and people who used the service. They look at areas such as maintenance and cleanliness of the building, if people are treated with dignity and respect, standard of food

and drinks and if people are given choices and whether there are a variety of activities provided. They then produce a report. The most recent quality visitor's report showed people were very happy with the support they received.

The service had established good working relationships with agencies involved in people's care. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

We saw the registered provider had the current CQC rating for the service on display at the entrance to the home.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Care plans were not always updated. Regulation 17(2) (c). Audits should have been more robust to identify some of the issues we found. Regulation 17(1) (2) (a).