

Lostock Lodge Limited

# Lostock Lodge

## Inspection report

34 Wateringpool Lane  
Lostock Hall  
Preston  
Lancashire  
PR5 5AP

Website: [www.lostocklodge.com](http://www.lostocklodge.com)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

At our inspection on 24 October 2016 we found several breaches of legal requirements. The systems for the management of medicines were not safe and did not protect people using the service and there was a lack of planning and assessment of nutritional and hydration requirements of people.

There were issues with staff training. It was not up to date and the system for the administration of staffing levels was not effective. There were also concerns around cleanliness in the home and staff treating residents with appropriate respect.

In addition, people's mental capacity had not been assessed in line with the Mental Capacity Act 2005 (MCA) when dealing with applications to restrict people's liberty and there was a lack of understanding around the implications of this legislation.

We asked the provider to make improvements in all of these areas and they kept CQC informed of the changes that had been made.

At this inspection we found that significant improvements had been made in these areas. We found that people were treated with dignity and respect and the home was clean and tidy. The provider was acting in accordance with the MCA, proper assessments were being made around food and hydration and action had been taken to support people with sufficient numbers of well-trained staff. However, we still had concerns about the management of medicines and this has resulted in a continuing breach of legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

Lostock Lodge is a care home located near Preston in the county of Lancashire. The home is registered to provide accommodation and support for up to 32 people and cares for elderly people including those living with dementia. At the time of our inspection 28 people were using the service.

There was a registered manager in place who had been registered since 14 December 2010. 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.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care

needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The manager and provider conducted regular checks to make sure people were receiving appropriate care and support. The provider took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the manager.

## 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.

Although medicines were securely stored, they were not always safely administered or accurately recorded.

People told us they felt safe and well cared for. There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take.

There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

There were appropriate assessments in place to support people where risks to health had been identified. Checks were carried out on equipment and the premises to reduce risk.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available. We saw that people's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

**Good** 

### Is the service caring?

Good ●

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner.

People's privacy and dignity was respected.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day to day care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There were activities and entertainment for people to participate in and staff encouraged participation consistent with individual's needs and abilities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Audits and checks were not effective in ensuring that people were protected from medicine's errors.

There were other appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and they received good support from the provider and registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The manager and provider carried out checks at the home to make sure people were receiving appropriate care and support.

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# Lostock 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 was meeting 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 unannounced inspection was carried out on the 18 and 19 April 2017. The inspection team on the first day consisted of one inspector, a specialist advisor, who was a senior nurse, and an expert by experience and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with 10 people who used the service and four relatives. We also spoke with five members of staff, the provider, the registered manager, deputy manager and health care professionals visiting the home. We looked at five people's care records and three staff recruitment files (who had been recruited since the inspection on 24 October 2016) and six staff training files. We also looked at records relating to the management of the service including audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

# Is the service safe?

## Our findings

At our comprehensive inspection on 24 October 2016 we found that people's medicines were not always administered correctly. This resulted in people not always receiving their medicines as prescribed by health care professionals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in the way in which medicines were managed. There remained some concerns in the way in which staff recorded the administration of medicines which led to uncertainty about whether some people had received their medicines as prescribed by health care professionals.

We reviewed a sample of people's medicines administration records (MARs) and found that most had been completed appropriately and they confirmed the administration of medicine to people. However, we found two records where, in the week before the inspection, expected entries had been left blank and had not been completed by care staff. The service used a code system where if a resident was unavailable, for example because of admission to hospital, a code would be used indicating this on the record. We raised these issues with the registered manager and provider and they investigated them during our inspection. They established that both residents were present at the home at the time of the omissions and that in one case a person was asleep and in the other, staff had omitted to realise that medicine should have been provided twice daily. They said that the issues would have been established in the registered manager's scheduled medicine's audit that was scheduled to take place shortly after the inspection.

Neither the registered manager or provider could offer any explanation why the carer who omitted to provide medicine to the person who was sleeping did not contact the pharmacy to establish if it was appropriate to provide the medicine at a later time. In addition, no explanation was received about why the carer dealing with this person's medicine on the next occasion did not realise the error and took action. They accepted that the omission where medicine should have been provided twice daily was a recording error at the home and had been wrongly described on the person's records. In both cases it was accepted that the people affected by these issues had not received their medicine as prescribed.

These concerns were a continuing breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider confirmed they had taken action to ensure that the two people affected by these issues were receiving their medicines as prescribed and that the staff involved had been withdrawn from medicines administration pending re-training and competency checks.

Although there were issues with the administration of medicines with two people, the systems did ensure that other people consistently received their medicines as prescribed by health care professionals and any reasons for not administering medicines were recorded. Medicines were stored in locked cabinets within



people's rooms that could only be accessed by staff responsible for administering medicines. Special and controlled drugs were locked away in the main office.

We checked the balances of medicines stored in people's rooms and the office against people's MARs and found these records were up to date and accurate. The MAR also included a photograph of the person, as well as details of their known allergies and details of staff members authorised to administer medicines. This helped reduce the risks associated with medicines administration.

We saw up to date protocols were in place to advise staff when and under what circumstances people should receive any medicines that had been prescribed 'as required' and that this protocol had been approved by a local G.P. Staff and the deputy manager told us what they would do when people required an 'as required' medicine.

We observed medicines being administered to people on the first day of the inspection and saw that staff sought people's permission before medicines were administered and that people were gently encouraged to take their medicine. One person said, "I get my medicines at the same time every day. They are really encouraging and I never feel rushed."

At the inspection on 24 October 2016, we found issues with systems that were established to ensure safe staffing levels. At this inspection on 18 and 19 April 2017 we saw there were documented systems in place to ensure that the service employed sufficient numbers of qualified and experienced staff. People using the service and staff told us there were always enough staff around to meet their needs and during the inspection we observed a good staff presence. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people.

One person using the service said, "There are always enough staff around. They come fairly soon when I ring the buzzer. They will let me know if they are dealing with someone else but you never have to wait long." A relative said, "There are always staff around. They are very attentive."

The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If people's needs changed, additional staff cover was arranged. The provider said that they tried not to employ agency staff and we noted that they had a sufficient number of permanent full and part time staff to cover rotas, including staff sickness and annual leave. This meant that there was always enough staff to meet people's needs and that staff were familiar with people and how best to provide support.

People told us that they felt safe and were well treated. One person said, "I feel safe. No reason not to. I feel safe all the time." Another said, "I feel safe because it's not overcrowded but there are always people about and there is always a quick response when there's a problem." A relative said, "I know my relative is safe and that's very reassuring for me." Another said, "My relative tells me that they feel safe and secure and part of the family. When I visit that is confirmed by what I see." A health care professional said, "There is good quality care and support from dedicated staff."

When asked about matters that the home were acting upon to ensure that people were supported and risks were reduced, the registered manager said, "I believe that we are proactive when it comes to falls. People who are at high risk are referred to health care professionals and we use technology to try to alleviate risk as far as we can." From consideration of the care files we saw at the inspection we did note that people were supported who were at risk of falling. Technological devices were used to assist staff in alerting them when someone may have been at risk.

People's care files included a wide range of risk assessments in other areas including moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People also had individualised risk assessments on behaviours that may challenge the service and their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, it was noted that there were plans in place to support them with eating and drinking.

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPs) which highlighted the level of support they required to evacuate the building safely. Staff we spoke with knew what to do in the event of a fire. They told us there were regular fire drills so they were reminded about their roles in such an event. Records confirmed that staff received regular training on fire safety. The home had a fire safety audit conducted by the Lancashire Fire and Rescue Service in December 2015 which advised that there were no significant issues. We saw records confirming that the fire alarm was tested on a weekly basis, regular fire drills had been carried out and that evacuation drills occurred annually. The last one was on 4 June 2016. Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. Staff also told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to. A member of staff said, "Resident safety is really important. I wouldn't hesitate to raise concerns." Another said, "I know what to do and we are encouraged to raise concerns. The manager's door is always open."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of three members of staff that had been employed at the home since the inspection on 24 October 2016. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained to ensure their suitability for the roles.

# Is the service effective?

## Our findings

At our comprehensive inspection on 24 October 2016 we found that there was a general lack of understanding amongst management and staff around the implications of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Standards (DoLS).

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

At this inspection 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 told us that the home had made 16 applications to the local authority to deprive people of their liberty. At the time of our inspection the local authority was processing all of these applications. We saw two of the applications that had been made since the inspection on 24 October 2016 and were satisfied that the home had raised them appropriately and in a timely manner. The registered manager said, "Where there are issues around someone's mental capacity, we work with the person, their family and the GP to seek the least restrictive way of looking after them."

People told us that staff asked for their consent before they provided care and we observed this to be the case throughout the inspection. For example, staff checked that people consented to the support they offered in helping them mobilise or with personal care. In some circumstances it was noted that best interest decisions had been taken in consultation with relatives and relevant professionals. For example, we saw consultations related to people's bed rail agreements and the use of alarm mats to prevent falls. We also saw other reviews that recorded discussions with people, their social worker, relatives (where appropriate) and staff about issues affecting people's care.

People using the service said staff and the registered manager knew them well and how best to support them. Relatives and visitors told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with their complex conditions. They spoke highly about the care and support at the home. One relative told us, "We are really happy our relative is here. Their condition has improved and they are a different person. We feel blessed that they are here."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be

supported by staff to eat a nutritious and healthy diet. For example, one person's care plan recorded that they needed encouragement to drink.

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. Staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed and unhurried manner. We saw that one person was supported to cut their food and staff appeared to know people's likes and dislikes. Most people ate together and appeared to enjoy the mealtime but people were also able to eat alone if they preferred. One person using the service said, "The food is very good. They always ask if I'd like more."

The chef told us they spoke with people about their meal preferences. They were aware of people's dietary requirements and received notifications from staff that included details of people's weights and any changes to their condition. They said, "I am active on the care side of the home and always keep an eye open for people who are losing weight. If someone's weight is decreasing I fortify food with extra cream and if someone is having problems with swallowing we know how to mash or change the consistency of food so people are safe." A relative said, "My relative has a condition that can be triggered by eating certain foods and the chef makes sure that they don't consume any." Another said, "My relatives has special requirements at breakfast and the home gets this food in specially to make sure they always have it."

Staff training records confirmed that all staff had completed training in areas the provider considered mandatory. This training included safeguarding adults, mental capacity, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines, end of life care, and nutrition and hydration. Mandatory training was recorded and the records indicated when staff required training updates. This was monitored by the provider and action taken if necessary to ensure staff remained up to date with their training requirements. Most staff had completed accredited qualifications relevant to their roles within the home.

Staff told us they had completed an induction, which was confirmed by the records we reviewed. One member of staff said, "The induction was quite intensive and I wasn't allowed to work on my own until I had shadowed senior staff and passed competency tests." Another said, "The training is regular and wide ranging." Staff told us, and records confirmed, that they received a supervision session with the registered manager or deputy every month and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the registered manager. One member of staff told us, "I can approach senior staff and management whenever there is an issue or a situation I have not come across."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records and advice to staff about the process of referring matters to external professionals was documented in the care records and on the people's care plans.

Feedback about the service from healthcare professionals was positive. One healthcare professional told us, "Staff seem well trained and know what they are doing." Another said, "They call on us appropriately and act to avoid unnecessary hospital admissions."

# Is the service caring?

## Our findings

At our comprehensive inspection on 24 October 2016 we found that people were not always treated with respect. Staff did not always knock on people's doors before entry and there were missed opportunities to talk with people. Staff also needed more training to support people especially those living with dementia.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas. Staff said that they had received refresher training and from minutes of meetings, we saw that management had raised issues relating to people's dignity and respect as a learning occasion. During the inspection we saw staff knocking on doors requesting permission to enter when people were present. One person said, "Staff knock and call my name when I'm in my room."

Where people needed support with personal care, staff ensured their privacy by shutting doors. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I treat people as I'd like to be treated." Another said, "I call people by their name and take my time with people. It's better when people aren't rushed."

People said that staff were caring. One person told us, "I love my carers. They are wonderful and I feel like we are part of a family. I know they care for us all." A relative said, "They are definitely caring. When the carers go past my relative's bedroom they always speak to them." A health care professional told us, "They care about their resident. They are always very supportive of them on my visits." Another said, "Staff are very caring and considerate. They give dignity and respect towards residents."

People were involved in their care and support plans and where this was not possible it was noted that relatives were actively involved. For example a number of relatives also told us they were consulted about their relatives' care and support needs especially when things changed. One said, "We were all involved in the care plan as my relative's memory is not the best. Recently, staff took time out to meet with us both to discuss the GP's new treatment."

All of the care files we looked at included a section on personal histories. This recorded the person's hobbies and interests, details of significant events and the jobs they used to do. A health care professional said, "Staff are always cheerful and seem genuinely interested in the residents and their life." We noted that some people had expressed a wish for their care preferences towards and at the end of life and plans and consent forms requiring the person's agreement were in place.

During the inspection we noted that staff knew people well and understood their needs. We saw examples of good care and saw that people were treated with understanding, compassion and dignity. Staff actively

listened to people and encouraged them to communicate their needs. One relative said, "Recently staff came round to my relative to ask of their preference for decorating their room. They brought samples in and we all sat round and my relative chose." We observed a member of staff quietly advising a new colleague that a person did not like to be dressed in a particular way and the person was changed in their room without highlighting the issue. We also saw staff responding to people's needs in a calm, effective manner supporting them with everyday tasks such as responding to requests for drinks and snacks.

If people could not express their views it was noted that the service ensured that the person's relative was involved. On the occasions when relatives or other supporters were unavailable it was noted that people using the service had access to a professional representative who acted as an advocate. This person is specially trained and can help if a person does not have capacity to make particular decisions.

People were provided with appropriate information about the home in the form of a service user guide. This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away and this meant that only authorised staff accessed people's records.

## Is the service responsive?

### Our findings

At our comprehensive inspection on 24 October 2016 we found that people's hydration and nutrition care planning and assessments were defective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas. We saw that people's health care and support needs were assessed before they moved into the home and this assessment continued and was regularly reviewed. The assessment included people's hydration and nutritional requirements.

People's weight was regularly reviewed and where appropriate referrals were made to health care professionals. We saw examples of how the MUST risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. One person's risk assessment score placed them at high risk of malnutrition and we saw steps had been taken to refer the person to a health care professional who provided them with prescribed diet supplements. A health care professional said, "The home recently referred a case to us where the person was struggling to maintain weight. The referral was appropriate and they followed instructions we provided thereafter." Another said, "The staff are good at recognising issues quickly and get us involved straight away. This leads to good safe care and unnecessary admissions to hospital."

People's care files were well-organised, easy to read, accessible to staff and we saw that personal assessments covered areas including, moving and handling, mobility, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and, where appropriate, end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. For example, one person's care plan included information about how a person's susceptibility to falls had increased because of a change in their condition. It documented the use of technical equipment to reduce risk such as motion sensors that would alert staff when the person was alone in their room and may have forgotten to use their walking aid. This meant that the service provided individualised care that was up to date.

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. For example, one person's care plan advised staff to call the person by their preferred middle name and another instructed staff to speak clearly and slowly as the person was hard of hearing because of an industrial accident when they worked. There was a section in the plans that provided staff with an 'at a glance' summary of the persons care and support needs, their personal history and likes and dislikes.

Records we saw showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan.

We also noted daily notes that recorded the care and support delivered to people and the deputy manager showed us a handover sheet used at the home when there was a change of shift. They said that the notes and handovers helped to ensure people received continuity of care. A member of staff said that the documents were used at hand over meetings where staff shared any immediate changes to people's needs. They said that these meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

People's care files also included risk assessments and other documentation, for example, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards assessments and records of best interests decisions. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms, where appropriate, in the care files. A DNAR is a legal order that tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate and signed by their GP. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently, if required, to ensure they were reflective of people's current needs.

During the first morning of the inspection we saw some people participating with the home's activities coordinator in a game of dominoes whilst others were sitting quietly reading newspapers and some people watching television. During the afternoon we saw the coordinator engaged with people in one-to-one sessions with people who couldn't leave their room and that this included hand massages and reminiscing about their past and jobs they used to do. The activities coordinator told us that the home was preparing for a spring garden party, that they were talking with people about their preferences for a day trip out to the seaside and that other activities included trips to garden centres and historic sites. A relative of a person who used the service said, "There seems to be lots to do. When I visit I am encouraged to join in and always feel welcomed when I do."

The provider had a complaints procedure in place that was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaints procedure and told us they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "I know what to do if something isn't right and I'm sure I would be listened to."

Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully investigated. The provider showed us a complaints file. This included a copy of the procedure and forms for recording and responding to complaints. The records showed that the service had not received a formal complaint since the last inspection on 24 October 2016 but had received some notes of concern raised by relatives relating to the daily support needs of their relatives. For example, in one case, a person's item of laundry had gone missing. It was noted that when concerns were raised, they were investigated and responded to appropriately.



## Is the service well-led?

### Our findings

At our comprehensive inspection on 24 October 2016 we found that the service was not completing effective audits that were picking up on the issues that were found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 18 and 19 April 2017 we found some improvements in these areas. Audits were being completed by the management team, which included the provider and registered manager. We saw that these audits had established issues and had led to remedial action to improve the home. For example a kitchen audit had found that an appliance required replacement and an audit of medicine's records had established that drugs had been returned to the pharmacy but had not been accounted for in the home's records. In the case of the medicine issue, it was noted that the registered manager had spoken with staff and the issue was used as training occasion.

Other audits included checks on care records relating to the support needs of people, changes of their conditions and weight and fluid intake. It was noted that remedial action was taken where appropriate and that this included the referral of people to health care professionals. The deputy manager said, "These additional checks help alert us to issues and allow us to quickly act to protect and support people properly." Maintenance checks were also in place including monitoring the home's water temperatures and cleanliness together with the suitability and condition of fire fighting equipment.

A visiting health care professional said, "The home has improved. We don't seem to come here as often and the home is better at referring matters and acting on instructions."

However, the home's audits and checks had not picked up the medicine's issue highlighted at this inspection on and documented within the 'Safe' section found earlier within this report. The provider and registered manager said that as those issues had only occurred in the week before the inspection, the home's current auditing processes would not have picked up on the matters until later in the month. They said that as a result of this the home would increase the frequency of managerial checks of medicine's records as they relate to the actual administration of medicine to people.

We recommend the provider and registered manager implement additional checks on the administration of medicines to ensure that people receive their medicines as prescribed by health care professionals. Any errors should be highlighted and used to establish staff competency in the administration of medicine and maintenance of associated records.

Staff told us they liked working at the home and praised the support they received from the registered manager and provider. We saw minutes from a staff meeting in February 2017 that showed that staff were able to raise issues with the provider and management. Matters discussed at the meeting included staff involvement in a cleaning rota, supervision of junior staff and the accurate reporting of incidents in the

home.

There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member told us, "I am happy with the level of support that is available at any time and feel comfortable in raising any issue either at formal meetings or by speaking to the manager privately."

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through biannual resident meetings and annual surveys. We saw the minutes from the residents' meeting in October 2016 when people raised their meal preferences and suggested alternative activities. The registered manager said, "We get feedback from residents on a daily basis and adapt and change to reflect people's preferences but the formal surveys are useful in seeing what we need to do to improve the service going forward."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Some people were not always receiving their medicine as prescribed by health care professionals