

Ideal Carehomes (Number One) Limited

De Brook 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 3 and 4 August and was unannounced. The service was last inspected in February 2015 and was rated as 'good' in all areas.

De Brook Lodge is owned by Ideal Care Homes (Number One) Limited. The service is a purpose built care home that provides residential care for up to 52 people. All the bedrooms are single rooms with en-suite facilities. The home has three floors accessible by lift. Each floor has a lounge / dining area.

The service had a registered manager in place. 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.

All the people living at De Brook Lodge and their relatives told us they felt safe. They said the staff were kind and caring and knew their needs well. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the deputy managers and registered manager would act on any concerns raised.

There were enough staff rota'd to work to meet people's needs. The registered manager acknowledged there had been some staff shortages due to long term staff sickness. Disciplinary action had been taken where staff had a poor attendance record. We saw the rota's had the correct number of staff rota'd to work. The number of staff for each shift had recently been increased to meet people's needs and staff recruitment was underway to fill any vacancies.

A system was in place to hand ensure staff had the information they needed to meet people's needs. Staff were able to read a person's care plan when they moved to the home and received a verbal handover of their needs. A staff handover was completed at the start of every shift. A seniors communication book was used and each person had daily notes completed. However during our inspection we found that staff returning from annual leave had not been given information about one person whose needs had changed whilst they had been off. The staff had not had time to read all the notes from when they had been off before starting to support people. In this instance this meant the person did not receive their drinks thickened as required. We have made a recommendation that the service use current good practice guidance for ensuring staff are provided with information about any changes in people's needs following an extended period off work.

People told us they received the care they needed. Care records we reviewed showed that risks to people's health and well-being had been identified and guidance was in place to help reduce or eliminate the risk. Care plans were written in a person centred way. The care records had been updated when people's needs changed; however they had not been formally reviewed each month as per the homes policy due to senior care staff being on long term sick leave. People were supported to make advanced care plans for the end of

their lives. The registered manager had implemented a plan to ensure all care plans were reviewed.

A robust system was in place to recruit suitable staff. Staff completed mandatory training and received an induction when they started to work at the home. Some staff had not completed all their refresher training. Staff said they felt supported by the deputy managers and registered manager and could approach them at any time if they had a concern. Formal supervisions were held every three to six months. These had not been as frequent as planned due to the long term sickness of two senior carers. The registered manager was implementing a plan to ensure all supervisions were completed.

People received their oral medicines as prescribed. However topical cream charts did not contain the prescribing instructions. We found signatures were missing from the topical cream charts and medicine administration records (MAR). Protocols for the use of 'as required' medicines were not clear whether people could verbally tell staff if they required the medicine or not as they had not photocopied well. More detail was required for staff to know how a person who could not verbally ask for 'as required' medicines would communicate that the medicine was needed. Systems were in place to monitor the stock of medicines and that all MAR had been signed. However they were not completed each day and we could not see that issues identified had been actioned.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to ensure people received the care and treatment they required.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of fire systems and equipment.

The service was working within the guidelines of the Mental Capacity Act. An assessment of people's capacity to consent to their care and treatment was completed. Best interest meetings were held where required and applications were made for Deprivation of Liberty Safeguards appropriately.

A programme of activities was in place to help promote the well-being of people who used the service. Plans were in place to improve the activities available with a café area and cinema area being added to the home.

We saw people, their relatives and staff had been asked for feedback about the service. There were effective systems in place to investigate and respond to any complaints received by the service. Any lessons learnt from the investigations were communicated to the staff team to reduce the likelihood of the incident re-occurring. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

We noted there were a number of quality audits in the service; these included medicines, care records and the environment. Action plans were completed following the audits. We saw that there had been an improvement in the audit results throughout 2016. However the medicines audits had not been robust enough to resolve the issues with medicines we noted.

During this inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were required in the management of medicines. 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?

Requires Improvement ●

The service was not always safe.

Topical cream charts did not include the directions for application, medicine administration records had missing signatures, 'as required' medicine protocols were not clear and systems to monitor medicines administration were not always completed or issues found acted upon.

There were enough staff on the rota to meet people's needs. However due to staff sickness not all shifts had been covered. A plan was in place to recruit additional staff.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse. A system was in place to recruit staff suitable staff.

Risks people may face were identified and guidelines were in place to minimise the risks. The risk assessments had been updated when required; however they had not all been reviewed each month.

Is the service effective?

Good ●

The service was effective.

Staff received mandatory training when they joined the home. Some staff needed to complete refresher training.

We have made a recommendation about the handover of information when staff had been on annual leave as the current system was not robust enough. The daily handover included the information staff required.

Systems were in place to assess people's capacity to consent to their care and treatment.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind and caring in their approach. Throughout the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew the people who used the service well.

People were supported to complete advanced care plans for the support they wanted at the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People's care records contained enough information to guide staff on the care and support required. These had been updated when required but had not been reviewed each month.

A programme of activities was in place, with plans underway to improve the activities available.

The service had effective systems in place to record and investigate any complaints they received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service. However the monitoring systems for medicines were not effective.

A registered manager was in place as required by the service's registration with CQC.

Staff told us they enjoyed working in the service and found the deputy managers and registered manager to be both approachable and supportive.

The provider had systems in place for gathering the views of people who used the service and their relatives.

De Brook 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 3 and 4 August 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience on the first day of the inspection. 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 had experience of services for older people. The adult social care inspector returned for the second day of the inspection.

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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people who used the service, four relatives, the registered manager, one deputy manager, six care staff, the activities co-ordinator, the chef, a domestic staff member, the laundry assistant and two visiting health professionals. We observed the way people were supported in communal areas, including over lunchtime, and looked at records relating to the service. These included five care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in February 2015, the service being rated as 'good' in all areas. The service had notified us of a potentially serious medication error by the service and so we had brought this inspection forward.

Is the service safe?

Our findings

Everyone we spoke with at De Brook Lodge said they felt safe. One person said, "I'm glad I moved here, I feel safe – there is always somebody there." A relative told us, "[Name] has been here for 18 months and we have no complaints at all; she is cared for and safe."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the deputy manager or registered manager. This should help ensure that the people who used the service were protected from abuse. The registered manager kept a log of all safeguarding referrals made, details of the investigation into the safeguarding incident and the measures put in to place to prevent a re-occurrence.

On the days of our inspection we saw there were enough staff on duty to meet people's needs. Staff told us there were enough staff to support people when the rota was adhered to. However staff told us there had been occasions when the home had not had the full complement of rota'd staff on duty due to staff sickness. The registered manager acknowledged this, showing us there were eight staff on long term sick leave or maternity leave. We also saw that disciplinary action had been taken where staff had a poor attendance record.

Staffing levels had been increased at night in March 2016 to five staff and in July 2016 to nine staff during the day due to the increased needs of the people who used the service. The rotas we saw had the full number of staff rota'd for each shift, with bank staff being used to cover for the long term sickness. We were told that staff recruitment was ongoing to fill all vacancies and have bank staff available to cover annual leave and sickness. We will monitor the actual staff levels on duty at our next inspection.

One person who used the service said, "The buzzers are usually answered quite promptly; unless they are short staffed and even then we don't have to wait long." We looked at the call bell response times and saw that they were responded to promptly in the majority of cases.

We looked at the recruitment files for three members of staff. We found that they all contained application forms detailing their previous employment histories, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

The care records we looked at identified risks to people's health and wellbeing including falls, manual handling, poor nutrition and the risk of developing pressure ulcers. Guidance was provided for staff to follow to help reduce the identified risks. We saw updates had been made to people's risk assessments when required; however they had not been consistently reviewed on a monthly basis as planned. The registered manager was aware of this and had a plan in place to ensure all risk assessments were reviewed. We were

told that due to two senior carers being off on long term sick leave and another senior carer recently leaving the service not all risk assessments had been reviewed monthly. Accidents and incidents were recorded and monitored and we saw action had been taken to reduce the risks of those incidents reoccurring. The registered manager reviewed all accidents and incidents to identify if there were any trends. For example, referrals to the falls team were made if people had multiple falls.

Prior to our inspection the service had informed the Care Quality Commission of a possible medicines error. As part of our inspection we looked at whether medicines were being administered, stored and disposed of safely. We saw an up to date medicines policy was in place. Training records showed, and we were told, that the senior care staff had received training in the administration of medicines. We saw evidence that observations of the senior staff members administering medicines had been completed. This meant the senior care staff were provided with the skills and knowledge to administer medicines safely.

We looked at the medication administration records (MAR) for 15 people as well as checking their medicines. We spoke with senior care staff who explained the checks they completed before administering the medicines to ensure the right person received the correct dose at the right time. We saw there were some missing signatures on the MAR records, however on checking the medicine packs we saw that the medicines had been administered as prescribed. We saw where controlled drugs had been administered they had been checked and signed for by two staff members as they are required to do.

We observed staff administering people's medicines on all three floors of the service. We saw staff explain what the medicines were for and sit with people until they had taken all of their prescribed medicines. People told us that they received their medicines when they should do. We saw one person's medicines were due to be administered covertly. This had been agreed by their GP and guidelines for how the medicines were to be administered were being written at the time of our inspection.

The service had introduced a stock balance sheet for all medicines that were in boxes. We found that this had not been completed every day and so was not always accurate. We counted 3 boxed medicines and found the quantity to be correct as to the MAR sheet. We saw a 'medication compliance handover' sheet was in place for senior staff to complete each day. Senior staff checked that all medicines had been signed as administered and the stock balance sheets had been completed. We found that these were not completed every day and where issues had been identified, such as missing signatures, we could not see what action had been taken. We saw the same issues were being reported on consecutive days.

We noted protocols were in place where people were prescribed 'as required' or variable dose medicines. The information in these protocols should help ensure staff were aware of how people who used the service would communicate their need for 'as required' medicines such as those prescribed for pain relief. However the protocols had been photocopied and for some it was now not clear if the person was able to verbally communicate their need for 'as required' medicines or not as the highlighted answer had not photocopied well. More information was also required for those people who could not verbally communicate how staff would know from their behaviour that they needed an 'as required' medicine to be administered. This meant staff who did not know the person well may not know when an 'as required' medicine needed to be administered.

We saw body maps were in place to record the placement of medicated patches. This meant that staff were able to follow the prescribing instructions and not put the patches in the same place each time they were applied. Topical cream application records were used with a body map to indicate the location of any topical creams that were required to be applied by the care staff. However the records did not state how often the creams needed to be applied. We also saw that the topical cream records had not been signed

every day by care staff applying the creams. This meant it was not possible to show the creams had been applied as directed by the GP.

We found dates of opening had not been recorded for liquid medicines. This meant that they may be administered after they have been open for longer than the manufacturer specifies. This could reduce their efficacy.

We found the lack of dates on opened liquid medicines, the continued missing signatures on the MAR sheets, the unclear 'as required' medicines protocols, the lack of directions for the application of topical creams on the topical cream charts and the incomplete stock balance and medication compliance sheets to be a breach of Regulation 12 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(b).

The home was clean and tidy throughout with no malodour. Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks.

We saw that the local authority had completed an infection control audit in March 2016 and the service had been rated as 'amber' (some risk) overall. We saw that action had been taken to address the issues raised by the audit.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for people who used the service. These plans detailed the support a person would require in order to evacuate the building in the event of an emergency. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

The service held records of weekly and monthly tests completed for the fire alarm, emergency lighting, call bell system and the water system. A fire risk assessment had been completed by an external contractor. Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This should help to ensure that people were kept safe.

Is the service effective?

Our findings

People we spoke with told us the staff knew their needs and how to support them effectively. One person told us, "They know me and respect my choices." A relative said, "[Name] always looks well cared for and her clothes are fresh. They make sure her hair is done regularly."

Staff told us they received training including safeguarding vulnerable adults, manual handling, health and safety, dementia awareness, first aid, infection control and fire awareness. Records showed staff had completed the relevant courses; however some staff required refresher training to be completed. The registered manager told us they were now using e-learning courses for some refresher training and staff had been allocated the courses they needed to complete. A night member of staff told us they had worked for a week during the day to complete all the refresher training courses required. The registered manager was due to complete a course so they could train their staff in manual handling.

New members of staff completed their mandatory training in two weeks prior to working within the service. One new staff member of staff said, "The training I had was brilliant." Staff then shadowed more experienced staff on each floor so they could get to know people and read their care plans. However a new member of staff told us this had not been easy to complete as the home had been short staffed and so the experienced staff did not have the time to spend with them. The registered manager showed us a training pack that was being introduced for staff who were new to the caring role. This followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. New staff completed a six month probation period and had regular meetings with the registered manager during their probation. Staff told us they could request to do additional training.

Staff told us they had supervisions with the registered manager, deputy manager or night care managers. These were held every three to six months. The registered manager acknowledged they had not been as frequent as planned due to the long term sickness of two senior carers and was in the process of ensuring all supervisions were completed. Staff told us they felt able to ask for support or a supervision if they needed to. Staff said they were able to raise any concerns or issues they had at their supervision and were provided with feedback on their performance. We saw records of the team meetings that had been held. Staff said they were confident the registered manager listened to any concerns raised.

This meant the staff were provided with the training and support to undertake their role; however some of the training needed to be refreshed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw a mental health and capacity assessment was completed and included in people's care files. This also detailed the support the person required to make day to day choices and how guided staff how to re-assure the person if they became agitated or distressed. The care files also included a DoLS assessment form if a person had been assessed as lacking capacity and restrictions were in place, for example the external doors having a key pad in place so people could not leave on their own or if bed rails were being used. This detailed the restrictions in place and involved the person's family and any relevant professionals. This constituted a best interest decision which was then used to make a DoLS application to the local authority. The registered manager completed a DoLS tracker detailing the reason an application had been made, when it had been made and the outcome.

We observed staff seeking people's consent before providing care and support throughout our inspection. This meant the service was working within the principles of the MCA.

We observed the morning handover between the night shift and the incoming morning shift. An update on each service user's wellbeing and any changes that had been noted. The senior cares and deputy managers used a senior's communication book to note any tasks that were required to be completed by the next shift and to pass on any other information. On the first day of our inspection one senior was returning from two weeks annual leave. They did not have time to read all through the senior's communications book or the two weeks of handover sheets completed whilst they were off first thing in the morning as people required support to get up, have their breakfast and medicines. Consequently they were not aware that one person had been assessed by the speech and language team (SALT) and was to have thickened drinks to assist with their swallowing. The other staff member working on the same floor did not tell them that the person required thickened drinks. This meant the person did not receive drinks of the consistency advised by the SALT team during the morning, placing them at a greater risk of choking. We discussed this with the deputy manager who acknowledged the required information had not been communicated to the senior returning from leave. We therefore found improvement was needed to ensure staff were given sufficient time to receive a comprehensive handover following a period of leave. We recommend the service seeks good practice guidance for ensuring staff are provided with information about any changes in people's needs following an extended period off work.

We observed the breakfast and lunchtime experience on all three floors during the inspection. Most people chose to eat together in the dining area, with others choosing to eat in their rooms. People could choose to eat later if they wanted to. The meals looked to be of a good proportion and people were encouraged to eat as much as they wanted to, with staff supporting them where required. People were offered a choice of meal from a menu plan devised for each week. People could also request a different meal; for example one person was not able to use a knife and fork so the chef prepared finger food for them and another person only ate fish. The chef was knowledgeable about individual people's needs for a soft or fortified diet and had a list of people's requirements in the kitchen. The care staff informed them if a person's dietary requirements changed. The most recent inspection from the environmental health department in January 2016 had awarded the service a 5 (Very Good) rating.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at all contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People were weighed monthly and their MUST score calculated. People found to be at risk were referred to a dietician or SALT team. Food and fluid charts were completed where required to monitor what

people had eaten and drunk. This meant people's nutritional needs were being met by the service.

Each person was registered with a GP. We saw referrals had been made to district nurses, the dementia crisis team and other medical professionals when required. The two health professionals we spoke with both said the home would ring for advice or to make an appointment when needed and would then follow any advice given. They said the staff were always helpful and knew the people they supported well. They said there were always staff available to support the person they had come to see. This meant that people's health needs were being met.

To help support people living with dementia we saw the corridors had themed stencils on the walls that prompted conversations with staff. Each person's room door was a bright colour and people could choose to have a picture of themselves on their door to assist them to find their room on their own.

Is the service caring?

Our findings

Everyone we spoke with said the staff were kind and caring. One person said, "I am very well looked after; they (the staff) are all very good." Another said, "The carers are very good; nothing is too much trouble for them and we always laugh a lot." A relative told us, "We come almost every day, always at different times, there have never been any issues and we are always made welcome." A staff member told us, "Our priority is that the residents are clean, comfortable, get their food and are happy – that is always first."

Throughout our inspection we observed positive relationships and warm friendly interactions between staff members and the people who used the service, with frequent laughter being heard. We also observed visitors joining in the laughter and banter with people and staff and feeling comfortable to get themselves drinks and biscuits from the kitchen area if they wanted. Staff were seen to respond to people's needs in a quick and caring way. When talking with people staff would get down to their level. We saw staff explaining the support they were going to provide and offering people choices about what they wanted to do; for example what they wanted to eat or where they wanted to sit. All three floors had a calm atmosphere, with staff saying they had time to sit and talk with people in the afternoons when it became quieter.

We observed staff providing re-assurance for one person who was becoming anxious. The staff distracted them with their conversation and knew they liked to read the newspaper and so got one for them. The person calmed down and read the paper.

We saw in four of the five care records we looked at details of people's life history and what was important to them recorded. This should help staff form meaningful relationships with the people they support.

Staff knew the needs of the people they were supporting and clearly explained how they maintained people's privacy and dignity when supporting people with their personal care. One said, "I always talk to people about what I am doing." Staff explained how they promoted people's independence. One said, "I prompt and encourage people to do things for themselves wherever possible." We observed one person who used the service being involved in washing some pots with staff. We noted from one person's file that they had their own key for their bedroom door.

Most people living at De Brook Lodge had family members who were involved in their care and who could advocate on their behalf where necessary. A relative told us, "We are always consulted and informed about [relative's] care and any changes; in fact they called me last night to update me."

We saw the personal files were stored in the kitchen area cupboards on each floor. A member of staff was always present in the kitchen / lounge area throughout our inspection. However the cupboard doors were not locked. This meant if staff were called away, for example to assist a colleague, the personal files would be accessible to people and visitors. We discussed this with the registered manager who told us they would arrange for locks to be fitted to the cupboard doors. This would help to ensure that the confidentiality of people who used the service was maintained.

We saw that some care files included information about people's wishes at the end of their life. We were told that not everyone wanted to discuss their end of life care and families would be involved in any decisions

made about the care and support for a person at the end of their life. Some files also contained a do not resuscitate notice signed by the relevant medical professional. Staff explained how they cared for people at the end of their life and they were supported by their colleagues, managers and the district nurses. A health care professional told us, "The end of life care provided is very good; the staff know the signs to look for and are on the ball."

Is the service responsive?

Our findings

We reviewed five care files in detail and saw they were written in a person centred way. They contained clear information about people's social care needs and preferences. The care plans contained guidance for staff on the support people required and what people could complete for themselves.

We saw initial assessments were completed for people moving to the home. The registered manager and deputy manager told us they spoke with the person, their family and where appropriate any other professionals involved in supporting the person when completing their assessment. The local authorities assessment of a person's needs was also included in the care files. Staff confirmed the initial assessment was available for staff to read when the person moved in. Staff were also given a verbal handover of the person's needs. The care plans were then developed from the assessments and from talking with and getting to know the person who used the service when they had moved into the home. One staff member said, "I spend time with a new resident and go down memory lane with them to get to know them better." This meant staff had the information they needed to meet people's needs.

We noted that the care plans had been updated when people's needs changed; however they had not been formally reviewed each month as per the home's policy. The care plans we looked at had been reviewed in June or July. This meant changes in people's needs had been added to people's care files, but regular reviews had not always taken place to ensure all the information held was up to date. This was acknowledged by the registered manager and deputy manager and was due to two senior support workers being off on long term sickness. The registered manager had implemented a plan for all the care files to be reviewed, with experienced care staff being involved as well as the senior carers.

We were told and saw that formal reviews of people's care needs took place. A relative said, "I am invited to review meetings." Another said, "We can visit at any time and we are involved in updates and reviews."

Each floor of the home had a 'floor management file' in place. This contained handover sheets for the people on that floor, details of any short course care plans people needed; for example a short course of anti-biotics, topical cream charts and food and fluid charts. This meant the staff members working on the floor could quickly find information about the people they were supporting and tasks required at the start of their shift.

Staff explained how they provided personal centred care for people who used the service and gave people day to day choices. One staff member said, "We know the residents well, but we still ask what they want to do and give them choices." A person who used the service told us, "I get to choose when I go to bed and get up and what I want to wear; we also have a choice of food." We observed people having their meals at different times as they had chosen to have a lie in or did not want to eat at the same time as other people. The staff were flexible and accommodating to support people to do this.

The front of house manager was the activities co-ordinator for the home. A monthly sheet of suggested activities was sent to the home by the company head office. Regional activity co-ordinators had also been

appointed by the company to work with all the homes in the group. We saw activities were arranged by staff in the afternoons when it became quieter. On one day of our inspection people made cookies with staff and the chef. We saw external entertainers also visited the home each month and a monthly trip was arranged. Recently people had visited Knowsley safari park and gone on a barge trip. One person told us, "I love steam trains; they know that and we went to see some." Another person said, "We planted some seeds and can watch them growing" and "They do activities to keep us alert; jigsaws, dominoes and skittles sometimes." We saw newspapers were available in the lounge areas for people to read if they wanted to. The service had plans to develop the activities available further with a café being constructed so people could have a drink or snack there during the day. Themed nights and social events were also planned that people could book, with the chef devising a special menu for each occasion. A cinema area was also planned, with a large screen and a popcorn machine. Staff told us that when they have been short staffed it was tasks like activities and reviewing care plans that had not been completed.

We saw residents meetings were held to enable people to make suggestions and comment on their care and the home. However one person told us, "I go to the resident meetings, but they could be held more often."

We saw there was a formal complaints policy in place. All complaints received had been acted upon appropriately and in a timely manner. Notes of any investigations were kept as well as the response given to the complainant. People and relatives also told us they would speak directly to the staff or manager if they had an issue, rather than using the formal complaints procedure. One person said, "I find my bed uncomfortable and I'm still waiting for them to do something about it." However another person told us, "If I'm not happy I would tell the carers and they would fix it."

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a two deputy managers, a night care manager and senior care staff.

All the people, relatives and staff we spoke to were complementary about the registered manager and deputy managers. We were told they were approachable and would listen to and act on any concerns they raised. One person said, "I can talk to the staff and even the manager if I want to." A relative said, "The manager is visible and accessible; she always makes time for you." A member of staff told us, "The manager joins in and actively helps us when we are busy." Another said, "[Deputy Manager] is great; she will always look into any concerns we have."

All the staff we spoke with were positive about their role and working at De Brook Lodge. Comments included, "I love working here" and "It's a pleasure to work here; we're really resident focussed."

We spoke with the registered manager about the staffing levels in the service. We were shown a dependency tool used to show the needs of the people who used the service. This had been used by the registered manager to successfully gain agreement from the company for an increase in staffing levels to five at night and nine during the day. The registered manager was in the process of recruiting new staff to these increased posts. We also saw the registered manager and area manager had taken disciplinary action against staff who had a poor attendance record. All the staff we spoke with said there were enough staff to meet people's needs when they were fully staffed. The registered manager was aware that staff supervisions, training and care plan reviews had not been completed on schedule due to the staff issues the home had had. Plans had been implemented to ensure these issues were rectified.

We saw there was a quality monitoring system in place to audit various aspects of the service such as medicines, care plans, infection control and complaints. These were completed by the organisations area manager and the registered manager. We saw action plans were written for any issues found during the audits. The registered manager recorded when the action had been completed. We saw that there had been an improvement in the area manager audit findings throughout 2016. For example more detailed cleaning records had been introduced to ensure all areas were cleaned to the required standard and additional hours had been authorised to enable care plans to be reviewed. A new registered manager pack was being introduced to formalise the daily, weekly and monthly checks to be completed and recorded. The results of the completed audits were discussed at the meetings so staff were aware of any issues identified during the audits.

However the medicines audits had not been robust enough to resolve the issues with medicines noted in this report. The medicine stock balance and medication compliance sheets were not completed each day and when they were the issues identified were not rectified.

We were told, and saw, that the registered manager was visible on each floor of the home during the day. We

saw that the registered manager completed daily 'walkrounds' which were recorded. We observed the registered manager check some people's bedrooms and advise staff of any tasks that were required to be completed.

The registered manager also summarised accident and incident reports, safeguarding referrals, They monitored trends and reported the results to the area manager. Any 'lessons learnt' were identified and shared with the staff team to reduce the likelihood of a re-occurrence. The registered manager also reported on the number of people who had a pressure sore or who required bed rails each month to the organisations head office.

A daily management meeting was held involving the maintenance person, chef, deputy manager and registered manager. Any maintenance issues, the status of the rota, activities planned and training were discussed.

This meant there were systems in place to monitor the quality of the service and appropriate action was taken when shortfalls were identified.

The service had detailed policies and procedures in place to guide staff. These were updated centrally by the provider Ideal Homes and were all current.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported correctly.

We saw that people, relatives and staff working at De Brook Lodge had opportunities to comment on the service provided. We saw surveys had been used to seek their views and to make any suggestions for changes they wanted at the home. Feedback was also sought through an external website which relatives and people who used the service could use to comment on the home. The registered manager monitored these comments and responded where required. We saw the current rating for the home on the external website was 9.4 out of 10. There were regular staff meetings which were minuted. Senior staff and domestic staff also had regular meetings. Staff said they were able to raise any concerns they had and they were listened to and action taken by the managers.

This meant the service sought the views of people who used the service, their relatives and staff members and responded appropriately to any issues raised.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The lack of dates on opened liquid medicines, the continued missing signatures on the MAR sheets, the unclear 'as required' medicines protocols, the lack of directions for the application of topical creams on the topical cream charts and the incomplete stock balance and medication compliance sheets to be a breach of Regulation 12 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(b).</p>