

# MPS Care Homes Limited

# Lound Hall

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Lound Hall on 5 July 2017. The inspection was unannounced. Lound Hall is situated in the village of Lound in North Nottinghamshire and is operated by MPS Care Homes Limited. The service is registered to provide accommodation for up to 30 older people some of whom are living with a dementia related condition. At the time of our inspection 15 people lived in the home.

At the last inspection in March 2017 we found five breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these breaches were in relation to person centred care, dignity and respect, safe care and treatment, meeting nutritional and hydration needs and governance of the service. We asked the provider to take action to make improvements to the quality and safety of the service and we received an action plan in April 2017 which stated that all actions would be complete by July 2017. During this inspection we found that improvements had been made but some improvements were still required, this resulted in us finding one ongoing breach of the Health and Social Care Act 2008 Regulations (2014). You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found that risks associated with people's care and support were still not always effectively managed. There was a risk that people may not be adequately protected from the risk of choking, the provider took immediate action to address this. Other risks associated with people's care and support were effectively assessed and managed.

People told us they felt safe and they were supported by staff who knew how to recognise and report concerns about their safety. People's medicines were stored and managed safely and people received their medicines as prescribed. There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed.

People were supported by staff who had received adequate training to enable them to provide safe and effective support. Staff felt supported but they were not always provided with regular supervision. There were plans in place to make improvements in this area.

Improvements had been made to ensure people's nutritional and hydration needs were met. People were offered a choice of freshly prepared food and drink and were provided with assistance when required. People's day to day health care needs were met, although some improvements were required to records to ensure that people received support as their health needs changed.

Where people had capacity they were encouraged to make decisions about their care and support. Some further improvements were required to ensure that people's rights under the Mental Capacity Act 2005 were respected at all times. Staff understood how people communicated and they were supported to maintain their independence. Staff understood the importance of treating people with kindness, dignity and respect and we observed this in practice. Staff also respected people's right to privacy.

Improvements had been made to care plans but some further improvements were required to ensure that they contained adequate detail of the support people required. However staff had a good knowledge of people's need and people told us they received the support they required.

People had the opportunity to get involved in social activities and told us that they had enough to do with their time. There were systems in place to gain feedback from people who used the service and to respond to and investigate complaints.

The provider had made progress in developing systems and processes to monitor the quality and consistency of the service. However these were still not always effective at identifying improvements needed. Staff felt supported in their roles and were confident to raise concerns or make suggestions about how to improve the service. The management team were responsive to feedback and swift action was taken to address some areas of concern raised during this inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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 consistently safe.

There was a risk that people may not be adequately protected from the risk of choking. Other risks associated with people's care and support were effectively assessed and managed.

There were systems and processes in place to minimise the risk of abuse.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed.

### Is the service effective?

**Requires Improvement** ●

The service was effective.

People's day to day health needs were met, however, there was a risk that people may not receive appropriate support with specific health conditions.

People were enabled to make decisions. Some further improvements were required to ensure that people's rights under the Mental Capacity Act 2005 were respected at all times.

People were supported to eat and drink enough.

People were supported by staff who received training, supervision and support.

### Is the service caring?

**Good** ●

The service was caring.

People received compassionate care from staff who knew them and cared about their wellbeing. People were treated with dignity and had their right to privacy respected.

People were involved making choices relating to their care and were supported to maintain their independence.

### Is the service responsive?

The service was not consistently responsive.

People received person centred care which met their needs and respected their preferences. However there was a risk that people may receive inconsistent support as care plans did not always contain detailed or up to date information.

People were now provided with opportunities for social activity.

People were supported to raise issues and staff knew how to deal with concerns if they were raised.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Systems in place to monitor and improve the quality and safety of the service were in place but needed some further development.

People who used the service and their families were offered opportunities to provide feedback on the service and this was used to drive improvement. Staff felt supported and were involved in giving their views on how the service was run.

The management team were responsive to feedback and swift action was taken to address areas of concern raised during this inspection.

**Requires Improvement** ●

# Lound Hall

## 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 inspected the service on 5 July 2017. The inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law such as such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection visit we spoke with six people who used the service and five people's relatives. We spoke with two members of care staff, a member of the catering team, a nurse, the registered manager, the area manager and the managing director.

We carried out general observations of care and support including interactions between staff and people. In addition to this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments. We also looked the medicines records of four people, four staff recruitment files, training records and a range of records relating to the management of the service, for example audits and complaints.

# Is the service safe?

## Our findings

During our last inspection in September 2016 we found that risks associated with people's care and support were not always adequately assessed or managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that some improvements had been made but further improvements were still required to ensure compliance with the Regulation.

People were still not always protected from the risk of choking as adequate control measures were not in place to mitigate this risk. For example one person required a specific texture diet to reduce the risk of choking and this information was not clear in the person's care plan summary which staff used to inform the person's support. Additionally the care plan contained a recommendation from external health professionals that the person required indirect supervision when eating their meal due to the risk of choking. We observed the person was not provided with indirect supervision at two meal times and at lunch time they were given a diet which was contrary to that recommended. We saw that this caused them to cough each time they swallowed a mouthful of food and there were no staff on the floor to notice this. The external health professional had also recommended a food diary was kept for the person to evaluate risky food types but staff told us this was not being done.

Another person required drinks to be thickened to reduce the risk of choking and their care plan stated that fluids should not be given on a spoon. This was not included in the care plan summary and we observed a temporary staff member give the person fluids using a spoon, despite guidance stating this should not be done. In addition this member of staff was not aware of what consistency the person's fluid should be. This meant the systems in place to protect people from the risk of choking were not robust.

We discussed our concerns in relation to the management of choking risk with the registered manager during our inspection visit. Following our inspection we contacted the provider and asked them to ensure that action was taken to address these risks. We received assurances that appropriate measures had been put in place to reduce the risks to the above people. However it remains of concern that these risks had not been addressed by the provider prior to our inspection visit.

The above information was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that in other areas care plans contained individualised information about how to keep people safe. Concise risk assessments were included in care plans and detailed risks relating to people's support. These described how any risks should be managed and was balanced with promoting people's independence. For example one person had been assessed as being at high risk in relation to falls and there was a risk assessment and care plan in place. We observed that staff followed this guidance during our inspection visit. The registered manager informed us that they had recently joined a project run by the local falls team try to further reduce the risk of falls. This included training for all staff and they were also planning a project called 'pimp my zimmer' an evidence based approach to personalise people's walking frames

making them easier for people to identify.

Risks in relation to people developing a pressure ulcer were assessed and planned for safely. Pressure ulcer risk assessments were completed regularly and people who had been assessed as being at risk of developing pressure ulcers were provided with suitable equipment to reduce the risk such as, pressure relieving cushions. We saw that this equipment was being used as specified in people's care plans. Records were in place which evidenced that care had been provided in accordance with care plans. The registered manager also informed us that they were involved in a project led by an external health professional using new technology to accurately map pressure areas, leading to highly individualised pressure area care plans. This meant the risk of people developing a pressure ulcer was minimised.

During our March 2017 inspection we found that people were not protected from risks associated with the environment. During this inspection we found improvements had been made in this area.

Safety measures such as window restrictors had been put in place and there were systems to assess and ensure the safety of the service from risks such as fire. Where risks had been identified control measures were in place to reduce these risks. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency. Safety checks also were conducted on other aspects of the environment such as call bells and bedrails. This meant people were now protected from risks associated with the environment.

People and their relatives told us they felt that they or their relations were safe at Lound Hall. One person told us, "I feel quite safe – there is nothing to worry about here." Another person said, "I feel really safe. I don't know of anything not to feel safe about." There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with understood how to recognise and report allegations of abuse and knew how to escalate concerns to external agencies if needed.

Staff were confident that any concerns about people's safety would be dealt with appropriately by the management team. Records showed that the registered manager had taken action to escalate safeguarding concerns to the local authority when required. For example, one person had missed a critical medicine and action had been taken to seek medical advice, address the competency of the staff member and a referral had been made to the local authority. This meant there were systems and processes in place to safeguard people from harm and abuse.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. One person told us, "I have a buzzer in my room and they (staff) come really quickly to answer it," another person commented, "They (staff) come as quick as they can, and at night time they are brilliant." Relatives of people who used the service also told us that they felt there were enough staff to respond to people's needs. The relative of one person told us, "We have no qualms about there being enough staff, there is always someone there when you need them."

The registered manager told us that improvement had been made to staffing levels since our last inspection the hours of catering and domestic staff had been increased and new activities coordinator employed which had freed staff up to focus on providing care and support. Staff we spoke with told us that the staffing levels were sufficient and that any last minute absences were normally covered. During our inspection visit we observed that staff were able to respond to people's needs in a timely manner. We reviewed staffing rotas and found that shifts were staffed at the level specified by the provider. The registered manager informed us that temporary agency staff were being used on a regular basis at Lound Hall whilst they recruited to vacancies in the staff team. They told us that they tried to use the same agency care workers to ensure that



they were able to build a relationship with people living at the home.

People could be assured that safe recruitment practices were followed. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People and their relatives told us that they got their medicines as needed. We found that medicines were well organised and stored safely. Medicines records were completed accurately to demonstrate that people had been given their medicines as prescribed. Staff had been trained in the safe handling and administration of medicines and had their competency assessed regularly to ensure their ongoing capability.

When people were prescribed medicines to be taken 'as and when required' there was not always clear guidance in place detailing what these medicines had been prescribed for or when they should be taken and this posed a risk that these medicines may not be administered when needed. When people were prescribed creams for topical application there were not clear details of how, where and why these creams should be applied and staff did not consistently record the application of these creams. This meant we could not be assured that people's creams were applied as required and there was a risk of people developing sore or injured skin. We discussed these concerns with the nurse and registered manager who assured us that action would be taken to address them.

## Is the service effective?

### Our findings

During our previous inspection we found that people's rights under the MCA were not always protected, this was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the necessary improvements had been made to comply with the legal requirements and some further improvements were required to ensure people's rights were fully respected.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

The majority of care plans we looked at contained clear information about whether people had the capacity to make their own decisions. Assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. For example, one person had been assessed as not having the mental capacity to make certain decisions and there was evidence that the person's relatives, who had the legal powers to make decisions on their behalf, were involved in making decisions about their care and support. We found that there were some areas where mental capacity assessments had not been completed as required. For example one person required bedrails to ensure their safety and records showed they lacked capacity to make decisions of a similar nature. However there was no mental capacity assessment in relation to this. This had been identified in a recent care plan audit and the registered manager had plans to address this to ensure the person's rights were respected.

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 had made applications for DoLS as required, where these had been granted the registered manager and staff had an awareness of conditions. Some further work was required to ensure compliance with the conditions specified. For example conditions on one person's DoLS authorisation stated that a best interest's decision assessment must be completed if medicines were given to their person in their food. Records showed that there were occasions where the person was given their medicines in this manner but a specific mental capacity assessment had not been completed to show covert medicines was in the person's best interests.

This person was given their medicines on a spoon with thickened fluids and the care plan stated the person took their medicines but would be unlikely to know they were taking them. There was a letter in the person's care plan from their GP stating that should the person refuse their medicines then these could be given 'covertly' which meant they could be added to the person's food without their knowledge.

Where people had capacity they were supported to make decisions on a day to day basis. We observed staff enabling people to make informed choices and gaining their consent prior to supporting them. We observed staff had a good understanding of how to communicate choice to each person and care plans clearly detailed how to support people to make decisions to maximise their choice and control.

People could not be assured that they would receive effective support in relation to health. There was a risk that people may not receive the support they required with specific health conditions as staff did not always have access to sufficiently detailed information. For example, one person had been identified as being at risk of a health condition which required monitoring. However the care plan did not provide detailed information about when action should be taken to seek medical advice. Records indicated that the person's health had potentially been deteriorating in this area but records did not provide evidence that action had been taken to address this. We spoke with a nurse about this who told us the staff team shared information informally but this did not assure us that robust systems were in place to respond to changes in people's needs. This meant there was a risk that people may not get the support they required should their health needs change.

In contrast we found that people received effective support in relation to their day to day health needs. Records showed that people had regular appointments with health professionals such as the optician, dentist, and district nurses. This was supported by comments of people who used the service, one person told us, "I had a cough which came on after eating. The staff were worried about me and sent for the doctor who came and gave me some medicine and I have been better ever since." Another person said, "They are good at what they do and they will call a doctor if necessary."

During our March 2017 inspection we found that staff did not all have the skills and qualifications necessary to support people safely. During this inspection we found that improvements had been made in this area. People who used the service told us that they felt staff were competent and skilled. One person told us, "They (staff) are well skilled and give me a good quality of life." We asked another person if they thought the staff had the skills required to provide safe and effective support and they commented, "Well they are always going on training so I suppose they must do."

New staff were provided with an induction period when starting work at the service. The registered manager told us that staff induction included training and shadowing of more experienced staff. New staff were also in the process of completing the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us they had enough training and records showed that almost all staff had completed the training identified as compulsory by the provider, such as, safeguarding, moving and handling and equality and diversity. Some staff also had training relating to the specific needs of people using the service such as dementia, tissue viability and diabetes. Nurses employed by the service also had training specific to their role including, medicines management and catheter care. Staff we spoke with were knowledgeable about systems and processes in the service and about aspects of safe care delivery. Some staff had also taken on 'champion' in relation to roles such as nutrition, falls and dignity and were in the process of completing training so they could support others in the team. This showed people were supported by staff who were suitably skilled to undertake their role. Although staff told us that they felt supported not all staff had received regular supervision or appraisal of their work. This meant that staff were not given regular formal opportunities to access support and that opportunities for staff to reflect on their practice and share any concerns may be missed. The registered manager had a plan in place to address this.

During our previous inspection we found that people did not receive effective support to maintain adequate nutrition and hydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made in this area and there was no longer a breach of the legal regulation.

The majority of people who used the service and their relatives were positive about the food served at Lound Hall and told us they were offered a choice and had enough to eat and drink. One person told us, "They (staff) come round with a sheet and ask you what you want, there is usually a choice of two things." One person's relative commented, "The food is really good." During our inspection visit we observed a meal time and saw that people appeared to enjoy their food. People who chose to eat in their bedrooms were offered timely assistance and encouragement when needed. People were offered a choice of food and drink and their diverse needs were identified and catered for. For example one person who used the service had specific dietary preferences and they informed us that they were served food in line with these preferences. This showed us that people had enough to eat and drink and were provided with choices and assistance as needed.

During this inspection we found that people were supported to maintain their nutrition and hydration and were protected from the risk of unplanned weight-loss. This was supported by the comments of people's relatives. One relative told us, "Yes [relation] is eating well. [Relation] has put on weight since they came in here, in a good way we mean." Care plans contained clear information about people's nutritional and hydration needs and both care and catering staff members were knowledgeable about people's needs. For example, one person had been assessed as being at risk of malnutrition. Their care plan stated that they should be provided with a vitamin rich diet and staff should monitor their food intake and weigh them regularly. Records showed staff were following this guidance and this was confirmed by our discussions with both care and catering staff.

# Is the service caring?

## Our findings

During our previous inspection we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and there was no longer a breach of the legal regulation.

Without exception, both people living at Lound Hall and visitors said that the home was a caring environment. People described staff as "wonderful," "caring" and "compassionate". One person said, "It is excellent and they (staff) couldn't do any more for me if they tried." Another person told us, "They (staff) are wonderful to me." The relative of one person told us, "All the staff are helpful and they work together as a team." Another relative commented, "We keep a very close eye on everything that happens here and we feel that it is homely and that [relation] gets individualised care, we have always been pleased with the standard and spirit of the care'.

The atmosphere at Lound Hall was calm, relaxed and homely and people were supported by staff who were kind and caring. During our visit we saw examples of positive interactions between staff and people who used the service. For example we observed a temporary member of staff supporting a person with patience, compassion and understanding. During the interaction the person said, "I am so grateful for you and what you have done." The member of staff replied in a gentle manner saying, "You are very welcome, you don't need to thank me, it is why we are here." The person showed some anxiety at the staff member leaving them and they were given reassurance and explanation. This resulted in the person looking more relaxed and smiling.

Staff knew people well and it was clear that they had a good knowledge of people's individual support needs and their likes and dislikes. People's care plans contained information about the person's history, important relationships and their individual preferences. Each person also had a one page summary of who they were and what mattered to them most on their bedroom door, this helped people to identify their own bedrooms and also provided staff with key information about each person. The staff team supported and encouraged people's relationships. The relative of one person told us how the staff nurtured their relationship. They told us, "(Staff) set up a table for two for us, apart from the others, with a flower on the table, so it is nice." Staff showed care and concern for people's wellbeing and responded compassionately to reduce people's anxiety and distress. For example it was clear that one person was becoming increasingly unsettled and agitated. Staff responded to this by asking the person if they wished to go out for a walk, which they did and upon their return they were noticeably more calm and at ease.

People's care plans contained detailed information about their communication needs. Where people had limited or no verbal communication, there was a plan in place which detailed what their body language may be trying to communicate. For example, the care plan of one person stated they could not communicate verbally and there was detailed guidance in place stating what signs staff should look out for that the person was hungry, thirsty or in pain. Staff had a good understanding of each person's individual needs and tailored their communication accordingly.

During our visit we observed that there was no information about advocacy displayed in the service and there were no links with a local advocacy service. This meant people may not be enabled to access an advocate to support them to express their views if they wished to. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager explained that as they were not aware of a local advocacy provider, they would contact the person's social worker if they thought someone might need an advocate to help them speak up. We discussed this with the managing director who informed us that links would be established with the local advocacy provider.

Staff encouraged people to maintain their independence. One person told us, "I do what I can, but they (staff) have to help me with some things, but I retain some independence, which they encourage." There was information in people's care plans about what people were able to do for themselves and areas in which they needed prompting or assistance and we observed that staff had a good knowledge of this.

People and their relatives told us that staff respected their right to privacy. The relative of one person told us, "(Staff) recognise that [relation] is a private person and they help them to dress or undress nicely. [Relation] needs help with the shower and one particular member of staff is lovely, very kind." Staff were able to describe the measures they would take to ensure people's privacy and we observed that staff treated people in a respectful manner. People's relatives also told us that their loved ones could choose to spend time in private should they wish to and there were no restrictions on when people's friends and relatives could visit them.

People were treated with care and compassion when they were nearing the end of their life. A personalised approach was taken to this, and where appropriate staff had supported people to think about their wishes for end of life care and this was thoughtfully recorded in people's support plans. We spoke with the relatives of a person who had passed away at Lound Hall and they commended the compassion of staff. They told us, "A member of staff sat up with [relation] all night, holding their hand, and would not leave their side for any prolonged period of time. I very much appreciated what they did for [relation]."

## Is the service responsive?

### Our findings

During our March 2017 inspection we found that there was a risk that people may not receive the support they required as care plans did not always contain up to date, accurate information. During this inspection we found that the required improvements had been made and further work was needed to ensure this improvement was sustained.

Each person had a care plan which gave staff an oversight of their individual needs and preferences. Care plans contained information about the person's level of independence and details of areas where support from staff was required as well as information about people's communication and support needs. Care plans also contained person centred information about how people preferred to be cared for and we observed staff followed these in practice. For example the care plan of one person stated they liked a particular type of crockery, wanted their table beside their bed on a certain side and had a preference for a certain type of music on their television. We saw these preferences were adhered to on the day of our visit. People and their relatives were involved in planning their care and support. There was evidence in the care plans we looked at that people and their relatives or representatives had been involved in implementing and reviewing their care plans.

We found that some care plans did not contain adequately detailed information in relation to the support people required. For example the care records of one person stated they should be offered food 'little and often'. Food intake records did not show that the person was offered any food in between the normal mealtimes. We discussed this with the registered manager and they told us that the care plan was inaccurate and that this diet should only be offered when the person was unwell. Records showed that another person who used the service sometimes behaved in a way that put them or others at risk. Although this was referred to in the care plan there was not sufficiently detailed guidance for staff to follow to ensure that the person was safely supported which put them at risk of receiving inconsistent support.

In addition, although care plans had been reviewed regularly the information in them was not always up to date. For example one person had developed some minor skin damage. Although this had been treated in a timely way, this information had not been added to their care plan so that staff could check their skin each day to ensure this did not happen again. Another person's care plan stated they used bedrails only when they were unwell to prevent the risk of them falling. They were not unwell on the day of our inspection visit but bedrails were still in use. We spoke with the nurse who explained the reason bedrails were still used. However this was not accurately reflected in the care plan. This meant that people were at risk of receiving inconsistent support. We discussed this with the management team and they informed us that action would be taken to ensure care plans were detailed and up to date.

Despite the above shortfalls in some care plans people lived in the home and their relatives told us that staff understood their or their relations needs and responded in a timely way. Our conversations with and observations of staff demonstrated that they had a good knowledge of people's support needs and preferences and used this to inform support.

During our last inspection of Lound Hall we found that the care and support provided did not consistently meet people's needs or reflect their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and further improvements were planned. Consequently there was no longer a breach of the legal requirement.

During this inspection we found that people were now offered opportunities for social activity and more work was being undertaken to further improve upon this. Since our previous inspection the provider had employed an activity coordinator. The registered manager and activity coordinator had met with each person living at the home to discuss their social and recreational preferences and this information had been used to inform the activities programme. For example, one person had expressed a passion for a particular type of music, a musician had been booked to play at the service and we saw photos of the person and others enjoying the event. The activities organiser had organised a number of themed events at the request of people who used the service. We saw photos of people getting involved in VE Day and D-Day events and the registered manager explained how this had enabled people who do not usually socialise with others to reminisce and engage in meaningful conversations with other people who lived in the home. There were also posters displayed around the home advertising planned events such as exercise classes and trips to local places of interest.

People were supported to access the local community and maintain relationships with friends and family. This had a positive impact on people who used the service. For example one person had expressed a desire to complete a sponsored event with a group of friends. The team at Lound Hall had worked with the person, their family and friends and the local community to help plan it and support the person in their training. This had not only had a positive impact on the person's physical and mental wellbeing but had also helped maintain their relationships with established friends and had enabled them to make a positive contribution to their local community.

People could be assured that concerns they raised would be listened to and acted on. People we spoke with told us they did not currently have any concerns but said they would feel comfortable telling the staff or registered manager if they did. The relative of one person told us, "I would go straight to the manager and I think she would take notice of what I said and act upon it." The relative of another person told us, "We are in no doubt whatsoever that if we had anything of concern to ask about that any member of staff, or the manager would not only listen, but would do something if it was within their power to do so." The registered manager told us there had not been any formal complaints since our previous inspection and records confirmed this to be the case. Improvements had been made to systems to ensure that complaints were responded to in a timely and effective manner. Staff we spoke with were aware of the procedure, their role in recording any concerns received and communicating these to the registered manager. This meant the provider had a system to ensure complaints were appropriately managed.



## Is the service well-led?

### Our findings

In our March 2017 inspection we found that systems in place to ensure the quality and safety of the service were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider submitted an action plan stating how they planned to make improvements across the service. At this inspection we found improvements had been made and the provider was now meeting this regulation. Some further work was needed to ensure the effectiveness and sustainability of the new systems and processes.

Systems in place to monitor and improve the quality of the service required some further improvement to make sure they were fully effective. Although there were audit systems in place, these had not consistently been effective in identifying or addressing the issues we found during our inspection visit. For example, regular medicines audits had not picked up concerns relating to some aspects of medicines management found during our inspection, such as poor recording of topical creams and ointments. Although there was a system in place to monitor and audit the quality of care plans this was not always effective. Regular care plan audits had been completed however they were not comprehensive and consequently did not consistently identify areas for improvement. For example we found that care plan summaries used by temporary agency staff were not always up to date. These care plan summaries were not covered by the care plan audit which meant that this had not been identified. These failings in the systems to check on the quality and consistency of the service meant there was a risk that people may not receive safe and effective support.

We recommend the provider considers ways to improve their quality assurance systems to encompass all areas of care and support and to support the drive for continuous improvement.

In areas other than the above we found that there were effective systems in place to ensure the safe and effective running of the service. For example a recent mattress audit had been conducted and this had identified a number of mattresses which were not fit for purpose. The registered manager told us that these mattresses had been replaced and our observations confirmed this to be the case. There were systems in place to analyse and learn from accidents and incidents. We reviewed records and found this was an effective process. For example records showed that one person had fallen a number of times. The incident forms had been analysed to explore possible causes of the falls and this had resulted in medical advice being sought and the implementation of falls reduction equipment. Records showed that the person had not sustained any further falls. This meant that people could be assured that incidents would be learned from and improvements would be made to reduce the risk of similar adverse events happening again.

Sensitive confidential information about people who used the service was still not always stored securely. During our inspection visit we observed that files containing sensitive personal information were left unattended in communal areas of the service which posed a risk that confidential information could be accessed by people who used the service or visitors. We shared this with the management team who informed us that staff were being encouraged and reminded about the importance of ensuring personal information was stored securely and they advised us that further action would be taken to address this.

People who used the service and their families were supported to have a say in how the service was run. For example, people living at the home had been consulted about the food they were served. Records showed that most people expressed a preference for English food and the registered manager told us that changes had been made to the menu to accommodate this.

People were also able to share their feedback in regular surveys and the outcomes of the surveys were used to make changes. For example one person had stated in the survey that some improvements were required to the decoration of their bedroom. The registered manager was aware of this and was in the process of getting quotes for this work. Other people had suggested that the garden required maintenance and we observed that this was underway. People's relatives were also invited to give feedback about the running of the home and they told us they felt that their feedback was listened to. One relative said, "I suggested that a notice be put up, like a calendar, to say what the day and date is and I saw next time I came in they had done it." This demonstrated that people's feedback was used to drive improvements at the service.

There were systems in place to share information with staff, communicate change and involve them in the running of the service. Staff were given an opportunity to have a say about the service in regular staff meetings and records showed that these were used to provide feedback to the team, share information and to enable staff to make suggestions about the service. For example in a recent meeting staff had suggested that one person who used the service may like a potting table, the registered manager told us that they were working on this and in the interim they had supported the person to purchase and care for some indoor plants. We observed this person enjoying tending to their plants and they spoke to us with pride about them. The registered manager told us they held focus groups with staff to encourage them to share ideas about improvements that could be made to the service. A recent focus group focused on the dining experience and staff had shared ideas such as themed meals, fresh coffee and table cloths. During our inspection visits we saw that these ideas had been implemented.

There were processes to ensure that staff had access to information about people who used the service. For example, the registered manager had implemented 'handover sheets' which contained person centred information about people who used the service, such as '[Name] prefers to listen to Doris Day music' and these also included a 'topic of the week' such as diabetes. Daily handover meetings took place to update staff on changes to people's needs and we saw that staff were allocated specific duties for each shift to make sure they understood their responsibilities. Staff told us they felt supported and would feel comfortable in reporting any concerns to the management team.

People and their families were positive about the service, the staff and the management team. One person told us, "If I have to be in a home, it would be this one, it couldn't be any better." Another person commented, "The atmosphere here is lovely." A relative told us, "The manager is fantastic she will always help in any way she can." Another relative said, "This home has a heart to it. It is not the nearest to where I live, but it certainly came over to me as the best." A third relative commented, "A huge strength of this place that they offer individualised care in a homely environment."

The registered manager was passionate about improving the service. They explained that they kept up to date with best practice in a number of ways including doing training, attendance at a range of local good practice forums and also by linking with external professionals for advice and support. This had a positive impact on people who lived at the home, for example the registered manager had attended a moving and handling training course and as a result they had identified that a piece of equipment may benefit someone who used the service. They had purchased the equipment and told us that this had resulted in the person feeling safer and calmer when being assisted by staff.

We checked our records which showed that the registered manager had notified us of events in the service.

A notification is information about important events which the provider is required to send us by law such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

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  People who used the service were not always protected from the risk of choking.  Regulation 12 (1) (2)