

Karma Health Ltd

Freckleton Lodge

Inspection report

103 Preston Old Road
Freckleton
Preston
Lancashire
PR4 1HD

Tel: 01772632707

Website: www.freckletonlodge.care

Date of inspection visit:

04 January 2017

13 January 2017

Date of publication:

06 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 comprehensive inspection was carried out on the 04 and 13 January 2017. The first day was unannounced.

Freckleton Lodge is registered to provide care and accommodation for up to 28 people who require assistance with personal care. Bedrooms are of single occupancy with ensuite facilities. Bathrooms are located throughout the home. A variety of sitting rooms are accessible and a separate dining room is provided. Freckleton Lodge is close to public transport links and car parking space is available at the home. There are gardens and a patio area at the rear of the home. At the time of the inspection Freckleton Lodge provided care and support to twenty people.

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

We last inspected Freckleton Lodge on the 09 March 2016. We identified several breaches of regulation. We found care and treatment was not always provided in a safe way and the registered provider did not have suitable arrangements to ensure people were effectively safeguarded. We also identified that people were not always involved in the planning of their care and systems to assess and quality assure the service were ineffective. In addition we found the registered provider did not comply with the requirements of the Mental Capacity Act 2005 and notifications were not made as required, to the Care Quality Commission.

At the last inspection on the 09 March 2016 we asked the registered provider to take action to make improvements. We were provided with an action plan which detailed how the registered provider intended to ensure improvements were made. The action plan recorded improvements would be made by June 2016.

We undertook this comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Freckleton Lodge on our website at www.cqc.org.uk.

During this inspection carried out in January 2017 we found improvements had been made. We found the registered provider was working in line with the principles of the Mental Capacity Act 2005. Appropriate applications to deprive people of their liberty were made to the local authorities as required. We observed care and support being provided in a safe way and documentation recorded the care and support people required to maintain their safety.

We looked at the systems to identify shortfalls at the home and drive improvement. We found that when

accidents or incidents occurred, the registered manager reviewed these. We spoke with staff who were able to explain the steps taken to minimise the risk of reoccurrence. The registered manager carried out checks of medicines, care records and the environment. We were informed these were not formally recorded. We have made a recommendation regarding this

Documentation we viewed evidenced people were involved in the planning of their care and people we spoke with confirmed this. People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

Staff were able to explain the actions to take if they were concerned someone was at risk of harm or abuse. People who lived at the home told us they felt safe. One person told us, "I can honestly say I feel safer here than if I was living at home." We found the registered provider had notified the Care Quality Commission of any reportable incidents as required by regulation.

We found medicines were managed safely. We saw documentation that evidenced staff competence was assessed to ensure they were knowledgeable of their role and how to manage medicines safely.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out on their suitability for employment prior to starting work at the home.

Staff told us they met with the registered manager on an individual basis to discuss their performance. Staff with were complimentary of the training provided and told us they received a variety of training to enable them to work at Freckleton Lodge.

We discussed staffing with people who lived at the home, the manager and relatives. We received mixed feedback. Three people told us they felt staff were busy. Two people told us they considered there were sufficient staff available to meet people's needs. None of the relatives or staff we spoke with raised any concerns regarding the staffing arrangements at the home.

People who lived at Freckleton Lodge told us they considered staff were caring. One person told us, "Staff are marvellous. They let you take your time." We observed people being supported with kindness and compassion.

During the inspection we saw a range of activities being provided. We observed people joining in a choir activity and some 'armchair exercises.' We also saw people were supported to access the local community if they wished to do so. The activities were seen to be enjoyed by people who lived at Freckleton Lodge.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they had no concerns with the food at the home. We observed the lunchtime meal and saw this was a positive experience for people who lived at Freckleton Lodge. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at Freckleton Lodge told us they could speak with the registered manager if they wished to do so. Staff we spoke with also gave positive feedback. They told us they found the registered manager to be approachable and supportive. Relatives we spoke with also told us they found the registered manager to be approachable.

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 were managed safely.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care documentation contained information on how risks were managed.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned, however these were not always formally documented.

The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

Freckleton Lodge

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on the 04 and 13 January 2017 by one adult social care inspector. The first day of the inspection was unannounced and an expert by experience accompanied the inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the inspection Freckleton Lodge provided care and support to twenty people.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Freckleton Lodge. This included any statutory notifications, adult safeguarding information and comments and concerns. In addition we contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with eleven people who received care and support from Freckleton Lodge and five relatives. In addition we spoke with two relatives by phone. We spoke with the registered manager of Freckleton Lodge, the registered provider, the housekeeper and three care staff. We also spoke with an external trainer who was delivering training at the home. We walked around Freckleton Lodge and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We looked at a range of documentation which included five care records and two staff files. We also looked at staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "Of course I'm safe, this is a wonderful place to be." And, "I do feel safe." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative told us, "I'm not concerned about [family member's] safety. I've no reason to be, [family member] is well looked after." A further relative told us, "[Family member] is safe, very safe because of all the care staff give[family member]"

At our inspection of Freckleton Lodge in March 2016, we found care and treatment was not always provided in a safe way. We found a person had fallen but it was not evident what action had been taken to minimise the risk of reoccurrence. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this comprehensive inspection carried out in January 2017 we found the registered provider met the requirements of the regulation. The registered manager told us they had referred one person to a health professional following a fall. Documentation we viewed demonstrated the person had received support from an external health professional and action had been taken to minimise the risk of reoccurrence. We spoke with the person who told us, "I'm a lot better now. Look, I've got a walking stick now, it's all good." We spoke with another person who described how their room had been rearranged to minimise the risk of falls. Staff we spoke with were able to explain the reasons why this had been done.

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Care records contained information to instruct staff on how to manage these risks. For example, we saw one person needed support to bathe. The person told us staff delivered care and support in accordance with the care plan. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

At our inspection in March 2016, we found medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We found there were no care plans for 'as and when' medicines. These are medicines administered to people on an as required basis. We also found people's medicine records did not have photographs to identify them. In addition care records did not record the support people required to manage their own medicines.

During this comprehensive inspection carried out in January 2017 we found the registered provider met the requirements of the regulation. We saw people's medicine records had photographs on them to identify them. We saw care plans were in place for people who required 'as and when' medicines. We spoke with one person who managed some of their own medicines. They said, "As part of setting this care plan up, we agreed staff would ask me if I'd taken my medicine and I would tell staff when I had. It works well." They told us they wanted to maintain their independence and this enabled them to do so.

We checked a sample of medicine administration records (MAR) and medicines and found the quantities of medicines and the MAR records matched. This indicated people received their medicines as prescribed. We observed medicines being administered. We saw the staff member concentrated on their duties and checked the MAR and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. We reviewed documentation which showed staff competencies were assessed to ensure they were competent to administer medicines. This helped ensure staff were competent in their duties.

At our inspection in March 2016, we found people were at risk of receiving unsafe care if they moved to another service. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We found information sheets intended to be taken with people to hospital were not accurate. This placed people at risk of harm.

During this comprehensive inspection carried out in January 2017 we found the registered provider met the requirements of the regulation. We reviewed an information sheet and saw it was an accurate reflection of the person's needs. It contained information regarding the person's health conditions and the support they required. We noted the person's national health number was included to enable authorised health professionals' to gain further information if this was required.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We asked the registered manager of Freckleton Lodge how they ensured there were sufficient numbers of staff available to meet peoples' needs. They told us rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed one week's rota and saw staffing levels were consistent with the manager's explanation and the assessed needs of people who received care and support.

We discussed staffing with people who lived at Freckleton Lodge. We received mixed feedback from people who lived at the home. Three people told us staff appeared busy and two people told us they were satisfied with the staffing provision. Relatives we spoke with raised no concerns. One relative commented, "There's enough staff. They have time to spend with people and not just do the basics." We carried out observations during the inspection. We timed a call bell and saw this was answered promptly. We saw staff spent time with people during activities and we noted one staff member sat with a person and comforted them when they appeared upset. As a result of staff intervention, the person appeared much happier. We discussed how staffing was arranged with the registered manager. They told us they sought feedback from staff, people and relatives and in addition reviewed people's individual needs. They further explained they carried out observations to ensure people were being supported in a timely manner.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. All staff we spoke with were able to explain the fire procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) and we saw evidence of this in people's care records.

We looked at a range of health and safety documentation. We found agreements and checks were in place

to ensure equipment and services were maintained safely. We noted window restrictors were fitted and a keypad was fitted to the front door. This helped ensure peoples' safety and security.

There was a safeguarding policy in place. This contained the safeguarding authorities' telephone number. Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. Staff said they would immediately report any concerns they had to the registered provider, the manager, or to the local safeguarding authorities if this was required. One staff member told us, "[Registered manager] would report anything that worried me to safe guarding."

Is the service effective?

Our findings

We spoke with people who lived at Freckleton Lodge to ascertain their views on the care provided. One person told us, "I can't fault the way they look after me." A further person told us they had been very ill and in hospital before they came to the home. They told us the home had helped them recover. They said, "They got me round when I came out of hospital." Relatives we spoke with raised no concerns with the care and support their family members received. One relative told us, "The care is absolutely amazing. [Family member] has come on in leaps and bounds since living there."

At our inspection in March 2016, we found peoples' consent was not always sought in accordance with The Mental Capacity Act 2005 (MCA.) This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 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).

During this comprehensive inspection carried out in January 2017 we found the registered provider met the requirements of the regulation. We saw documentation which evidenced if people were unable to consent to care and support, mental capacity assessments were carried out. Documentation showed that when required, other health professionals and family members were involved when decisions needed to be made. During the inspection we saw people were asked to consent to care and support before this was given. We saw one person was asked if they wanted to take part in an organised activity. The person declined and their wishes were respected by staff. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered manager to ensure peoples' rights were protected.

At our inspection in March 2016, we found applications to restrict peoples' liberty had not been submitted to the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this comprehensive inspection carried out in January 2017 we found the registered provider met the requirements of the regulation. We saw documentation which demonstrated applications were made as required. Staff we spoke with were able to give examples of restrictions that may occur. Staff told us they would not restrict people without ensuring the required applications had been made. This helped ensure peoples' rights were protected and upheld.

Care files contained contact details of people who were important to those who received care and support

from Freckleton Lodge. We saw details of doctors and relatives were recorded to enable contact to be made as required. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered manager and other health professionals. This demonstrated staff were aware of the action to take if a person became unwell. We saw documentation which evidenced people were referred to other health professionals if the need arose. For example, we saw evidence of involvement with doctors and district nurses were recorded in the care records.

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. We noted preferences were taken into consideration. For example, we saw people's favourite foods were recorded. We observed a buffet lunch and saw people were encouraged to eat until they were satisfied. We noted drinks were available throughout the meal. We asked people their opinion on the food provided and received no negative feedback. One person said, "It's fine. We get a choice." Another person said, "The foods alright." We saw a menu with a variety of hot meals and staff told us people could request alternatives if they preferred. We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods were also available. During the inspection we saw fruit, biscuits and snacks were freely available and offered to people throughout the day. Relatives we spoke with raised no concerns regarding the food provided. We were told, "[Family member] likes all the food. [Family member] gets a choice and can have what [family member] wants."

We asked the registered manager to explain the training staff received at Freckleton Lodge. We were told staff received an induction prior to starting to work with people who received care and support. We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff we spoke with told us they had received training in areas such as dementia awareness, MCA, safeguarding and moving and handling.

Staff told us training was a mixture of practical and computer based training. One staff member told us, "The training here is excellent. I understand dementia so much more since I've done the training." A further staff member said, "There's a lot of training here and we get reminded to do it. [Registered manager] tells us to stay up to date." During the inspection we saw training was being provided by an external training provider. We discussed the training programme with them. They told us the registered manager discussed the requirements of the training with them. The training was then adapted to meet the requirements of the home. They further explained the registered manager sought feedback on the knowledge and competence of staff following the training. This demonstrated the registered manager sought feedback to improve the training provision at the home.

In addition, staff explained they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff explained these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We saw documentation which evidenced these took place.

We saw the environment was suitable for people who may be living with dementia. Bedroom corridors was a different colour, as were the communal areas. A staff member explained this may help people with dementia recall where they want to be. We saw doors had appropriate signage to help people recognise key areas of the home. We noted bedroom doors had boxes hung besides them with personal items within. This may help people living with dementia to recognise their personal rooms. Freckleton Lodge was spacious, with wide corridors to enable people to walk freely. We noted there were no handrails fitted in the corridors. We discussed this with the registered provider. They informed us that these were not required by people

who lived at the home. They said if this changed they would review the fitting of handrails accordingly.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "The other day a staff came and asked if I was ok because I was sitting alone. They care about me very much." Also, "They're all lovely to me." A relative we spoke with commented, "Staff are dedicated and so caring."

At our inspection in March 2016, we found people were not always involved in decisions made about the running of the home, or in the planning of their individual care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. The registered provider was meeting the requirements of the regulation. We spoke with one person who told us they had been consulted regarding the changing of mealtime arrangements. They told us they had been asked their opinion and this had been taken into account. A further person told us they were regularly asked their opinion on the activities provided. They explained staff asked people on a daily basis what activities they would like to take place that day. They confirmed staff took peoples' views into consideration. Relatives we spoke with also confirmed they were involved as required. One relative told us, "[Registered manager] keeps me up to date with any changes, either with [family member] or any changes at the home." A further relative told us, "If [family member] goes to the doctor I know in advance and always get a report back." And, "Everything is discussed with me. When the lounge was being decorated I was involved and informed."

People told us they were involved in their care planning and we saw documentation which evidenced this. Care records contained information about people's current needs as well as their wishes and preferences. We saw information regarding peoples' social histories and people who were important to them was included. One person told us they had been involved in the development of their care plan. They told us staff had worked with them to identify risks and had agreed the risk control measures with staff. This demonstrated people were involved in their care planning when possible.

We found staff were caring. We observed staff talking with people respectfully and offering reassurance. For example, we noted one person was upset. We saw a staff member sat with them and offered comfort. We saw appropriate touch was used and this was welcomed by the person. The staff member asked the person if they would like to spend time in their private room so they could discuss their worries. This was declined by the person who said, "No, I'm fine now. Thank you love." This demonstrated staff were caring and took steps to uphold people's confidentiality.

We saw staff observed people and responded to non – verbal communication. We noted one person picked their cup up, which was empty. They then placed it on their table. A staff member observed this and offered the person another drink. This was accepted by the person. In addition we observed a musical activity taking place. We saw one person was clapping their hands quietly. The staff member noted this and went to them. They sang with the person and joined in by clapping with them. This resulted in the person laughing and joining in more vigorously. We saw this was a positive experience for the person as they started singing and smiling.

Staff spoke affectionately about people who lived at the home. One staff member told us, "We want people to have a happy life here." A further staff member said, "I just want people to be happy and content."

We asked people who lived at Freckleton Lodge if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "Staff ask about me and yes, they do know me." And, "They know me very well thank you." Relatives we spoke with also told us they felt staff knew their family members individual needs. One relative said, "All the staff know [family member] really well. I'm impressed with the amount and the detail they know."

A further relative commented, "Excellent knowledge of my [family member]."

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection, however this would be arranged at people's request.

During the inspection we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms. If people required checks at night to maintain their safety, we found this was assessed and documented in the care records. One person told us, "I was asked if I was comfortable with having checks done. They're good like that, they always check what you want."

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at Freckleton Lodge spoke positively regarding the care and support they received. People told us, "I've seen a doctor three times. They sort it out for me." And, "Everyone here has helped me get better. I was in an awful state when I came here, and look at me now!" Relatives we spoke with told us, "The care, simply put, is excellent." A further relative told us, "[Family member's] care is very good. [Family member] is looked after extremely well." We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see doctors and district nurses as their needs changed.

We found care records were person centered. Prior to people moving into the home we saw a pre-admission document was completed. This was then developed into a care plan. We discussed this with a person who lived at Freckleton Lodge. They confirmed they had been involved in both the pre-admission assessment and the development of their care plan. Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented.

People we spoke with told us their personal preferences were respected. One person described how they had discussed their wishes regarding a personal activity with the registered manager and registered provider. They explained they had been supported by the registered manager to complete a risk assessment and we saw documentation which evidenced this. This demonstrated peoples' preferences and needs were considered as part of their care planning.

On the day of the inspection we found an activities programme was displayed in the reception of Freckleton Lodge. The registered manager told us they consulted with people on a daily basis to find out what activities people wanted to take part in. They also told us pre-booked activities took place. For example, external entertainers visited the home and parties took place. We saw photographs which evidenced this. People also told us pre-arranged activities took place. One person told us they had enjoyed a seasonal party and a further person said they had enjoyed an external excursion.

During the inspection we observed people being supported to take part in activities. We saw people were asked if they wanted to go for a walk in to the local village. We observed people leaving the home and being supported by staff on this activity. We also watched a musical session taking place at the home. We noted staff were singing and dancing with people, gently encouraging them to take part. This was greatly enjoyed by people who lived at Freckleton Lodge. People were joining in and playing musical instruments, smiling and laughing as they participated. We observed people laughing and joking with each other and with staff.

People also told us they enjoyed the activities provided. One person said, "I've just finished at the choir practice. I enjoy singing a lot." We also found people were encouraged to pursue individual activities. We saw one person playing the piano. We observed them smiling and moving in time to the music as they played. As they completed playing their music, we saw they were beaming with joy. We asked them how they felt, when they played the piano. They told us "Great!" We spoke with a further person who told us they

were taking part in some training at the home. They explained they had an interest in the training topic and the registered manager had asked them if they wanted to attend. During the inspection we saw they attended the training. They told us, "I like to learn and I can here."

We saw there were activities freely available for people to participate in if they wished to do so. During the inspection we noted books, coloured pens, magazines and board games were prominently placed on furniture throughout the home. One person commented to us, "There are a lot of very good films here. If I want to watch one, staff put it one for me." This demonstrated resources were available to provide enjoyable activities for people who lived at the home.

We found there was a complaints procedure which described the response people could expect if they made a complaint. Relatives we spoke with told us they were aware of this. We spoke with one relative who told us they had discussed some concerns with the registered manager and registered provider. We spoke with the registered manager and registered provider regarding this. The registered manager told us they encouraged people and relatives to raise any comments with them before they became areas of concern. They told us this ensured comments were addressed quickly and resolved. We were informed by the registered provider they had not received any formal complaints at the time of the inspection.

Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure, which staff were aware of to enable complaints to be addressed.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I've never had reason to complain." A further person commented, "I've no complaints. I couldn't have picked a better place to live."

Is the service well-led?

Our findings

People told us they considered Freckleton Lodge to be well-led. Comments we received included, "[Registered manager] is always interested in us and she's a good manager. She runs this place well." And, "I think [registered manager] is very good, very nice and this place is organised well." Relatives we spoke with told us they could approach the registered manager if they needed to discuss anything with them. One relative commented, "[Registered manager] is the right person to be doing what she's doing. [Registered manager] is so caring." A further relative commented, "[Registered manager] is always very helpful."

At our inspection of Freckleton Lodge in March 2016, we found consistent audits were not always carried out to ensure risks were identified and improvements made. For example, we found there was no scrutiny and analysis following accidents and falls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

During this comprehensive inspection in January 2017, we found improvements had been made. The registered provider was meeting the requirements of the regulation. The registered manager told us that following an accident or an incident, the persons' care was reviewed and any resulting risk controls and actions were identified. They explained this may help minimise the risk of reoccurrence. They described the action they had taken following a person falling at the home. They explained they had discussed the person's care with them and they had agreed to changes being made to their private room. We spoke with the person who confirmed this. We reviewed the person's care records and saw these had been updated to reflect the person's needs.

We asked the registered provider and registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. The registered manager said checks were also carried out in other areas. They explained they visited the home at night to carry out unannounced night time checks, in addition audits on care records and medicines were carried out but were not documented. Through speaking with staff and reviewing staff meeting minutes we found evidence that checks were being undertaken. However, this could be improved by formalising the systems in place and recording the findings of completed checks.

We recommend the registered provider seeks and implements best practice in relation to documenting the monitoring of quality at Freckleton Lodge.

Staff we spoke with told us they received feedback when audits were carried out. One staff member commented, "[Registered manager] always lets us know what we need to do better." Staff could give examples of how they had been informed improvements were required. One staff member told us they had not signed a medicine record when administering medicine. They said, "[Registered manager] picked up on it and told me straight away." In addition we saw that an error had been identified with the recording of a fridge temperature. The registered manager had recorded this on the temperature log as a reminder to staff to complete. The staff we spoke with were aware of the error. This demonstrated monitoring took place to ensure shortfalls were identified.

We also found staff meetings were held and staff were informed of the improvements that were required. We reviewed staff meeting minutes and saw the registered manager had identified there were some issues with the return of laundry to peoples' rooms. As a result of this staff had been informed of a new system to resolve the issue. We also noted the registered manager had identified staff were not using laundry trolleys as required. The registered manager had addressed this at a staff meeting. We spoke with staff who confirmed they were aware of the registered managers observation. This demonstrated staff were given information and guidance to enable improvements to be made.

At our inspection of Freckleton Lodge in March 2016, we found the registered provider had not notified the Care Quality Commission (CQC) of incidents required by regulation to be reported. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During this comprehensive inspection in January 2017, we found improvements had been made. The registered provider was meeting the requirements of the regulation. We found incidents that were required to be reported were made to the CQC as required. For example, we found an allegation of abuse was reported to both the local safeguarding authorities and the CQC.

We spoke with staff and asked them their opinion of the leadership at Freckleton Lodge. Staff told us they found the manager to be approachable and supportive. Staff commented, "[Registered manager] is a good manager. Very committed to improving and getting the home to the best it can be." And, "[Registered manager] is great. She's passionate about getting things right for residents." Staff told us staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "It's a chance to ask questions and get clarity." A further staff member described the meetings as "motivational." They explained that at each meeting the registered manager gave feedback on 'what has gone well' and 'what could have gone better.' They told us, "Teamwork is excellent here. We all work together."

We saw documentation which evidenced staff meetings took place. We saw information was recorded to ensure staff knew of any upcoming changes. For example we found an agreed change to the mealtime routine had been relayed to staff. In addition, we saw staff were reminded of the importance of training and advised to request training if they felt they required extra support. We noted the registered manager gave praise to staff. We saw staff were congratulated when positive feedback was received from relatives or people who lived at the home. This demonstrated the registered manager gave feedback to staff and encouraged team working.

We asked the registered manager how they enabled people and relatives to give feedback on the service provided. We were told that in addition to verbal feedback, surveys were periodically carried out. This was in order to obtain the views of people who received care and support and their relatives. We saw evidence this took place. Comments we saw included, "Excellent care." And, "Staff are friendly and courteous." People and relatives we spoke with confirmed they had access to a survey, however commented they did not receive any feedback on the results of these. We discussed this with the registered manager and the registered provider. They told us they were currently analysing the information provided. They informed us the outcome of this would be shared with relatives and people who lived at the home as soon as possible.

The registered manager told us they did not hold formal meetings with relatives or people who lived at the home. They explained this was because they had arranged these previously and these had not been attended. They said these would be introduced if people requested this. No-one we spoke with during the inspection said they felt meetings would be beneficial.

