

Wingreach Limited

Throwleigh 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Throwleigh Lodge is a care home providing personal and nursing care to 15 people adults with learning disabilities at the time of the inspection. The service can support up to 17 people. The home provided bedrooms and communal areas over the ground floor and first floor of an adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home.

People's experience of using this service and what we found

Following the previous inspection the provider had been sent an action plan to complete. On this inspection it was noted that only minimum changes had been made to improve the service.

Accidents and Incidents had not been monitored or analysed to identify potential trends and patterns to prevent future occurrences.

Fire safety concerns were raised in relation to equipment not being easily accessible. This included sliding sheets and mobility aids for people who were unable to use the stairs in the event of an emergency. Infection control concerns were identified and only minor improvements had been made in response to the previous recommendation to improve the adaptation and design of the home to meet people's needs. This meant that there was an impact on people receiving person-centred activities that met their needs.

Medicine audits had not identified concerns found on the day Quality assurance audits had not identified the above mentioned shortfalls, or addressed any issues in the home to make improvements. The provider had not fully implemented the previous action plan in the absence of a registered manager.

The new manager had only been in post for two weeks prior to the inspection. We received robust assurances and confirmation of new processes that were implemented immediately after the inspection. We will check whether these have been continued and sustained at our next inspection.

People told us that they felt safe at Throwleigh Lodge. Relatives told us of how staff supported their loved ones to improve their health. Records showed staff had followed health professional guidance to ensure

people's health improved. Risks were assessed, monitored and reviewed to ensure any change in risks or new risks identified were well managed.

People were supported to have a balanced diet and access to drinks regularly to remain hydrated. Staff followed guidance from the Speech and Language Therapist (SALT) Team to ensure people with complex needs that required additional support with their diet received their food in a safe way.

People were supported by trained staff that had been recruited safely and had completed a thorough induction process. Staff were kind and caring towards the people living at Throwleigh Lodge and were aware of equality and diversity and were seen to support people appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 02 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations. The service remains requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to three regulations at this inspection. We have identified breaches in relation to Regulation 12 (safe care and treatment), accidents and incidents were not always analysed to look for trends, Regulation 15 (premises and equipment), the environment was not set up in a way to ensure the appropriate storage of equipment and Regulation 17 (good governance), quality assurance was not always robust.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Throwleigh Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The Inspection was carried out by two inspectors and a specialist nurse.

Service and service type

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

The service had a manager who was completing their registration with the Care Quality Commission. This means that once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications that had been received and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the area manager, home manager, clinical lead, maintenance worker, care worker and the chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records. We received a robust response from the newly appointed manager in relation to all concerns raised during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to take all steps to assess and prevent the risk of the spread of infection, and to do all that is practical to mitigate risk by investigating and reviewing incidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements have not been made and the provider is still in breach of this regulation.

- At the inspection there was still not a clear investigation and analysis process of reviewing accidents and incidents. Accident and incident forms were stored in the office, reviewed by either the clinical lead or the manager and signed off if no further action was required.
- The home had failed to analyse accidents and incidents to identify trends or patterns to implement safety measures to prevent future occurrences. For example, incidents of falls had been recorded, however there was no analysis to look at ways of preventing further falls.
- Although improvements had been made to infection control practises within the home, certain areas of concern previously identified remained. Bathrooms remained dirty. The main shower area on the first floor was dirty, toilets on separate occasions throughout the day had not been flushed and used paper towels were spread over the floor of the ground floor bathroom.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate accidents and incidents and infection control were being effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed a new system had been introduced to analyse all accidents and incidents within the home and identify any trends or patterns. Analysis for the previous month had been completed retrospectively and sent to us. There was also documentation to show infection control audits were being regularly completed to ensure all risks were being managed.
- Since the last inspection the home had introduced different coloured gloves for different tasks to ensure the spread of infection was minimised. They had also corrected the concerns that had previously been identified in relation to the sluice room, this included ordering new foot pedal bins and making the

handwash area accessible for staff.

- Staff showed good knowledge in identifying the risks in relation to the spread of infection and applying preventative measures to their day to day roles, an example of this was seen with how clean and tidy the kitchen and dining areas were. One staff member said, "We know how important it is to always use our PPE (Personal Protective Equipment) when we are delivering personal care or preparing food."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff were knowledgeable in how to identify different types of abuse and how to report concerns correctly.
- Staff received regular safeguarding training and there was a safeguarding policy in place to advise and support staff on best practise. This policy had been improved since the last inspection and showed up to date guidance for staff.
- The manager understood their responsibilities in ensuring safeguarding processes were followed correctly and their responsibility for referrals to be made to the local authority.

Assessing risk, safety monitoring and management

- Individual risks to people were identified, assessed, managed and reviewed. Care plans detailed thorough risk assessments in relation to skin damage, mobility and risk of falls and the use of the shower room facility.
- There was clear guidance for staff to follow once risks had been identified. For example, one person who was at risk of dehydration. A clear nutrition and hydration plan had been added to the person's care file, and during observations staff were seen to follow this specific advice.
- The maintenance staff completed safety monitoring of the home. However, the slides sheets that were needed to mobilise people in the event of an emergency were not easily accessible as they were stored in the manager's office. This was addressed immediately after the inspection.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "There always seems to be enough staff, sometimes they can get a bit busy, but generally there's always someone around to help me."
- Staff appeared relaxed and were not rushed in their day to day roles. One staff said, "There's always sickness and holidays, but generally there is always enough staff, we're never at dangerously low levels, or low levels at all for that matter."
- During observations it was seen that when people required assistance there was always a member of staff to support them.
- The provider followed safe recruitment processes. This included obtaining photographic identification, completing interviews, obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). These checks confirmed whether potential employees were known to police for any convictions or cautions. This helped the provider to establish whether they were suitable to support the people living in the home.

Using medicines safely

- People were supported with their medicines in a safe way. The home received, stored, managed and administered people's medicines correctly. Some minor concerns were raised in relation to the fridge temperature, the recording of some medicines, and the recording of body maps. During and immediately after the inspection corrections were made and records sent to us to show that these issues had been resolved.
- People were supported with their medicines by qualified staff who received regular medicine administration training. This training was monitored by a training matrix and all staff had been booked on to refresher training by the new manager.

- People were supported well with complex medical needs. There was detailed guidance for staff on how to correctly administer medicines for a person that could not swallow and required to receive their medicines via a percutaneous endoscopic gastrostomy (PEG).

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At the last inspection we made a recommendation for improvements to the home to be prioritised and carried out in a timely way to improve the décor and home environment.

We found that not enough improvement had been made in response to this recommendation.

At the previous inspection concerns were raised that related to the use of the activities room also being used for storage. Signs relating to fire evacuation points gave the service an institutionalised appearance and bathrooms needed attention.

- At this inspection these concerns remained with the activities room still being used for storage, bathrooms still required repair and the signage had not been replaced.
- One communal room was being used for office space with the second being used for storage.
- At the last inspection we were told that a refurbishment plan was underway, however, we found more improvements were required. The manager had detailed plans for the improvements to the environment and sent through minutes of a meeting held with maintenance immediately after the inspection.
- Further examples of rooms being used for storage were three 'out of use' wheelchairs were being stored in the main bathroom on the first floor. It was explained to us that the new manager was sourcing a new storage area for these. This was the main bathroom where most people received personal care.

The failure to take adequate steps to ensure the recommendation was fulfilled in ensuring a more person-centred adaptation and design to the home has resulted in a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although extensive improvement was required at making the environment more suitable for the people living there, there were small areas of interest. There was a sensory room for people to use, however, again there were wheelchairs in the room. We saw a stained carpet but the manager assured us that the carpet was due to be replaced.
- Some people's rooms were personalised with their own belongings and decorated in a way they wanted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Full assessments were completed prior to people moving in to Throwleigh Lodge. This ensured the home

and staff could meet the needs of the person. The assessment was completed with the person, and where appropriate a family member or advocate. This ensured as much personal detail could be included in the initial assessment.

- Following assessments, all choices and preferences were documented and advice for staff to follow was added to the care plan. This ensured all staff were aware of people's individual needs and choices.

Staff support: induction, training, skills and experience

- Staff completed regular refresher training to ensure they continued to update and refresh their knowledge and be competent to complete their role.
- The manager and clinical lead monitored a training matrix to ensure all staff members were up to date with training. Where it was identified that staff member's training was about to expire or they were overdue training, this was addressed immediately by the manager and training sessions organised.
- Nursing staff were subject to regular clinical supervisions, where their competencies were checked to confirm they were completing their role correctly.
- Staff completed a thorough induction process, this included "shadowing" experienced members of staff so they could understand the role and each person's different care needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have access to enough food and drink to meet their nutritional needs. One person said, "The food is good here, I enjoy it."
- The home had worked alongside the Speech and Language Therapist (SALT) team to ensure people were receiving their meals in a way in which was best suited to their needs. There was a list of people's varied diet needs in the kitchen to advise staff and all needs were detailed in care plans.
- Staff were seen to support people with their lunch meal and were seen to take time to confirm the person's choice, and where appropriate, support people to eat. One person required one to one support and this was completed by a member of staff who took their time to support the person at their pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other professionals to ensure the people living at Throwleigh Lodge were supported with their health care. An example of this was a person had suffered with a pressure sore when they had moved in to the home. Due to other health conditions, it was unlikely the person would recover. The staff had worked closely with the tissue viability nurse which had resulted in the pressure sore improving.
- There were other examples of consistent, effective care. One person had moved from another home where they had been frequently admitted to hospital with pneumonia. Since moving in to the home, the person had not been admitted to hospital and the staff had worked with the SALT team to introduce a softened diet.
- A relative said, "The staff here are very quick at referring [person] to the specialist or GP whenever they need it. It's always straight away, and it's always communicated to us immediately as well, which I appreciate."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were supporting people in line with the MCA and evidence of decision specific MCA, best interest decisions and DoLS applications were reviewed.
- Staff were knowledgeable about the MCA and were observed to ask people for consent where appropriate. A person told us, "Staff are always asking me if I'm ok with what they're doing, and always asking my permission."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and kind in the way they treated them. One person said, "The staff are lovely, exactly what I need. They always treat me like an equal."
- Staff were observed to treat people with respect and caring exchanges were seen between the staffing team and the people living in the home. One member of staff was seen to help someone have a drink, they said, "Can I help you with that? Is that okay?"
- Staff received regular training in equality and diversity and staff showed good knowledge in this area. One staff member said, "We (staff) must always remember we are guests in their home. We are all equal and I would report another staff member if they were treating people any less than equal."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged by staff to put forward their ideas and complete feedback regularly. Due to there being a lack of management oversight in the home, this however, had not been analysed. Immediately after the inspection the manager sent evidence to show how this was going to be more organised to get better results for people going forward.
- Where possible, people were involved with the reviews of their care plans and decisions in how they wanted staff to support them with their needs. Where appropriate, family members and advocates supported people to ensure their views were heard by the home.
- During observations, staff were seen to ask people to make small, day to day decisions. Examples of this were seen where people were deciding what shoes they wanted to wear, what activities they wanted to join in with and what they wanted to eat for lunch.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was upheld at the home. Staff were seen to knock on people's doors and wait for an answer before entering people's bedrooms. One person said, "They're very respectful that this is my room, privacy is important."
- People's dignity was respected. Examples of this were staff supported people to the bathroom. Staff discreetly spoke with people to protect their dignity.
- People's independence was encouraged where possible. Staff were heard to say, "Do you need help with that? I know you can do that yourself" and, "Go on, give it a try, I'm right here if you need help, but I think you can do it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and different choices and preferences were met. This was documented in care plans with advice for staff to follow. Through observations staff were seen to follow specific advice to meet individual needs.
- One relative said, "It's very personal here, all the staff know [person] and they all know exactly how he likes things done and what staff he prefers. They always try their best to keep him completely happy whilst responding to his needs."
- People were seen to have their favourite drinks and preferred food. One person said, "I always choose what I want to eat and how I want to spend my time. It's important for me to have that control and know I can ask for assistance from staff when I need it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were alternative communication aids to support people with additional needs. For example, one person spoke to us by using their Makaton signs. Staff supported the person to sign and waited for a response before continuing sign language. Another person used a white board and pen to assist their communication.
- The home had a lot of examples of where they have used pictorial aids to support communication including important documents, policies and fire escape signs throughout the home. The chef also detailed an ongoing project of photographing meals to build up a portfolio of pictures people could look at when they chose what they wanted to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People chose what activities they took part in and individual hobbies were catered for. One person enjoyed sitting on the floor during activities this was catered for and items for them to engage with were moved to this same level. Another person liked a particular genre of film and they were seen to be watching a film of this genre.
- The staff and the manager supported people to maintain contact with relatives and friends that were important to them by always encouraging visits to the home. One relative said, "I can come and see [person] whenever I want to, I come at all times of day, on different days of the week or weekend. The staff always

make me feel so welcome."

- People were supported to follow their faith if they wished. Staff had invited a priest from the local Church to attend the home and monthly services were held at the home for the people who wanted to be involved.

Improving care quality in response to complaints or concerns

- People felt confident that they could make a complaint and it would be acted upon straight away. One relative said, "If ever there was a problem I would go straight to the staff and I know they would fix it straight away."
- There was a complaints policy in place that showed a clear reporting and investigative pathway for staff and the manager to follow. Complaints that had been dealt with had clear outcomes and actions to prevent future reoccurrences.

End of life care and support

- There was nobody receiving end of life care at the time of inspection. However, consideration had been made to end of life plans and care plans included some detail. The manager confirmed that improvements would be made and this was an ongoing piece of work with the people, and where appropriate their families. This would be documented on the new digital system when this was introduced.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to maintain accurate records and seek and act on feedback from people and those acting on their behalf. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements have not been made and the provider is still in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had been in post for two weeks and prior to this there had not been a registered manager in post since the last inspection. Staff and people's comments included "It's been too much for [clinical lead] to try to do everything by herself, we're positive now we've got a new manager though" and, "I did feel sorry for [clinical lead] as she has been trying to do everything, which isn't fair, she's been so busy, with not that much support."
- There had been other changes to the management structure which resulted in an area manager that normally covered another area attending on the day of the inspection to support the new manager. We were informed that the area manager for Throwleigh Lodge had left the company and a new manager was joining the company the following week. In response to the lack of actions completed from the previous inspection, the area manager said, "If you give us three to six of months, we will work with the new manager and this will all be sorted and be the best home we can make it." Following the inspection we have received an action plan with completed actions. We have also been assured that a continuous improvement plan is in progress which will incorporate breaches identified within this report of regulations 12, 15 and 17.
- Quality Assurance audits that had been completed had failed to identify the shortfalls found during the inspection. As well as the quality audits there were other concerns raised in relation to audits, analysis and records that had not been completed properly. An example of this was the analysis of the accidents and incidents, and the medicine audit that had not identified the concerns found during the inspection. This demonstrated a lack of management oversight by the provider since the last inspection in the absence of a registered manager.
- There were failings in the correct recording of the MCA procedure, namely covert medicines process (the administration of medicines without a person's knowledge). This was corrected by the new manager

immediately after the inspection.

- Meetings for relatives and people were being organised, however, limited action were being taken in response to suggestions made. Immediately after the inspection a resident's meeting was arranged to take suggestions from the people living in the home in how they can make improvements and act upon them.

Due to the lack of improvement since the last inspection and lack of management oversight in relation to maintain accurate records, and to seek and act on feedback from people and those acting on their behalf is a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The new manager sent us a robust action plan following the inspection with all concerns that we had raised addressed. There were actions completed as well as deadlines for other actions to be met that showed these were being addressed in a timely way.
- Staff spoke positively about the new manager. One staff member said, "She's very approachable and I'm sure I can go to her with any problems and she will act on them She has a very can-do attitude."
- People and their relatives told us that communication was good. One relative said, "Whenever the staff should let me know about something they do, without delay. I feel comfortable to raise any issues."
- The provider and manager were aware of their responsibilities to notify the local authority and CQC if specific incidents occurred. Notifications had been received by CQC of significant events, which is a legal requirement.
- Relatives told us how staff were good at communicating, when appropriate, any significant incidents that had occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Both the manager and the staff were committed to delivering a good service to the people living at Throwleigh Lodge. One staff member said, "It's all about their quality of life, they deserve the best life possible, and they deserve to be supported in a person-centred approach."
- The manager and the clinical lead operated an open-door policy. People, relatives and staff confirmed this. One person said, "I would go to the office if I needed anything, even if I just needed a chat." A relative said, "The new manager seems nice and approachable, she's always around when I come to visit and she is always very welcoming."
- The relationship between staff and people was that of respect and genuine affection. Many exchanges were seen throughout the day that showed staff had learnt people's individual likes and dislikes. One staff member said, "They're like an extension of my family, we're all friends here and that's why it makes it a nice place to work for me and a nice place to live for them [residents]."

Continuous learning and improving care; Working in partnership with others

- The manager and the area manager that was present at the inspection explained they were keen to learn and improve the home. This was shown through the robust response to our concerns raised in the days following the inspection. The manager said, "It is important we do it properly, and we get it right (when referring to the improvement plan). The people living here deserve the best."
- The manager explained that in the past the home had not always worked successfully with some healthcare professionals and they were planning on addressing this to achieve the best outcomes for people. An example of this was the manager's recent contact with the local mental health team to discuss and schedule partnership meetings going forward.
- There evidence seen of the home working successfully with other health and social care professionals. An example of this was seen through the results of the staff working alongside the tissue viability nurse and the

district nursing team to ensure that people were receiving the most appropriate care.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate accidents and incidents and infection control were being effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The failure to take adequate steps to ensure the previous recommendation was fulfilled in ensuring a more person-centred adaptation and design to the home has resulted in a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Due to the lack of improvement since the last inspection and lack of management oversight in relation to maintain accurate records, and to seek and act on feedback from people and those acting on their behalf is a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (regulated activities) Regulations 2014.

