

Eldercare (Lancs) Limited

# Lakeside Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Lakeside Residential Care Home is a purpose built care home located on Smithybridge Road, leading to Hollingworth Lake. The home provides accommodation and support for up to 40 older people some of whom live with dementia.

This was an unannounced inspection which took place on the 17 August 2015. At the time of our inspection there were 38 people living at the home.

We last inspected Lakeside Residential Care Home in July 2014. We found the provider was not meeting all of the regulations that we reviewed. We found improvements were needed with regards to medication administration, staffing levels, records about care and support people needed and effective quality monitoring systems. The registered manager sent us an action plan telling us what action they were to take to meet the regulations. We looked at what improvements had been made during this

# Summary of findings

inspection. We found systems had been implemented to monitor and review the quality of the service and care records provided good information to guide staff in the care people required. On-going recruitment had taken place to fill staff vacancies and overall the medication system was safe.

There was a registered manager in post. 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.

The fire risk assessment identified that some areas needing attention had not been signed off as completed. Failing to monitor and mitigate assessed risks may place the health and welfare of people at risk of harm.

We found a breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We received a mixed response from people about the meal choices provided. We saw the lunchtime experience was not well organised and did not provide people with a relaxed sociable occasion. **We have made a recommendation about the mealtime experience so that this promotes people's choice, independence and well-being.**

Opportunities for people to participate in a range of activities needed enhancing to meet the individual needs of people. **We have made a recommendation about the type of opportunities made available to people to promote their well-being and encourage their independence.**

Overall the management and administration of people's prescribed medicines was safe.

People were supported by staff in a dignified and respectful manner promoting their autonomy and

involvement. We saw staff assist people in a patient and unhurried manner. People and their visitors told us that staff were kind and considerate and they were always made welcome when visiting the home.

People's visitors told us that staff had the necessary skills to support people properly. We found staff had been safely recruited and had received on-going training and support essential to their role so they were able to do their job safely and effectively. The registered manager offered support to those staff requiring further personal development and consideration was given to the skill mix of staff so that experienced and new staff were deployed on each shift.

Care records had been reviewed and updated to reflect people's wishes and preferences about the support they needed. The registered manager was able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Effective systems were in place with regards to the safety checks to the building and emergency equipment, which helped to keep people safe.

Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed. People told us and records showed that people had regular access to health care professionals so changes in their health care needs could be addressed. Suitable equipment and aids were provided to meet the assessed needs of people and promote their independence.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention.

We saw systems were in place to monitor, review and assess the quality of service so that people were protected from the risks of unsafe or inappropriate care. CQC had been formally notified of any accidents or incidents involving people, as required by law, to show that people were protected from unsafe care and support.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were complete to help protect people's health and well-being. Action required in relation to fire safety had not been completed this potentially placed people at risk.

Whilst staffing levels were kept under review, consideration was needed in relation to the deployment of staff so that the skills and experience of the team were distributed.

Overall the management of people's medicines was safe.

Effective systems were in place with regards to the recruitment of new staff, the servicing of equipment and infection control procedures. Suitable arrangements were also in place to help safeguard people from abuse. This helped to ensure people were kept safe.

**Requires improvement**



### Is the service effective?

The service was not always effective.

We received conflicting views about the quality of food provided and found the mealtime arrangements were not well organised and did not provide a relaxed experience for people.

Staff told us they received the necessary training and support needed to develop their knowledge and skills. The registered manager was actively supporting those staff needing additional support with their personal development.

Staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people unable to make important decisions for themselves.

**Requires improvement**



### Is the service caring?

The service was caring.

Overall people and their visitors spoke positively about the attitude and kindness shown by care staff. Staff were polite and respectful towards people when offering assistance and knew people's individual needs, wishes and preferences.

Suitable arrangements were in place when people were transferred between services ensuring they received continuity in the care they needed.

**Good**



# Summary of findings

Relevant aids and adaptations were available throughout the home to promote people's independence.

## Is the service responsive?

The service was not always responsive to people's needs.

A range of activities and opportunities were provided offering people variety to the daily routines. These could be enhanced with more meaningful activities to help promote people's health and mental wellbeing.

People and their relatives were involved and consulted with about the care and support they wanted and needed. Care records contained sufficient information to guide staff in the delivery of people's care.

People felt the registered manager and staff listened and acted on any complaints and concerns they may have. Records showed that people's views were listened and responded to.

Good



## Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC). People and their visitors spoke positively about the service and said the management team were proactive in getting things done.

The registered manager had systems in place to monitor and review the service people received and took steps to make improvements where action was identified.

CQC were notified, as required by legislation, of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Good



# Lakeside Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 August 2015 and was unannounced. The inspection team comprised of an adult social care inspector 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. The expert by experience who joined us had previous experience of working with care providers.

Prior to our inspection we contacted various agencies to seek their feedback about the service. This included the local authority commissioning team, adult social care team, Healthwatch and the visiting optician. Comments received have been added to the report.

We also considered information we held about the service, such as notifications and safeguarding concerns. We asked the provider to complete a Provider Information Return (PIR), prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time speaking with eight people who used the service, eight visitors, two care staff as well as the cook, laundry worker, activity worker, care supervisor and registered manager. We also spoke with a visiting social worker, training assessor and health care practitioner.

As some of the people living at Lakeside Residential Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at four people's care records, three staff recruitment files, the medication administration records and staff training records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Lakeside Residential Care Home. One person told us; "I don't get nervous here at night because there are people around." Others said, "I do feel safe. I never think about it so I must do", "It's alright. I feel safe here", "I feel very safe" and "I feel very comfortable and I definitely feel safe."

People's visitors also felt their relatives were kept safe. They told us; "He's much safer here than the other homes. He's getting 24 hour a day care", "There's no problem about her being safe here" and "I think they are safe here. It's very secure. You have to buzz yourself in and out."

We looked at what systems were in place in the event of an emergency, for example a fire. Fire safety checks were carried out to check the system and equipment was in good working order. We saw a business continuity plan and a fire risk assessment, which provided information for staff about the action they should take in the event of an emergency. Individual personal emergency evacuation plans (PEEPs) were also in place. These were kept in people's own rooms and with the fire records, which were easily accessible should an emergency arise and evacuation be required.

On examination of the fire risk assessment we noted that some areas identified for action had not been signed off as completed. The registered manager told us that maintenance staff had completed some areas and contractors had been contacted about outstanding areas. We asked the registered manager to confirm in writing following our inspection that all action had been completed. However this was not provided. **Failing to monitor and mitigate assessed risks may place the health and welfare of people at risk of harm. This meant there was a breach 17(2)(b) of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw documents, which showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked at the staffing arrangements in place to support people at the home. We spoke with people, their visitors, staff and the registered manager as well as observed care

and looked at staff rotas. The registered manager told us that staffing levels were kept under review and that a dependency tool was used, the 'Regulation and Quality Improvement Authority (RQIA) Tool 2009', to determine staffing levels within the home. This considered the individual needs of people and level of support they required. We saw and records showed that staffing levels were provided in line with the assessment tool. From our observations we found staffing levels were adequate although staff were very busy. People's visitors told us that managers would 'help out' when things were busy. People told us; "It's [the care] fair enough but it's understaffed" and "If it gets busy she [manager] gets involved."

One staff member we spoke with said that at times, "It is demanding, depending on who is on shift", adding "They [registered manager and care supervisor] will muck in when it's busy". They also told us there had been a number of new staff who still needed a lot of support and guidance. We discussed this with the registered manager who acknowledged that certain new members of the team needed additional support. It was also acknowledged that the deployment of staff with regards to skills and experience could also be considered. This would provide new staff with additional support, working alongside more experienced staff whilst learning their role and responsibilities.

We checked the systems for the receipt, storage, administration and disposal of people's medicines. We found the system for the ordering and administration of medicines was safe. However we found two items stored in the fridge were no longer clearly labelled and the controlled drug register identified a medicine as being in stock however when checked there were none available. We raised this with the registered manager and care supervisor who said that the pharmacy would be contacted to replace the fridge items and records would be checked in relation to the return of the controlled drugs as the person they were prescribed for no longer lived at the home.

We saw prescribed 'thickeners' were kept in the dining room and easily accessible to people. This placed the health and welfare of people at risk of harm because If dried thickening powder is swallowed it could result in people choking. The registered manager immediately removed the 'thickeners' placing them in the kitchen. This meant they were still accessible to staff when needed.

## Is the service safe?

We looked at the staff training records. These confirmed senior care staff responsible for the administration of people's medicines had completed training in medicine management. Additional training was being provided for team leaders so that sufficient numbers of staff were trained to administer medicines throughout the day and night time. The registered manager told us and records showed that procedures in the management of medicines, to meet NICE (The National Institute for Health and Care Excellence) guidelines had been implemented with the support from the CCG (Clinical Commissioning Group) pharmacy lead. This information provided clear guidance for staff on the staff management and administration of people's medicines.

We looked at how the service managed potential risks to people's care and welfare. Records we looked at showed that individual risk assessments were completed and reviewed on a monthly basis. Assessments included areas such as poor nutrition, pressure care prevention or falls. Where people had been assessed as high risk additional monitoring records were being completed so that people's changing needs could be monitored and acted upon where necessary.

We saw that suitable arrangements were in place to help safeguard people from abuse. An examination of training records showed that all staff had received training in safeguarding adults. Policies and procedures to guide staff in safeguarding people from harm were also in place. The service also had a copy of the local authority inter-agency procedure in the protection of vulnerable adults. We asked

staff to tell us how they safeguarded people from harm. Staff spoken with confirmed they had completed training in safeguarding and were able to demonstrate a good knowledge and understanding of their responsibilities.

We looked at three staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that all relevant information was in place prior to new staff commencing work so that only those applicants suitable to work with vulnerable people were employed to do so.

We saw infection control procedures were in place for staff to refer to. Staff records also showed they had completed training in the prevention and control of infection. The registered manager told us they had recently implemented an infection control audit so that standards within the service could be monitored. Whilst looking around the home we saw sufficient supplies of protective clothing, such as disposable gloves and aprons were available. Staff were to use these when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets, where personal care support was provided. This helped to promote good infection control procedures.



# Is the service effective?

## Our findings

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. A four weekly cycle of menus were in place and daily meal options were displayed on a board in the dining room for people to refer to. We were also shown a communication board and pictures of meals to help people make decisions about what they wanted to eat. We saw the cook asked people which choice of meal they would like prior to each mealtime. Hot and cold drinks and snack were also served throughout the day.

We received a mixed response from people about the quality of meals provided. Whilst some people felt they were offered a choice and enjoyed the meals, others were less positive. People told us, "The food is good. You can't complain about it", "Once a month they bring in fish, chips and peas from the local chippy" and "The food is ok, it's very good, I am a fussy eater." Whilst other people said, "The food is good but I think they could be a bit more imaginative", "I hate the food. It's not edible. The cooks will not put the effort in", "They don't ask what I like to eat, but I love the fish and chips from the chippy. That's the one saving grace", "If there was one thing that I would like improving it's the food", "Sometimes I have a choice. It's not a choice really, it's take it or leave it" and "If there was anything I would like to be improved, it would be the food. It's not appealing."

One person said they had been helped to improve their diet. They told us, "The food is very good. I'm on a diet, I've gone veggie. I've lost about 2 stones." Their visiting relative added, "They've helped him lose weight". Other visitors told us, "They seem to like the food" and "She's not a big eater but she likes the food."

We were told and records showed that feedback surveys had also been sent out to people to seek their views about the meals provided. Feedback received showed that improvements could be made.

We observed the lunchtime period in the dining room. People were offered a choice of two main meals and were provided with a hot drink. Staff were seen to offer little interaction with people when serving meals. The majority of people were able to eat their meal independently however those requiring support were offered assistance. We saw there was quite a bit of waste, with some food

uneaten on most plates. Due to a change in staff supporting people during the meal time there was some confusion over the serving of deserts. We heard one person ask for a pudding without cream. However, they were forgotten about and had to ask the care staff again. We saw care staff support some people to the bathroom, at their request, before the meal time had finished. Three people sat at one table were seen to wait for over 20 minutes for a coffee or tea at the end of the meal. Staff told them that they were waiting for the kettle to boil.

We discussed our observations with the registered manager. They said they had previously spoken with staff about improving the mealtime experience for people and also acknowledged that the experience and skills of the cooks varied. **We recommend that the service consider current guidance on how to provide a more positive mealtime experience, promoting people's choice, independence and well-being.**

We saw that where people had been assessed at nutritional risk, advice and support had been sought from the dieticians or speech and languages therapists.

We looked at records, spoke with staff and the registered manager about the training and support offered. The registered manager told us that a new programme of induction, 'the care certificate' introduced in April 2015 had been implemented. All staff had been given the self-assessment booklet to complete. The registered manager said she would then meet with staff in supervision to discuss any areas of training and development they may have, so these could be planned for.

Staff spoken with said they received 'lots of training', which was regularly updated. One staff member told us, "We have a lot of opportunities to learn things" and "The manager pushes training to develop people". Training records showed staff had access to various training courses through the in-house training programme and the local authority partnership training. Courses included; moving and handling, fire safety, nutrition and hydration, dementia care, MCA and DoLS, medication and safeguarding. The registered manager and staff also told us that training in the specific needs of people had been accessed from the community nursing team, such as testing for infections and eye care with the optician. They had also requested further



## Is the service effective?

training in catheter and stoma care. The service had recently signed up for training in end of life care, 'Palliative Care Passport' with the local hospice. One visiting professional told us; "The manager is very up on training".

We saw there was a programme of staff supervision, appraisal and team meetings. There was evidence of meeting minutes held with kitchen, housekeeping and care staff. We also saw that verbal and written handover meetings were held at each shift change to help ensure that any change in people's care and support properly communicated and understood. Staff spoken with told us they enjoyed working at the service, felt fully informed and were supported in their role.

Two people we spoke with told us the attitude of staff was not as good as it should be. One person said, "The staff are mostly nice but some are a bit offhand. They talk to you as if you are at school. It's only the odd one." Another person also commented, "One or two of the carers do not care." During the inspection we spent time observing how staff interacted with people. We saw some care staff were more proactive than others, spoke politely and had a friendly rapport with people. We spoke with the registered manager about our findings. The registered manager acknowledged there were one or two staff members who required additional support with their personal development. This was being addressed through supervision and appraisal.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager told us that there were currently three people living at the service who were subject to a DoLS, however further applications were pending. They were aware of their responsibility in seeking authorisation to the supervisory body (local authority) where a person was being deprived of their liberty.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. An examination of training records showed that approximately 50% of the team had completed training in MCA and DoLS. We saw further information to

show that training was planned for other members of the team. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked the care records for four people to see if they were involved and consented to their care and support. Records showed that people had been consulted with about their needs and wishes. Where people were not able to express their wishes we saw information to show how decisions were made in their 'best interests'. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw that the service had involved external health professionals in their decision making process and acted in the best interest of the person being assessed.

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GP's, psychiatrist, dietician, dentist, podiatry and community nurses. The service also liaised with the 'Outreach Team'. This service offers advice and support to care providers with regards to the specific needs of people living with dementia.

Prior to our inspection we had also been made aware that the service was taking part in a new pilot scheme (Telemed) to assist with 'non urgent' hospital admissions and patient assessment. The pilot is for a period of 12 months and will enable people to have immediate access to nursing staff and doctors 24 hours a day, where necessary, without leaving the home. The purpose of the scheme is to reduce the number of people attending A&E departments if this is not necessary. Should people require admission to hospital this would be arranged by bypassing the A&E department by means of direct admission to a ward or unit.

# Is the service caring?

## Our findings

We asked people for their views about the care and support they received from staff. People told us; "I'm very happy here. I've got everything I need. You only have to ask if you want anything", "Everyone is very pleasant and caring", "Everyone is very nice. They don't make you feel like a burden", "The carers work very hard", "Oh yes I'm quite happy here. We're well looked after", "The girls are very good, in fact they are excellent", "The girls couldn't be more helpful" and "It's a caring environment."

We also asked people's visitors their views about the care and support offered to their relative. One visitor said, "My relative has been in a couple of other homes, we had very bad experiences in them. This is a lot different, the staff are more caring here." Another visitor said, "My mother's happy. They think a lot of her and they look after her. "Other visitors commented, "They are really well looked after in here", "She always seems to be quite well cared for", "I've no complaints about the care here" and "The staff are very, very nice." However one family member told us they felt at times staff were slow to respond to the needs of their relative.

From our observations staff were respectful and responded to people's requests. Those staff spoken with were clearly able to demonstrate their understanding of the individual needs of people and how they wished to be cared for.

We spoke with the registered manager about support arrangements when people needed escorting to hospital or

appointments. We were told people were always escorted by staff unless they preferred to go alone or with a family member. Those people going to hospital as part of a planned admission were not escorted. Information regarding the person's medication and health care needs was always provided so that continuity in care could be maintained.

We visited one person who was being cared for in bed and spoke with their relative. The person looked warm, clean and comfortable. Suitable aids and adaptations had been provided to ensure their safety and comfort. Their relative told us they were very happy with the care provided. They said, "[relative] is cared for safely", "Staff are very proactive in dealing with issues" and "I'm always kept informed". When asked if they had confidence in the staff team, they responded 'absolutely'.

Whilst looking around the home we saw people had personalised their bedrooms with belongings from home. There was sufficient equipment and suitable adaptations available to promote people's safety and independence. Staff we spoke with were able to give us examples where they encouraged and enabled people to remain as independent as possible.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained. Additional records, such as daily records completed by care staff were kept discreetly in the dining room and therefore accessible to staff when needed.

# Is the service responsive?

## Our findings

During the inspection we looked at what opportunities were made available for people with regards to their daily routines. We asked people their views about the activities and opportunities offered. A number of people told us they liked the range of activities offered. People's comments included; "We went on a trip to Knowsley and it was really good", "Someone comes in to do exercises. I do that because I want to keep fit", "They have lovely concerts here, with singers". People's visitors also told us, "They've encouraged him to socialise. He comes down every day now. He used to stay in his room all day", "Most afternoons [activity worker] does some activities with people. A fortnight ago they went to Knowsley on a day trip" and "They put films on for them with a glass of wine." Some visitors felt more opportunities could be made available. They told us; "There are not a lot of things to do here although they do try to keep you occupied" and "I think they get bored during the day because nothing's happening."

The home had an activities co-ordinator who planned daily activities and outings for people. During the inspection we saw a bingo session was held in the lounge followed by an exercise session using balloons. We also saw photographs from recent trips to Knowsley Safari Park and Blackpool. Since our last inspection the main lounge had been decorated with old pictures of the local area, music and film stars. There were also a number of reminiscence books. These were provided to encourage conversations and interactions between people. We were told that some people liked to spend time outside. We saw the maintenance staff had cleared the patio area near the entrance to the home. This provided a pleasant area for people to sit and relax. One person told us, "We can go and sit outside if the weather is good."

We spoke with the activity worker who was aware of people's preferences. We were told one person was very active. The activity worker said they had spoken with a local business to see if opportunities were available for this person. They also gave us other examples where they visited local shops and pubs with people. We were told that a non-denomination service was held each Sunday so that

people could observe their religious beliefs. The service also produced a quarterly newsletter advising people of activities and events taking place, feedback received about the service and staff achievements.

During the inspection we saw a small number of people take part in a bingo session held in the main lounge, followed by an exercise session using balloons. Other people spent their time quietly either not wanting or unable to join in with the activity or were seen watching television or spending time chatting with their visitors. Several people preferred the privacy of their own rooms.

**We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people living at the home including those living with dementia, helping to promote their involvement and enable them to retain their independence.**

We spoke with the registered manager and looked at records to see what process was followed when assessing prospective residents. The registered manager told us they would meet with the person and their relatives, where appropriate, so that relevant information could be gathered. We were told that to help people make a decision about moving into the home they were always invited to visit and look around the home, meet with people and staff and spend time having lunch. We saw that information was provided to people when moving into the home. This comprised of a service user guide, welcome letter and contact information booklet. These were also placed in people's rooms so they were able to refer to them when they wished.

During the inspection we saw one family visit the home. They spent time looking at the bedroom and were provided with lunch. We spoke with the person's relative. They told us they had previously met with the registered manager and care supervisor so that an assessment could be completed. They had been encouraged to visit, had been made welcome and were reassured the service was able to meet the needs of their relative. The care supervisor also told us that another person had visited on a number of occasions before making the decision about the suitability of the home for them.

Records examined showed that initial assessments had been completed. Assessments clearly outlined the person's

## Is the service responsive?

abilities as well as areas of care and support they required help with. This information helped to develop the care plans that guided staff on the care and support to be provided.

We saw that care records explored all areas of daily living and focused on people's wishes and preferences. Information was written in the first person, where possible, and asked the questions; 'what I can do', 'what do I prefer', 'what do I need assistance with' and 'what's important to me'. A detailed life history had also been completed providing good information about the person, their life, family, and experiences. Records were reviewed regularly to ensure people's current and changing needs were reflected. Information provided clear direction for staff to follow so that people's wishes were considered and their needs met.

We saw some care records provided more information than others. The registered manager told us that senior care staff were now involved in the development of plans. It was acknowledged that this was a development area for some staff and additional support and guidance was being offered.

We looked at how the service managed complaints. We saw a copy of the complaints procedure was displayed in the reception area and were told this was provided for

people in the information they were given about the service. The procedure explained how to make a complaint, who to complain to and the times it would take for a response. We saw that eight complaints/concerns had been raised over the last 12 months. The registered manager told us what steps had been taken to address the concerns and records showed these were appropriately recorded and responded to. We also saw numerous thank you cards and compliments had been received about the care received by people who used the service.

All the people we spoke with said they had no complaints or concerns. One person we spoke with said that opportunities were made available for people to raise any issues of concerns. They told us; "We have meetings, just in case we have a complaint. If I had a complaint I would go to the senior carer and then to [care supervisor]. So far I haven't had to think that way."

Other people and their visitors said, "I wouldn't want to complain about anything but if I did want to complain I'd go to [the manager]", "We have no complaints at all", "I'd tell people if I had a complaint. I wouldn't keep it to myself. I'd go to the person who I think could put it right", "If you have any problems with the staff she (manager) will sort them out. She's ok" and "I would go to see the manager if I had a complaint, but I have had no reason to do so, so far."

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place who took responsibility for the overall management of the service. They were supported in their role by the care supervisor, administrator and an area manager.

The registered manager said they felt fully supported in their role and had confidence in the staff team in carrying out their duties safely and effectively. The registered manager and care supervisor took part in care provider meetings, attended training courses and were kept informed of good practice guidance to help keep them updated and informed. The registered manager is a member of the care provider's safeguarding forum, which helps to increase their knowledge and understanding of local procedures. The registered manager is also involved with a small group of providers assisting the local authority in developing the new requirements for the Dignity Award, which is awarded to care providers following an assessment of the care provided.

We asked people and their visitors about the management and conduct of the service. One person said, "I think it's very good actually." Another said, "I am very satisfied, the home is very good." Other comments included, "It's very well organised." "The home is very good" and "We can't see anything wrong with the home."

Professional visitors spoke positively about the management and conduct of the service. One person told us, "I've been to the home a few times recently. I have found that the staff are proactive in raising concerns regarding the welfare of people. The care records have always been up to date and if I have had any concerns or advised of any changes needed; this has always been done." In relation to the management team they said; "They [managers] do seem to have a 'can do' attitude and a willingness to make changes. There does seem to be continuity of staff which is good for people", "Families tell me that the manager/deputy and staff are approachable which gives them reassurance" and "She [the registered manager] seems to run a tight ship with staff knowing who the boss is. She is well supported by the deputy who has been at the home for a number of years."

Other professional visitors said; "She's [the registered manager] a forward thinker", "The manager actions issues that are raised", "I think it's good", "Staff are always polite and nice and so is the manager", "I don't have any concerns about the home" and "If I had any concerns, for example, if there was a rapid weight loss with no dietician involved, I would speak to the manager."

We looked at how the registered manager monitored and reviewed the service so that areas of improvement were identified and addressed. We were told and saw records to show audits were completed in areas such as; care files, medication, accidents and incidents, bed rails, pressure care and mattresses. The registered manager was also introducing a detailed audit in relation to the environment and infection control procedures. We saw that where improvements were needed, action plans had been completed and followed up to check relevant action had been taken.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The service had introduced a number of feedback forms with regards to activities, nutrition and care. Comments received were discussed with each department so that relevant changes could be made, where possible. We also saw records to show that relative/resident meetings were held as well as care staff, domestic, kitchen and management meetings.

Before our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The registered manager used the 'Regulation and Quality Improvement Authority (RQIA) Tool 2009' to determine staffing levels within the home.

The service had also been inspected by the local authority food safety inspectors in January 2015. The home was awarded the highest level of compliance, 5 stars.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Failing to monitor and mitigate assessed risks may place the health and welfare of people at risk of harm.</p> |