Derby Lodge (Preston) Limited

Derby Lodge

Inspection report

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Tel: 01772718811

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The lead adult social care inspector for the service undertook this unannounced inspection on 29 February 2016. The home is situated in a residential area on the outskirts of Preston. It is on a main road and is close to shops and local amenities and is on a bus route. It is a detached home with a purpose built extension, with large gardens and car parking area. Accommodation is provided in single rooms with en-suite facilities. This service was last inspected on 2 July 2014, and was found to be compliant in relation to the regulations it was inspected against.

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

The registered manager and service provider had not ensured that people receiving care and treatment were not placed at risk from avoidable harm. The registered manager and service provider had not made arrangements to robustly assess the risks to people's health and safety during their care or treatment, or taken action to minimize or eliminate those risks. Information held within people's care records showed that there were policies and procedures for managing risk in place, however, these were not always robust. Risk assessments were undertaken by the service, however, for some people, there were no clear risk management strategies documented within the their care notes, and no clear details as to what the staff should do to support this person, taking into account their disability and assessed needs.

The service provider had not ensured that, following an appropriate assessment of the needs of people, they had designed a plan of care to meet those needs, that reflected their personal preferences. We found that risks were not always assessed robustly prior to admission. Although the registered manager had discussions with the person and relevant professionals, we found that they not obtained a clear and comprehensive needs assessment from the Local Authority prior to admission.

The registered manager and service provider had not ensured that the services provided at the home met the requirements of the Mental Capacity Act 2005. The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. However, we noted that the care records of four people living at the home did not support this. We were unable to determine if there any potential restrictions placed on people's choices or freedoms, as the information held at the home was not based on a clear assessment of people's needs and the risks associated with them.

Although the service had an appropriate recruitment system in place, we recommend that the registered manager and provider ensure that all the records relating to the safe recruitment of staff are properly maintained in order to promote and protect the best interests of the people living at the home.

Staff received limited supervision, and as a result we recommend that the registered manager and provider

revise the home's supervision policy, and ensure that it clearly states its commitment to supervision and clarifies its expectations regarding the frequency of supervision, and how the process will be reviewed and evaluated. The policy should also be clear about how the organisation will identify the training needs of the staff with a view to meeting the specific and specialised assessed needs of people living at the home.

Although people were happy living at the home and were happy with their accommodation, we recommend that the registered manager and service provider undertake a review of the décor of the building, to determine which areas of the home are in need of renewal. This could be completed in conjunction with service users, their families and staff.

We recommend that the registered provider ensures that there are effective systems in place to monitor the quality of the service, and where areas for improvement are identified, appropriate measures are put into place to improve practice and service delivery.

We found three breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This related to safe care and treatment, the need to consent and person centred care. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although there were assessment processes in place, the registered manager and provider did not always assess the risks to people's health and safety during their care or treatment, and take action to minimize or eliminate those risks.

Safeguarding protocols were in place; however, attention needs to be paid to ensure that people's needs are properly assessed. Doing this would help highlight potential safeguarding issues as and when required.

The home had effective recruitment procedures in place. However, the registered manager and provider need to ensure that all the records relating to the safe recruitment of staff are properly maintained.

There were enough suitably qualified and trained staff to care for the assessed needs of the people at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

The home did not have robust policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA).

Although the staff received limited supervision, and training, the registered manager and provider should revise the home's supervision policy, and ensure that it clearly states its commitment to supervision and clarifies its expectations regarding the frequency of supervision, and how the process will be reviewed and evaluated.

Although people were happy with their accommodation the registered manager and service provider should review the décor of the building, to determine which areas of the home are in need of renewal.

People we spoke with were happy with the quality and choice of food and drinks offered. We saw that people who needed

support to eat and drink were offered this support in a caring and patient manner throughout the inspection.

Is the service caring?

Good

The service was caring.

People were treated in a kind, caring and respectful way.

People were supported to remain as independent as possible and to maintain a good quality of life.

Staff communicated clearly with those they supported and were mindful of their needs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service had care plans in place; however, these were not always clear in relation to aims, objectives and actions to be taken. The service provider must, following an appropriate assessment of the needs of people, design a plan of care to meet those needs that reflects personal preferences.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We saw evidence that a range of activities took place both inside and outside the home. People we spoke with confirmed this to us.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although there were systems in place to ensure the service operated well, the registered provider should ensure that there are effective systems in place to monitor the quality of the service, and where areas for improvement are identified, appropriate measures are put into place to improve practice and service delivery.

We saw that staff and resident meetings took place, which had been held at regular intervals.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

People and relatives we spoke with told us the culture within the home was caring, empathetic and pleasant.

Derby Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. A specialist professional advisor with a background in working with people with disabilities and learning disabilities also took part in the inspection.

The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about the service; this included five people who lived at the home, five members of staff, one of the Directors and a visiting healthcare professional.

We spent time looking at records, which included four people's care records, training records and records relating to the management of the home which included audits for the service, medicines records, personnel records and records relating to the safe maintenance of the building. .

Prior to the inspection we reviewed information sent to us from the home such as notifications and safeguarding referrals.

Requires Improvement

Is the service safe?

Our findings

People living at the home told us that they felt safe. One person said, "I enjoy living here and I feel safe and secure." Another said, "The staff are very helpful and know how to help me when I need help. I don't have any complaints, and feel safe and sound."

Information held within people's care records showed that there were policies and procedures for managing risk in place, however, these were not always robust. Risk assessments took the form of a single piece of paper with all risks written down and graded, high, medium or low. Where the risk was identified as high risk there was very little information on how this risk would be managed and no control measures put in place. Staff spoken with told us that they enabled people to take responsible risks, ensuring they had good information on which to base decisions, however, these risks and the measures in place to protect people where not always clearly documented within the person's individual plan and of the home's risk assessment. For example, one person who lived at the home was a smoker. They understood that they had to smoke outside, and were seen to do this. However, there were no clear risk management strategies documented within the person's care notes, and no clear details as to what the staff should do to support this person, taking into account their disability and assessed needs.
We found that risks were not always assessed robustly prior to admission. Although the registered manager had discussions with the person and relevant professionals, we found that they had not obtained a clear and comprehensive needs assessment from the Local Authority prior to admission. We explained that having this information would help to ensure that action could be taken to put right identified risks and hazards.

These safety issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The service provider must assess the risks to people's health and safety during their care or treatment, and take action to minimize or eliminate those risks.

The registered manager explained that new staff were only confirmed in post following completion of satisfactory pre-employment checks such as those provided by the Disclosure and Barring Service (DBS). This was supported with information contained within the personnel records we viewed. The registered manager and Director operated a satisfactory recruitment procedure; however, we noted that improvements in record keeping were needed. Two written references were usually obtained before appointing a member of staff, and any gaps in employment records were explored. However, we did note that one member of staff only had one written reference on file. The registered manager and Director could not account for this, however, the registered manager believed that the second reference had been taken over the telephone, and they had misplaced the notes she had taken during the conversation. We have made a recommendation regarding this.

We found that satisfactory procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) were found to be in place. The registered manager explained that all allegations and incidents of abuse were followed up promptly and any action taken to deal with the issues would be

recorded. We saw documentary evidence of incidents to show that when people had raised safeguarding issues in the past that these had been dealt with promptly and in line with the home's policies. Discussions with staff showed that they had a good awareness and understanding of potential abuse which helped to make sure that they could recognise cases of abuse. The home did not have any active safeguarding referrals taking place at the time of our inspection.

The policies and procedures relating to how staff would respond to physical and/or verbal aggression by people were publicised and understood by the staff. Staff confirmed that physical intervention or restraint was not used. Instead, the staff employed distraction techniques when people became confused or aggressive. When incidents of physical and/or verbal aggression by people took place, these were recorded, and staff were encouraged to discuss the circumstances of the incidents in order to understand why the incident took place. Discussions also took place to see if there were any lessons to be learnt from how the incident was dealt with.

The home's policies and practices regarding people's money and financial affairs ensured that people's had access to their personal financial records (where appropriate), and safe storage of money and valuables. The registered manager ensured that people controlled their own money except where they stated that they do not wish to or they lacked capacity. Information held within people's care records showed that safeguards were in place to protect the interests of people who lacked capacity.

The registered manager had policies and procedures in place to respond to whistle-blowers and concerns raised by people and/or their families. Staff we spoke with told us that the registered manager and service provider had created an open and transparent working environment where workers felt able to speak up if they witnessed poor practice or wrong doing. The company's Director explained that they had a commitment to listen to the concerns of workers. She said, "As an organisation we believe we welcome information being brought to our attention," Staff we spoke with said that they could approach any member of the management team in order to raise concerns or talk about the problems with the practice of colleagues or visiting professionals.

Information held within the service records showed that the registered manager ensured safe working practices were in place for issues such as moving and handling, fire safety, first aid and food hygiene, correct storage and preparation of food. Staff were provided with training and information to ensure they fully understood the risks associated with these practices. Information contained with the home's management records showed that regular monitoring took place. We saw service records to show that the registered manager ensured the health and safety checks took place. Up to date safety records were seen that related to the safe storage and disposal of hazardous substances and the regular servicing of boilers. These were found to be satisfactory.

Staff explained that they were provided with training and information on health and safety issues and they said this helped them to ensure they fully understood the risks associated with the operation of the service. Information contained with the home's management records showed that regular monitoring of risks took place. We saw safety records relating to the maintenance of electrical systems and electrical equipment had been undertaken. Water temperatures were periodically checked, and the risks from hot water/surfaces were identified, and action taken to minimise these risks were taken. The risks associated with falls from windows were dealt through the provision and maintenance of window restrictors.

We found that the home had a recorded staff rota showing which staff were on duty at any time during the day and night and in which role they fulfilled. The deputy manager said that the ratios of staff to people were determined according to the assessed needs of the people at the home. She added that that this was not

determined using a recognised tool, but purely on the dependency levels of people living at the home. She added, "If and when people's needs change, then we have capacity to increase the staffing levels to meet this need." Staff working at the home confirmed that from time to time, increases in staffing levels did take place to meet people's needs as and when they changed. We found that the numbers of waking night staff on duty reflected the numbers and needs of people and the layout of the home. We found that domestic staff and catering staff were employed in sufficient numbers.

We found documentary evidence to show that there was a policy and procedure in place for the receipt, recording, storage, handling, administration and disposal of medicines. Records were kept of all medicines received, administered and when they left the home or were disposed of, to ensure that there was no mishandling. We looked at the medicines records of three people and found that appropriate records were maintained for the current medication of each service user. Staff spoken with said that they monitored the condition of the people who were prescribed medicines, and called in the GP if they were concerned about any change to their condition that may be a result of their medication.

The registered manager explained that people living in the home were not always given the responsibility to manage their own medication, as the home always took on this responsibility. She added that this could be something that the home looks at improving in order to promote independence and choice. She said, "Following an assessment, people who were able to self-administer medication and would be given a lockable space in which to store their medication. Staff could prompt and support people, so that they develop the skills to take control of the medicines. However, where people were assessed as lacking capacity to manage their own medicines, or did not want to, then there would be systems in place for the staff to do this." We agreed that following this model of promoting skills development would be entirely appropriate. This issue relating to capacity and ability to undertake tasks has been addressed within the Effective Section of this report.

We found policies and procedures in place for control of infection, which included the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing and hand washing. Our observations found that the premises were clean and hygienic. We found laundry facilities were sited so that soiled articles, clothing and infected linen were not carried through areas where food was stored, prepared, cooked or eaten.

We recommend that the registered manager and provider ensure that all the records relating to the safe recruitment of staff are properly maintained in order to promote and protect the best interests of the people living at the home.

Requires Improvement

Is the service effective?

Our findings

People living at the home said that they were involved in decisions about their care, and felt that their health needs were monitored and dealt with properly. One visiting healthcare professional told us, "The service has the right systems in place for dealing with healthcare issues, and always contact us when needed. We always have the right information given to us when we visit. One person living at the home said, "The food is great here and there are always different meals on offer. If we don't want what is on the menu, then we can have something different or get a take away."

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. However, we noted that the care records of four people living at the home did not support this. The registered manager explained that if a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives would normally be involved to make sure decisions were made in the person's best interests. However, we noted that the service did not have any records to show an assessment of people's mental capacity had taken place. Due to a lack of these assessments, we were unable to determine if there were any potential restrictions placed on people's choices or freedoms, as the information held at the home was not based on a clear assessment of people's needs and the risks associated with them.

The deputy manager explained that people were supported to take control of and manage their own healthcare as much as possible. She added that the staff team took on responsibility for prompting people's healthcare, monitoring their condition and arranging appointments for treatments or reviews. However, we noted that apart from a basic document entitled "Health Action Plan", there was no substantial evidence in the care files to show that health needs had been properly assessed, identified and were being met. In discussion with the Registered Manager we were told that people go the doctors when they are ill, however this was not being recorded, monitored and the outcomes considered. There was no evidence that well woman/man clinics had been considered or family backgrounds looked into to indicate that there might a higher risk of people suffering from similar conditions or illnesses. This approach was found to be a reactive one, rather than a planned approach to good health. We also noted that the home did not have a formal system in place to assess people's capacity to self-medicate.

These safety issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. The registered manager and provider must ensure that the services provided at the home meet the requirements of the Mental Capacity Act 2005. Where there is a doubt or concern regarding a person's ability to consent, then their capacity must be assessed in accordance with the 2005 act. The registered manager and provider must ensure that the services provided are designed to ensure that people's healthcare needs are appropriately assessed and recorded.

Staff members spoken with confirmed that they received satisfactory training to undertake their work. The registered manager explained that training and development was mostly mandatory training such as health and safety, fire safety, medicines management and First Aid. She explained that measures were in place to ensure staff received update training and we saw documentary evidence to support this. We looked at the training plan offered by the home, and found that although the plan had links to the home's service aims, it did not always link in with the each person's assessed needs and individual care plans. Although staff were found to be knowledgeable in relation to specific conditions or illnesses of people, we found that the service did not provide any specialised training linked to people's assessed needs. We saw records to show that the registered manager ensured that formal supervision of staff took place. Staff confirmed that supervision took place and we were satisfied that appropriate measures were in place to address any staff issues. However, we noted that there were not any formal links between staff supervision and any type of training needs analysis of the staff that was linked to people's assessed needs. We have made a recommendation relating to this.

The location and layout of the home was suitable for its stated purpose. The service had a programme of routine maintenance and renewal for the fabric and decoration of the premises. Satisfactory toilet, washing and bathing facilities were provided to meet the needs of service users; they were accessible, clearly marked, and close to the lounge and dining areas. People were seen to have access to all parts of the home, apart from spaces that were not their own private rooms. We observed that grab rails and other mobility aids were provided in corridors, bathrooms, toilets, communal rooms and where necessary, in people's bedrooms. Hoists, assisted toilets and showers were available for people to use. The service had a programme of routine maintenance and renewal for the fabric of the premises. We noted that some of the décor looked dated, and this was confirmed by staff working at the home. We have made a recommendation regarding this.

Staff at the home ensured that people received a varied and appealing diet, which was suited to individual assessments and requirements. People were offered a choice as to where they would like to take their meals; most meals were offered to people in the dining room, however, people could choose to eat in the lounge or their bedroom. We noted that hot and cold drinks and snacks were available to people throughout the day. Meals, including pureed meals, were presented in a manner that was attractive and appealing. Special therapeutic diets were provided when advised by health care professionals such as dieticians. Mealtimes were observed to be unhurried with people being given sufficient time to eat. Staff were seen to be ready to offer assistance in eating where necessary, and this was done discreetly, sensitively and individually.

We found there to be good information available to people on the meal options available to them. One staff member said, " When we inform people of the choices available to them, they are able to make decisions based on their likes and dislikes, and they also find it comfortable in making requests for other foods that are not on a menu." When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible.

The staff team knew people well and knew how they liked to receive their care and support. The staff were knowledgable about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people became restless or agitated or if they were upset and needed comfort.

We recommend that the registered manager and provider revise the home's supervision policy, and ensure that it clearly states its commitment to supervision and clarifies its expectations regarding the frequency of supervision, and how the process will be reviewed and evaluated. The policy should also be clear about how the organisation will identify the training needs of the staff with a view to meeting the specific and specialised assessed needs of people living at the home.

We recommend that the registered manager and service provider undertake a review of the décor of the building, to determine which areas of the home are in need of renewal. This could be completed in conjunction with service users, their families and staff.

Good

Is the service caring?

Our findings

We looked at the ways in which people were supported to understand the choices they had that were related to their care and support, so that they could make their own decisions. We spoke to four people at the home, and one person said, "I feel comfortable when talking about my care, and what I need. " Another said, "I can approach talk to the staff or manager to discuss issues such as food, clothing and medication." We spoke to one relative about how they got involved in the care planning process. They told us "I feel I can influence the care and support my relative receives, and I have been involved in significant decisions about my relative's healthcare." We found some documentary evidence to support this in the care plans and risk assessments.

We observed care workers knock on people's doors before entering rooms and staff took time to talk with people. People were treated with dignity and respect by staff and they were supported in a caring way. Care workers used people's preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at the people's own pace.

The arrangements for health and personal care ensured that people's privacy and dignity were respected. However, we noted that one staff member was seen to wear wellington boots (green in colour) when supporting people who needed a shower. The reason given for this was that when individuals were supported with a shower, as part of their personal care, some people needed to use a shower trolley due to their disability. When this shower trolley was used, water from it flowed onto the shoes of the staff member. In order to protect their shoes and feet, the staff member had started to wear wellington boots. The staff member was also seen to walk around the home wearing the wellington boots, whilst undertaking other tasks. We raised this with the registered manager and one of the directors at the home, as we saw it as not entirely appropriate footwear to use when providing personal care. Both the registered manager and director agreed that the footwear did not look appropriate, but added that its use had only recently started. They agreed that they would look into more appropriate ways in which staff could be protected when supporting people with personal care, and source a solution that was more appropriate.

Personal care such as nursing care, bathing, washing, using the toilet or commode were carried out in private. One person confirmed that consultation with, and examination by, health and social care professionals was also carried out in private. Staff confirmed that they respect information given by people in confidence, and handle information about people in accordance with the home's written policies and procedures. On speaking with staff, it was clear that they knew when information given them in confidence must be shared, for example, if allegations of abuse were made or if there was a suspicion of crime such as theft.

Staff explained that that no-one at the home currently used an independent advocate and that most people could put forward their own view, or had some had the involvement of their family. We saw information for people to use regarding local advocacy services within the reception area of the home. This information was available to people if they had no family or friends to assist them, or if someone wanted an independent

person to act on their behalf when discussing issues with others such as the care home, or local authority.

People's bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home. People at the home confirmed that family and friends were welcome to visit, and this was confirmed by a relative on the day of our inspection.

Staff confirmed they had received awareness training in end of life care. The registered manager explained that if someone was diagnosed as having a terminal illness or needed end of life care, then the staff would do everything they could to make people feel cared for and "valued". She added that the staff would seek support from external agencies and professionals, and that people would only move out of the home, if it was assessed that their end of life care needs could not be met by the staff team. A staff member said that this decision would be "made after talking to the person themselves, their relatives and all the other professionals involved in their life." She added, "Our hope would be that people could stay here for as long as possible as this is their home, but there are times when more effective medical treatment may be needed, and in those circumstances, moving to a different service or facility would be in the best interests of the person."

Requires Improvement

Is the service responsive?

Our findings

The reviews of people's care were limited in detail, but showed that where possible, the person themselves had been involved, and if this wasn't possible, family members and others important had been consulted. We spoke to one relative about the care planning process, and delivery of care. The said, "I am satisfied that the staff are following the guidelines set my relative's care plans, and that means my relative experiences a good quality of life whilst living at the home."
Although people living at the home said that the care they received met their needs, it was difficult to judge if this care was always consistent and personalised, due to the lack of detail found with people's personal care plans. Nutritional screening was undertaken upon admission to the home, and subsequently on a periodic basis. Records of nutrition, including weight gain or loss, were taken, and appropriate action taken if issues arose. Staff were found to be aware of people's care needs, and could talk about them in detail, but this detail was not always recorded in the care documents. Care plans were brief and focussed on the tasks needed to be completed by the staff. One person, who had moved into the home a fortnight before our inspection visit, was found not to have any care plans or risk assessments in place. Staff said that they were still getting to know the person, and that information was being gathered about care needs. We explained to the registered manager that this was unacceptable, and that at the very least, a basic plan of care and associated risk assessments should have been put together so that staff working with the person had a basic plan to work from, to ensure they provided care that was focussed on the person's basic care needs.
We noted the home did not always obtain a full assessment of people's care needs from the local authority as part of its pre-admission assessment processes. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Health Action Plans were in place, but again we found that they did not contain sufficient detail that could be used to inform the staff on how to effectively meet their healthcare needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must, following an appropriate assessment of the needs of people, design a plan of care to meet those needs, and reflect personal preferences.

The registered manager said that care staff reported and recorded issues regarding people's health and well-being, and action was taken to deal with these issues accordingly, either via the care staff at the home, or through other agencies such as their District Nurses, local community specialists nursing teams and GPs. This was recorded in people's care notes, and confirmed by a visiting district nurse. Staff confirmed that they were involved in supporting people with personal care and oral hygiene, and staff at the home confirmed this. The staff were involved in assessing people who were at risk of developing pressure sores. A visiting district nurse confirmed that this information was recorded in people's district nursing care plans. They said, "The home provides us with good levels of information regarding people's healthcare needs, and we're satisfied that the staff have the ability to recognise and report healthcare issues. The incidence of pressure sores, their treatment and outcome is recorded in people's files, and reviewed on a continuing basis."
Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores was provided.

Appropriate interventions were carried out for people identified as at risk of falling. The arrangements for health and personal care ensured that people's privacy and dignity were respected. Personal care such as nursing care, bathing and washing, and using the toilet or commode was carried out in private. One person confirmed that consultation with, and examination by, health and social care professionals was also carried out in private.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held within people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. In the event of an emergency, we found details of how information would be shared with other agencies in a safe manner, so as to make sure people received a coordinated approach to support the need to meet the needs described in their care plan. Written records were maintained and appropriate external contact details were logged.

Staff told us that opportunities were given to people to take part in various social and pastime activities. They said that that there were board games available to people to use, entertainers sometimes visited the home, and staff engaged in social chats with people. People living at the home said that there was plenty to do. One person talked about the how they frequently went out to use local community activities, and others talked about using local day services. Staff were seen to engage people in activities such as chatting, talking about the news and, reading the newspaper, and other activities.

The home had a suitable complaints policy and procedure that was publicised in its documentation provided to people who use the service. We found that the organisation liaised openly and honestly with complainants, and provided them with up to date and accurate information relating to their complaints. Action had been taken to satisfactorily deal with and resolve complaints.

Requires Improvement

Is the service well-led?

Our findings

Although there was a registered manager in place, and some good management systems in operation at the home, there were times when the management approach was found to be reactive rather than proactive.

We found evidence to show that management review meetings were held to analyse the performance of the service and review its objectives. We saw the agenda for the latest meeting which included areas such as results of internal audits, resource needs, staff training and evaluation, client feedback and recommendations for improvements. Any issues raised had been addressed via an action plan and work was on-going.

We saw that a range of policies and procedures were in place which provided staff with information about how the home operated and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care. However, we noted that the policy relating to staff supervision and staff training was not clear as it did not give information about how these issues could be measured.

We found written evidence to show that the registered manager had an appropriate system in place used to assess and monitor the quality of the service. The registered manager explained that she was involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision.

We found daily records to show that various people at the home had been involved in incidents that required notification to the Commission and/or the local Safeguarding team, and that notifications had been processed and sent in a timely manner.

The people we spoke with on the day of our visit (people living at the home, staff and one relative) all said that the registered manager and management team provided good leadership. People said that the registered manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. The staff we spoke with clearly understood the lines of reporting and accountability within the home. When we questioned staff they were able to give a good account of their roles and responsibilities with reference to keeping people safe, meeting people's needs and raising concerns regarding the quality of care provided at the home.

The staff we spoke with confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them up to date information to continue to meet people's needs, and updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents. Surveys were sent out to all the people who received a service, and other stakeholders on an annual basis. They were seen to cover all aspects of the service, and the comments were very positive. The feedback contained within the surveys showed that the service was meeting its objectives. Any issues raised via the surveys had been addressed via an action plan.

However, we found evidence to show that the service did not always identify risks, and as a result, there were not always effective strategies in place to minimise those risks. Staff felt generally supported, but greater efforts needed to be made to ensure effective leadership was provided when supplying training and supervision. Written communication was not always consistent, despite staff understanding people's care needs. We discussed these issues with both the registered manager and one of the service's directors. Both

thought that the service was running effectively, but conceded that the recent illness of, and absence from work, of the operations director had had an impact on some aspects of the service.
The registered manager explained that she was aware of a number of issues we had identified during our inspection, and gave assurances that attention would be paid to the points we raised, in order to ensure improvements were made. Evaluating how systems can be improved was seen as key to bring about positive changes to the service, and we have made a recommendation regarding this.

We recommend that the registered provider ensures that there are effective systems in place to monitor the quality of the service, and where areas for improvement are identified, appropriate measures are put into place to improve practice and service delivery.

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 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service provider had not ensure that, following an appropriate assessment of the needs of people, designed a plan of care to meet those needs, that reflected their personal preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and service provider had not ensured that the services provided at the home met the requirements of the Mental Capacity Act 2005. Where there was doubt or concern regarding a person's ability to consent, their capacity not been assessed in accordance with the 2005 Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager and service provider had not ensured that people receiving are and treatment were not placed at risk from avoidable harm. registered manager and service provider had not made arrangements to robustly assess the risks to people's health and safety during their care or treatment, and taken action to minimize or eliminate those risks.