Higher Park Lodge Limited

Higher Park Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in December 2015. At this inspection, breaches of legal requirements were found. We served warning notices on the registered provider. Warning notices are part of our enforcement policy. The rating at the December 2015 inspection was Requires Improvement in all areas.

We undertook a further unannounced, focused inspection of this service on 10 and 11 August 2016 to check improvements had been made. We found action had been taken to improve many areas, however, there remained problems with the management of medicines. The rating at this inspection remained Requires Improvement. We asked the provider to take action to make improvements, and this action has been completed. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Higher Park Lodge on our website at www.cqc.org.uk.

We undertook this unannounced comprehensive inspection of the 3 and 4 April 2017 The first day of the inspection was unannounced.
The service provides care and accommodation for up to 34 older people, some of whom are living with dementia or who may have physical or sensory health needs. On the days of the inspection 33 people were living at the service.

Accommodation and facilities at Higher Park Lodge are over three floors, with access to the lower and upper floors via stairs or a passenger lift. There are some shared bathrooms, shower facilities and toilets. Communal areas include a lounge, a reminiscence room, a dining room and an outside patio area.

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

At this inspection we found there had been great improvement in most areas, but we continued to have concerns regarding the timeliness of care plans being completed for some people and staff understanding how to use the new assessments in place. We also had concerns that the auditing processes in place had not identified the problems with records we found. The provider took action during the inspection period to address this.

A registered manager was employed to manage the service; they were also the registered provider. 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.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post that had overall responsibility for the service. They were supported by other senior staff that had designated management responsibilities. People told us they knew who to speak to in the office and any changes or concerns were dealt with swiftly and efficiently.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust. People received support from staff that knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. There was good supervision processes in place to support staff.

Medicines were administered safely. A new electronic medicine system had been introduced since the previous inspection.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Capacity assessments were integrated into people's care plans and staff asked people's consent before providing care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

We found that action had been taken to improve aspects of safety.

People were cared for by sufficient staff who underwent thorough recruitment checks. People were protected by staff who could identify abuse and who would act to protect people.

People's risks were well managed had risk assessments in place to mitigate risks associated with living at the service.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective. People received support from staff that knew them well and had the knowledge and skills to meet their needs.

People told us staff always asked for their consent and respected their choices. Staff had a good understanding of the Mental Capacity Act and promoted people's choice and independence whenever possible.

People enjoyed a healthy, varied diet with home cooked food.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their privacy and dignity.

Is the service responsive?

Requires Improvement

Most people had personalised care plans in place which reflected their current needs, however we found some people did not always have a clear plan of care developed in a timely way.

People's care records were written to reflect their individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People enjoyed a variety of activities and outings.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement 

The service was not well-led in all areas.

The systems in place to monitor the quality of care provision had not identified the issues raised at this inspection.

There was a positive culture in the service. People told us the management team was visible and approach.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care for people.

Higher Park 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.

We undertook a focused inspection of Higher Park Lodge on 10 August and 11 August 2016. The first day of the inspection was unannounced. At this inspection we found the management of medicines was not always safe.

This comprehensive inspection was undertaken by one inspector for adult social care and a specialist nurse on 3 April 2017. The second day of the inspection 4 April 2017 was announced and was undertaken by one inspector for adult social care and a pharmacist inspector.

Prior to the inspection we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. Notifications are reports on specific events registered people are required to tell us about by law. Before the inspection we also sought feedback from professionals involved with the service. This included health and social care professionals.

During the inspection we spoke with 12 people who lived at the service and two relatives. We asked them their view on the service and their care. We looked at the care of nine people in detail to check they were receiving their care as planned. We spoke with them where this was possible. We discussed the care needs of all 33 people in general with the registered manager. We looked at the systems in place for managing medicines. We spoke to staff involved in the administration of medicines, observed medicine administration for 13 residents and looked at the records associated with the management of medicines. We observed how staff looked after people in the lounge room and in the dining room at meal times.

We spoke with the registered manager (who is also the nominated individual and a joint owner), a director (also a joint owner) and six staff. We spoke with the registered manager about improvements made since the previous inspection and reviewed their new care planning documentation and checklists. We reviewed the records the provider kept to monitor the quality of the service, audits, staff questionnaires, training records

and maintenance records. We reviewed four staff files.

Good

Is the service safe?

Our findings

At the last inspection in August 2016 we found medicine management was not safe. This meant the rating at the August 2016 inspection was Requires Improvement. At this inspection we found the provider had taken action, and improvements had been made.

People received their medicines in a safe and caring way. We watched some medicines being given at lunchtime and we saw that improvements had been made, including the introduction of an electronic computerised medicines system. This helped the service be sure that people received their medicines at suitable and safe times.

Some people were prescribed medicines to be taken when required. There was no facility on the computerised medicines system to record additional information that could guide staff about when and how often these medicines should be given. However, we saw that staff knew people well and where people could not communicate their needs, staff were able to identify non-verbal cues to indicate that they may require a medicine. Additional written information was available to care staff about where and how often to apply creams. Care staff recorded the application of creams or other external medicines in the daily notes. One person took their own medicines. Records showed that this had been risk assessed to ensure that the person was safe and competent to do so. The registered manager has informed the manufacturers there is nowhere on the system to record "as required" medicines.

Medicines were stored securely. Medicines requiring cold storage were monitored to check that temperatures were suitable for storing medicines, so that they would be safe and effective. There were suitable storage arrangements and records for some medicines that required additional secure storage. Regular checks were made of these medicines, and there were suitable arrangements for destruction and disposal of medicines. However, we saw that a bottle of a liquid medicine had been recorded as opened on 28 October 2016 and was still being administered even though the manufacturer recommends it is disposed of three months after opening. This was highlighted to staff who arranged for a new supply. All other medicines were within the manufacturer's recommended expiry date.

Policies and procedures were available to guide staff in relation to medicines. There was a reporting system in place for any medicines errors or incidents and the computerised medicines system alerted staff whenever an action was required. Staff had received appropriate training and were assessed as competent to administer medicines. Two members of staff were identified as 'medicines champions'. This gave them additional responsibility to share best practice and complete monthly internal audits of medicines processes as part of a drive for quality improvement. The registered manager advised the audit tool used focused on medicines in use and not all stock and as a result of the inspection, the audit tool would be amended.

People felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live.

People were protected by staff that had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and Investigated thoroughly. One member of staff commented, "I'd report anything I think might be inappropriate, I notice if people are worried or quiet as I interact with them all day and get to know them."

Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had personal evacuation plans and fire / emergency grab bags were in place.

People were supported by suitable staff.Recruitment procedures helped ensure staff were employed with values theprovider desired in the service. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person said, "They are very good, I just ring the bell and they are here. They don't try and rush you; all care given is at a pace that suits you." Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. One staff member told us, "Yes, there are enough staff; six or seven in the morning; we get time then to sit and chat to people, the clients always come first. Sometimes too many staff!" Another told us, "There are enough staff and we are working better together."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Incidents such as falls were recorded and a monthly analysis occurred to note any trends.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People were supported with the right equipment to enable them to be as independent as possible, for example walking frames. Staff were observant to trips and hazards and knew to keep walkways clear and support people to wear good footwear to minimise falls.

The new care plans were in place which had assessments to identify people who might be at risk of falls, skin damage or have nutritional needs. Those who were identified at risk of skin damage were given the necessary equipment and care required to reduce this risk, for example special mattresses, pressure cushions, body creams and staff helped people stay mobile or supported them to reposition. Those at risk of falling from their bed had been assessed for bed safety rails to protect them. These measures helped keep people safe and helped maintain their well-being.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "yes, they are well-trained."

New members of staff completed a thorough induction programme, which included being taken through all of the home's procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. A new member of staff told us, "I had training and was taught and shown how to do things properly." New staff completed the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care.

On-going training was then planned to support staffs' continued learning and was updated when required. This included specific training to meet people's individual needs, such as stoma care, dementia and additional health and social care qualifications. The registered manager had completed a locally run leadership course which they told us had improved their self-esteem and knowledge. Staff were in the process of completing training to enhance their knowledge in certain areas and become "Champions" within the service for example health and well-being champions.

The service had a process in place to support staff through regular supervision and annual appraisals, in addition to ad hoc informal support. These processes looked at staff strengths and areas for improvement. Spot checks and observations of staff providing care were also integral to ensuring staff were competent and providing good care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had developed new consent forms as part of the new care planning process ensuring people's capacity and consent to treatment was assessed and recorded. Throughout the inspection we heard staff asking people for their consent and offering choices where required to help them make simple decisions. Staff shared with us that due to people having memory difficulties they explained what they were doing to them, "I talk to them, step by step, I explain why we need to move him; I think about it as if I was him, and always ask for feedback."

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the

care at the time.

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). The registered manager had applied for DoLS on behalf of people.

People told us they liked the food and were able to make choices about what they had to eat, "You can have what you want, cereals, toast"; "The food is as good as it gets"; "She (the cook) does a mean roast!"

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. The cook discussed people's meal preferences so they could be incorporated within the menu and asked people in the morning what they would like for their main meal. People confirmed their food choices were respected. The staff were all aware of people's dietary needs and preferences; one staff confirmed what we had read, "He loves his porridge and toast and two cups of tea." Staff told us they had all the information they needed and were aware of people's individual needs. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. People who had been admitted with a low weight or who had been identified as not eating well had their food and fluid intake monitored. District nurses supported the service to care for people with diabetes.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, it had been noted one person's wheelchair was not suitable for trips out so a referral was being made to a physiotherapist to assess for a new chair. Other people regularly saw chiropodists, opticians and those under the care of the mental health team had contact with their community mental health professionals.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "Good care, staff very kind"; "Very happy living here." People all told us they were happy and content living at Higher Park Lodge.

Relatives reiterated peoples view commenting, "I can honestly say how well my nan is looked after….the staff always have time to sit and chat to her. Overall my nan has made terrific improvement. It is refreshing to visit my nan and see how happy she is"; "Very pleased with the care she is having"; "The kindness and friendliness have proved a key part to her recovery."

A health professional wrote in a feedback form, "Staff extremely helpful and always friendly and polite; the patients I have seen have always been very happy with the care provided."

People told us their privacy and dignity was respected. Staff told us they always knocked on people's doors, ensured curtains were closed when providing personal care, and people were covered to protect their dignity. One staff member told us about someone who liked to dress themselves but sometimes came downstairs with four shirts on. They said they gently enquired whether they may feel cooler and more comfortable with perhaps three shirts. They allowed the person to lead the change through gentle, skilled guidance. The person always said they felt more comfortable after. Another staff said how they would give people time privately in the bathroom if they wished, suggesting they use the call bell when they were ready for staff to return.

People were treated with kindness and compassion in their day-to-day care. Staff told us they treated people as if they were their own family. Staff reassured one lady every morning that her spare toast would go to the birds which made her happy. Staff gently coaxed people who needed prompting with their meals and were polite in their interactions addressing people as they wished.

Staff told us that people were encouraged to be as independent as possible. Staff told us they supported people to manage the personal care , for example by passing flannels and assisting only in the areas they were unable to reach. Other people liked to help with some of the domestic duties at the service, for example the laundry and laying the table. These small things helped people to feel valued and maintain their independence.

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence. For example one person had been nonverbal on admission but with care, time and attention was now talking with staff. Another person who had complex health issues was supported to buy a suitable swimsuit to protect her dignity, and had enjoyed swimming with staff which had made her day.

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which

matched what people, told us and what was recorded in individuals care records. Staff new who liked their hair styled, who liked to wear makeup and those who liked their nails done. Staff were happy at the home and felt cared for by the owners. They told us, "It's like a family"; "It's like a second home, in fact, sometimes a first home!"

Staff shared acts of kindness for example supporting their colleagues when there had been an infection outbreak, knowing people would need additional care, staff had come in on their days off. Other staff had stayed on during people's final hours to ensure consistency for the person and family because they cared. The cook had supported someone to go swimming with them on their day off and the registered manager regularly hosted wakes for families after their loved ones had passed away.

People told us, staff listened to them and took appropriate action to respect their wishes.
People's bedrooms were personalised and decorated to their taste. People showed us their special photos and belongings which made them feel at home. Staff knew, understand and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. They knew which staff responded better with certain people and who liked gender specific staff for personal care. Information about advocacy services and leaflets on other health and social care matters were available to people.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. One visitor was enjoying lunch with his wife during our visit. One relative had written to us saying, "Wonderful welcome, tour, room was immaculate…..for the first time I started to relax was when I saw Dad's room and met some of your amazing staff… they took time to listen, and to talk to us and ask questions about Dad's likes and dislikes."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. This was an area the service wished to develop further. They wanted to enhance staff skills in having conversations with people about end of life care where they had been admitted with little information. A solicitor was coming in to discuss end of life plans to give people information and two staff were to complete training at a local hospice on best practice in this area.
Treatment escalation plans (TEP) were in place for most people. These are forms which detail the treatment people might chose to have (or not) if they were very unwell including whether or not people were to be resuscitated.

Requires Improvement

Is the service responsive?

Our findings

At the previous focused inspection in August 2016, a new care planning system was being developed. The rating for this area in August 2016 remained Requires Improvement.

The registered manager and staff had worked exceptionally hard since the August 2016 inspection transferring and updating people's records so they had detailed assessments and care plans which reflected their needs, choices, like and dislikes. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Support plans were reviewed and updated regularly to help ensure people's wishes were being met.

At this inspection, we found people who lived at the home had care plans in place but there wasn't a set standard within the home for temporary residents. This meant that two care plans we looked at for people who had been in the home since Dec 2016 and January 2017 were unclear, disorganised and care records did not clearly reflect decisions staff were making about their care. During the inspection we were shown the new care plans for temporary residents which were due to start being used immediately. These were comprehensive to enable people's assessments and treatment choices to be clearly documented. The two care plans we found which were not completed, were completed by the registered manager during the inspection. The registered manager also sent us a new standard / policy for staff to complete care records when a person was admitted. This would help ensure, alongside auditing records, that this did not occur again.

We also spoke to the registered manager about staffs understanding of the assessments they were completing and ensuring potential risks were incorporated into people's care records. For example if a person was scoring "Very High" on a skin care assessment, staff needed to detail the care they were giving to minimise skin damage. People were receiving good care in line with completed assessments, but we found these new assessment tools and care plans required further time to embed into practice to develop a culture where staff questioned what they were doing and the reason. For example, we found some staff were completing paperwork differently such as the toileting record and some staff were completing and updating a dependency tool without up to date assessments being completed. We discussed the rationale of such paperwork needing to be understood by all staff. We further discussed with the registered manager developing an care planning audit tool which would have identified the issues we found with care records.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment then informed the plan of care. Consideration was given to people's needs, staff skills and the other people living at the service.

People and where appropriate, those who mattered to them, were being more actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff.

Information about people's daily routines had also been documented in detail and described for example "X likes to wear makeup and likes breakfast in her room in the morning"; "X likes to brush her own teeth but needs help with putting the toothpaste on."

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Routine reviews, where there had been no change in people's needs, were undertaken at three monthly intervals.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Key staff were allocated to each floor at handover to improve consistency of care and accountability. Staff told us the team were working better together, communicating better in handover and understood their roles.

People told us they were able to maintain relationships with those who mattered to them.

The service had links with the local community. A tea party afternoon had seen children singing to raise money for a dementia charity.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities, people were able to maintain hobbies and interests, staff provided support as required. The theme during the inspection was Easter and arts and crafts were based upon this. The registered manager had also recently bought an incubator as people had said they'd like to watch chicks hatch. People had trips out, for example people were visiting a local farm during the week of the inspection. Another person had enjoyed swimming for the first time in many years with staff. Dance and music entertainers were much enjoyed by people, the activities co-ordinator told us, "It lifts their spirits, changes their whole day."

A memory lounge was a quiet, restful place for people to enjoy older magazines such as "Wife and Home" and had items from the past such as old telephones and hair irons. Reminiscence activities also occurred to help trigger memories such as nostalgic smells. The registered manager told us of the new area of the garden they hoped to develop to expand upon the memory tree where people put their favourite recollections.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in the entrance of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged. One person commented, "No complaints, we get a form asking how things are." There had been no complaints in the past 12 months. People and relatives felt comfortable approaching staff with any concerns and felt they would not be discriminated against.

Requires Improvement

Is the service well-led?

Our findings

Higher Park Lodge was privately owned. The provider / registered manager was also one of the owners of the service. In December 2015 an unannounced comprehensive inspection of the service found failings in multiple areas. The provider did not have adequate systems in place to monitor the quality of the service. The service was rated as Requires Improvement in all areas. A further focused inspection in August 2016 found improvements had been made, but the systems and processes in place were new and required embedding into practice.

At this inspection we continued to find the systems in place to monitor aspects of service provision were failing to identify the issues we found in relation to record keeping and staff understanding and questioning the assessments and paperwork they were completing.

The quality of the service had not been monitored effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager advised they had taken most of the responsibility for updating the new care plans and transferring people's information to the new care planning system in the past 6 months. This had meant the auditing of care plans was not fully established. They advised they needed to teach staff and delegate responsibility for updating the care records so those responsible for checking this area understood the significance of the assessments and care plans better.

The management structure in the service provided clear lines of responsibility and accountability. A registered manager was in post that had overall responsibility for the service and knew people and staff well. They were supported by other senior staff that had designated management responsibilities. People told us they knew who to speak to in the service and had confidence in the management and staff team. We found this was an area which could be improved to support the registered manager further.

Regular audits and checks had been developed since the previous inspection and were taking place regularly. Most audits identified where there were problems and the action required to remedy the issues. We spoke to the registered manager about developing a care plan audit to help guide checks on care records. The medicine audit was updated during the inspection to ensure dates of opened medicines were checked.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Higher Park Lodge. Both the registered manager and deputy manager worked alongside staff when required and were visible and available for support and advice. The registered manager had found a renewed energy undertaking the local leadership and management course and felt motivated and positive about how much the service had achieved in a short space of time. They had felt very supported by staff and also the local authority team who had offered advice where needed.

People, visitors and staff all described the management of the home to be approachable, open and

supportive. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

Staff were positive about how the service was run. One member of staff told us, "The management are all supportive, anything you need come and talk to us they tell staff" another shared, "It is friendly, supportive, I like working here."

Staff told us they felt empowered to have a voice and share their opinions and ideas they had.
Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, staff had recently asked if the cleaning staff were cleaning someone's room whether they might be able to make their bed also. This was saving the care staff valuable time.

The registered manager wanted staff to be encouraged and challenged ways of working to find ways to enhance the service they provided. This was being developed through the "Champion" roles and staff were being motivated through initiatives such as the "employee of the month".

The home worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

People's, relatives, professional and staff feedback was valued. Regular questionnaires were sent out asking for views to develop the service and ensure all areas were running well. The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. Meetings were held with people and their relatives and people were also invited to staff meetings to discuss developments within the service. Information was used to aid learning and drive improvement across the service. We saw accident and incident forms had been completed in good detail and included a process for staff to consider any learning or practice issues. A recent medicine error had been investigated and a new process put in place to avoid a reoccurrence.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good Governance The systems in place to monitor and improve the service were not effective at monitoring the quality of care records. Regulation 17 (1) (2) (a)