

White Lodge Care Home Limited

# White Lodge Care Home

## Inspection report

White Lodge  
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Marlow  
Buckinghamshire  
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Date of inspection visit:  
17 November 2016

Date of publication:  
20 December 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Located in the small village of Bisham, just across the River Thames outside Marlow, White Lodge Care Home provides accommodation and personal care for older adults. White Lodge Care Home is a period country house and has 21 bedrooms, located across three floors. The home is family-owned and managed. The location is registered to accommodate up to 23 people. There is a large garden at the rear, which provides some fruit and vegetables used in meals at the service.

At the time of the inspection, there was a registered manager. 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.

Since transitional registration under the Health and Social Care Act 2008 in January 2011, White Lodge Care Home has not always maintained compliance with the relevant regulations at each inspection by CQC. The most recent inspection was an unannounced comprehensive planned visit in September 2015. This inspection checked our 16 key lines of enquiry. Key questions safe and effective were rated 'requires improvement'. Overall the location was rated 'requires improvement'. Breaches of Regulation 18 (staffing) and 19 (fit and proper persons) were found and we issued two requirements. An action plan was received by us in September 2015. A previous inspection in 2013 and two previous inspections in 2012 were compliant with the outcomes we inspected.

This visit was the second comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the second rating under the Care Act 2014. We found the breaches of Regulation 18 and 19 from our September 2015 were compliant. The rating has improved to 'good' overall. Key question safe remains at 'requires improvement', as further work is required with regards to medicines management and the prevention and control of Legionella. We have made some recommendations throughout our report.

People were safeguarded from abuse and neglect. There was a robust system in place to ensure that people's safety was maintained.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

The building and premises risks were assessed and managed to ensure people, staff and visitor safety at all times. The service did not have a Legionella risk assessment at the time of the inspection, but obtained one shortly afterwards. There are actions required by the provider arising from the findings of the risk assessment.

Enough staff were deployed to support people. Care workers we spoke with were satisfied that there was

sufficient staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at times, but overall calm and relaxed and staff were dedicated to the people they supported.

Medicines were not always safely managed. We examined the handling of people's medicines during our inspection and found that people were at risk of medicines incidents.

Staff were knowledgeable and competent. They received improved levels of training, supervision and performance appraisal.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decision meant the service complied with the MCA Codes of Practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

We found the service was caring. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. Many of the people who used the service had lived there for long periods of time. This reflected in the care that people received from staff.

Personalisation of bedrooms was evident. External agencies we spoke with provided positive feedback about the service. We found people had the right to choose or refuse care or activities and this was respected by staff. People led the life they chose to and this was not changed by anyone at the service. We saw people's privacy and dignity was respected at all times.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain. People did not always know about the complaints process, but told us they had no hesitations to raise concerns if needed.

The workplace culture at White Lodge Care Home was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. Sufficient audits of the service were conducted to check the quality of the 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?

The service was not always safe.

People were protected from abuse or neglect.

People's care risks were appropriately assessed and recorded.

The prevention and control of Legionella required improvement.

The service deployed satisfactory staff.

People's medicines management required review.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff training, supervisions and performance appraisals were improved.

People's consent for care was in accordance with the Mental Capacity Act 2005 (MCA). The management of the DoLS process was good.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People had choice, independence and control of their personal care.

People's privacy and dignity was respected.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were mostly person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

People said they knew how to make a complaint and felt comfortable to do this.

### **Is the service well-led?**

The service was well-led.

The registered manager and provider were actively involved in the daily operation of the service.

There was a positive workplace culture.

The conditions of registration with us were met by the service.

Audits were completed to monitor the safety and quality of people's care.

**Good** ●

# White Lodge Care Home

## 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.

The inspection was undertaken by one adult social care inspector and two specialist advisors. One specialist advisor was a registered nurse and the other specialist advisor was a pharmacist. The inspection team was also assisted by 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. The inspection took place on 17 November 2016 and was unannounced.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), the fire authority and environmental health officers for information to aid planning of our inspection.

During the inspection we spoke with the four people who used the service and three relatives. We spoke with the nominated individual, the registered manager and five care workers. We spoke with three other staff. We also spoke with one visitor and a health professional. After the inspection we spoke with local authority safeguarding teams, commissioners and the clinical commissioning group (CCG).

We looked at eight sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during

the inspection.

# Is the service safe?

## Our findings

At our previous inspection in September 2015, we rated this key question 'requires improvement'. We found Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was breached. This was because the service did not ensure staff received medicines refresher training in line with their policy, and current best practice. We also found Regulation 19 was breached. This was because the personnel files we looked at did not contain all of the necessary information required. We issued two requirements and asked the service to send an action plan to us. At this inspection we checked the service had completed the actions from the action plan. We found the service was compliant with both Regulation 18 and 19. Although no breaches were found for this key question, the rating remains as 'requires improvement'. This is because the service needed to make further improvements.

The risks from the building, grounds and equipment were not always adequately managed. Fire prevention and protection and electrical safety were closely monitored. The registered manager conducted health and safety audits. There were some minor areas that required improvement or maintenance to ensure people's safety. These were managed by the maintenance person and we saw evidence these were promptly attended to. However, at the inspection, we found the service did not have a Legionella risk assessment. The maintenance person completed some tasks which prevented Legionella, such as water temperature testing. Once the absence of a risk assessment was pointed out to the registered manager, they took immediate action. The service wrote to us shortly after the inspection to confirm a risk assessment was completed and provided us with a copy. This showed high risk for Legionella and required a number of remedial actions.

We recommend that the service implements an ongoing comprehensive system for the prevention and control of Legionella.

We assessed if medicines were safely managed. We found improvements were required in the management of medicines at White Lodge Care Home. We witnessed a medicines error at the inspection when a staff member gave one medicine at an incorrect time. We also found that where creams or lotions were applied to people's bodies, a 'topical body map' was not in place for daily recording this. We found care workers were not following recommended guidance about the use of inhalers. The second dose administration should be delayed after the first and in some instances, the person should rinse their mouth afterwards. The medicines administration policy did not contain detailed information about safe administration of medicines. There were some medicines where the time prescribed did not suit the person's needs. In addition, people's medicines needed review. We found some people took medicines that were considered unnecessary and offered little benefit. We provided detailed feedback to the registered manager at the inspection.

We recommend that the service works with a pharmacist to review medicines management and take remedial actions to improve people's safety.

People and relatives told us they felt safe at the service. A relative told us, "There is always staff around to keep residents safe. They, [the staff] are visible. It's good compared to other places I visit." A person who

used the service said, "I do feel safe. They come in regularly, especially at night." Another person commented, "Staff know what they are doing, definitely." A further relative stated, "They know what they're doing. They've been here for years. I know them all by name" and, "They are well staffed and have a low turnover. It's important for [the residents] not to have to deal with new people".

People were protected from abuse and neglect. There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the staff office and on a noticeboard in the dining room. The registered manager was clear about their role in managing safeguarding concerns.

We looked at how White Lodge Care Home protected people from risks related to their care and accommodation. We viewed the content of eight care files. There was evidence of comprehensive risk assessments, including those relating to people's falls, moving and handling eating and drinking. The service used nationally recognised tools like the Waterlow score for measuring risk of pressure ulcer development, and the malnutrition universal screening tool (MUST). These were completed accurately and reviewed regularly. We found the service responded to people's identified risks with referrals to appropriate services, such as the GP or dietician. Following reviews of people by these health professionals, we saw staff completed amendments to risk assessments and care plans.

The number of people who used the service was constant and most had lived at the service for lengthy periods of time. We reviewed the deployment of all staff with the registered manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce and no use of agency staff. We reviewed some rotas for 2016. These records matched the staffing deployment that the registered manager told us about. Staff explained they would take on extra shifts as needed.

Staff we spoke with told us they felt that there were sufficient staff at all times of the day. Our observations during the inspection found that staffing levels were satisfactory. During peak times like breakfast and shortly after, staff we observed were busy but not rushed to care for people. During busy periods, staff acted calmly and ensured that people's care was safe and appropriate. At all times during the days of our visit, there were enough staff around, which meant that they were able to respond immediately when people indicated they needed support.

We found the service had stronger recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at two personnel files. We found the personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK. The service ensured that satisfactory checks of applicants' prior work conduct were in place.

## Is the service effective?

### Our findings

At our previous inspection in September 2015, we rated this key question 'requires improvement'. We found Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was breached. This was because the service did not ensure staff received refresher training in line with their policy, and current best practice. We issued a requirement and asked the service to send an action plan to us. At this inspection we checked the service had completed the actions from the action plan. We found the service was compliant with Regulation 18. The rating for this key question had been changed to 'good'. We have made recommendations for further improvements.

The dining experience for people was not always enhanced by the environment or the staff. We commenced our inspection at 7am, and found five people sitting in either the dining room or the front lounge room. Three were asleep when we checked. For an hour, the people sat in this way until breakfast was served at approximately 8am. We also noted a large staff notice board in the dining room. This was not appropriate and looked unattractive. The dining area itself was tired and required redecoration. There was a menu board with single choices written up and was not updated for the day of the inspection until we pointed this out to staff. We pointed these findings out to the registered manager at the inspection.

We recommend that the service reviews and makes changes to the dining ambience and environment, to provide an improved experience for people during meal times.

People at White Lodge Care Home were supported to maintain good health

As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Sometimes, people would refuse their appointments, tests or examinations. Examples of good support to people related to their healthcare included assistance with medical conditions. To avoid people missing out on regular checks, the local GP surgery provided a fully qualified paramedic to the care home, who performed weekly visits with people. Outside of this, the GP surgery provided the paramedic to assess people during illness or after accidents. When we spoke with two local clinical commissioning groups (CCGs), they confirmed this was a completely acceptable way of people receiving satisfactory healthcare.

We recommend the service implements systems to ensure and monitor that people with long term conditions receive care in line with the National Institute for Health and Care Excellence guidance.

Other healthcare professionals attended the service on occasions. In the eight care files we reviewed, we found people had accessed optical care, the district nurses for wound care and a podiatrist. Where additional support was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their conditions.

Nearly all of the staff who worked at White Lodge Care Home were experienced care workers and were employed by the provider for a number of years. During the course of the inspection, we spoke with care

workers about what training and supervision they were offered or received. They told us they were expected to undertake regular training. We looked at training records to see whether the level of training since the last inspection had improved. We saw there was a training matrix in place with records of up to date training in subjects such as control of substances hazardous to health (COSHH), deprivation of liberty safeguards, health and safety, infection control and principles of care. We saw staff attended fire awareness training on 18 August 2016 and in November 2016, six staff had completed induction training.

There was also evidence of supervision and appraisals in place being conducted at regular intervals. This had increased since the last inspection and was sustained over time. We there was a planner and matrix in place which recorded the dates that supervisions successfully occurred and when the staff member's next one to one was to be held. We were able to examine records of three supervisions and three appraisals which had been completed in the past two months. We saw these were appropriate and in line with the provider's own policy and best practice for adult social care.

We observed staff in their roles during our time at the care home. We saw they were skilled in the type of tasks they completed. This included mainly personal care, such as feeding people or helping them with moving or hygiene needs. Staff also helped people with eating and drinking, and the always documented the care they had provided. We found that staff were skilled which enabled effective personal care for people.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The care home operated within the principles of the MCA and associated Codes of Practice. Within the care plans we reviewed, there was evidence that people's mental capacity was checked and best interest assessments were completed, when needed. Where people's capacity to make decisions for themselves was established no referrals were made. The assessments then led to the creation of relevant care plans. We found there were three referrals for standard DoLS authorisations, and the dates were included within people's care files. We saw that once authorisations were received from supervisory bodies, these were recorded, filed and a statutory notification submitted to. The expiry dates for the authorisations were also recorded. There were no conditions stipulated in any of the authorisations seen, and therefore the staff did not have to take extra actions to comply with the DoLS notices. The information we found at the inspection about DoLS matched the information provided to us by the local authorities.

We looked at the use of any forms of restraint at White Lodge Care Home Care. We saw that care plans identified the need to use bed rails and wheelchair lap belts for some people. These are considered types of restraint within the adult social care sector. We found that in all cases where this occurred, there were completed best interest assessments or in some cases, consent had been granted by the person who used the service.

Adequate food and hydration was offered to people. We saw a large, clean kitchen and spoke with care workers and the chef who prepared meals. The people we spoke with approved of the food provided and were aware that an alternative could be provided. We found drinks were readily available to people in their rooms if they wanted them. When we checked, people all had a drink within easy reach. This meant that for people who were able, they could serve themselves in the absence of a staff member. One person told us, "I don't like my drinks hot, so they bring them to me warm." This was a good indication that the staff listened to people's preferences about how food or drinks were served. Another person we spoke with commented, "The food is good and they know I'm not a big eater. I think it's healthy. We have greens and apples from the allotment." We saw the rear of the care home and found a large garden where fruit and vegetables were grown for use in cooking. The nominated individual explained the types of food planted and harvested.

The provider had decided to change the way that meals were prepared. The registered manager confirmed a company would take over for the provision of lunch meals. This was to provide an enhanced selection of food for people, which was regularly rotated to avoid duplication within short time frames. The food list we saw was also seasonal, and planned to provide meals more palatable to the time of year. The nominated individual explained the chef would change their hours to make supper instead, so that hot meals were better provided in the evening.

The care home building itself was thought to be approximately 100 years old. The nominated individual told us of plans to change the dining room, lounge area and patio. They stated that their planning applications with the local authority were rejected on numerous grounds and found this frustrating, as they had a genuine desire to complete refurbishments and redecoration. The nominated individual worked with consultants and architects and explained they would need to try to obtain planning permission again from the local authority. We checked local authority records to corroborate what the nominated individual had told us and found this was correct. People liked to stay on in the care home and expressed they did not want to move, even when their ability to do things deteriorated. The internal aspects of the building did not lend themselves to people with altered mobility, however passenger and wheelchair lifts were available and used. Relatives felt the internal communal areas were 'bleak' and 'drab'. The nominated individual expressed they did not want to fund capital expenditure if building works would improve the layout of the area so people could have a better care experience. Failing approval for building works, the provider would still need to consider changes to the decoration which did not require application to the authority. We will check the progress of this matter when we conduct another inspection at the service.

## Is the service caring?

### Our findings

Amongst people and relatives we spoke with, there was a consensus opinion that care was above what was expected. There were many statements of how good the care was. One relative told us, "I think the care of people who [receiving end of life care] is extremely good. They are all given the right attention. [The district nurse] is fantastic and makes sure they are comfortable. I knew the family of another resident who had been here for nine years and died recently. They cannot speak highly enough of the staff." A person who used the service said, "Sometimes I need help, but they never rush me." Another person told us, "It's second best to home. They feed me well and attend to me very well." A further relative commented, "The staff are fantastic. They are mature and experienced and there's no massive turnover." Other comments from people and relatives included, "The staff are lovely and very friendly. We're on first name terms with them and there isn't one we don't like. They are pleasant and help [our family member] with her dinner whenever she needs help. They are kind and I've never heard a raised voice" and, "The cleaner is very helpful; helps me all the time."

We saw evidence that people were involved in their care decisions and these were recorded appropriately by staff in the records. One person said, "They check that (care plans) once a month and I sign it if there are any changes." A relative we spoke with also confirmed their involvement in care decisions. They told us, "I get to see it (the care plan) and sign it once a year. We go right through it." We reviewed care documentation and found that people, relatives and healthcare professionals were actively involved. We were told by management that a dedicated care worker ensured each person's care planning and decision making was current and reviewed yearly, or as needed. However, people we spoke with were not aware of their 'key worker'. There was evidence of best interest decision-making where the person themselves could not provide consent or an answer about something. Advocates were available if people needed independent, impartial advice about their care needs.

Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. One person told us, "I like the door shut but everyone knocks on the door." We witnessed this throughout the duration of the inspection.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and paper-based records were within a staff office. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We pointed this out to the nominated individual at the time of the inspection, and they confirmed their registration with the ICO to us. This meant the provider, as a data controller, would ensure that confidential personal information was handled with sensitivity and complied with the legislation.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. We received positive feedback about this. One relative told us, "It's never going to be like a relative, but they don't need to spend a lot of time with [my family member] because of [their] condition." A second relative stated, "When [my family member] was able, [they] were encouraged to do arts and crafts and exercises. The activities woman is fantastic." Other comments from relatives were, "They always ask [my family member] when they want to do things, like moving [them]", "We moved here because the other place was bad. This is 100% better and [my family member] gets the help and encouragement she needs", "They give [my family member] encouragement without forcing [them]" and, "They cater for [my family member] who is a smoker and take her outside." People who used the service also felt their care was personalised. One person we spoke with told us, "When I came in you had breakfast later. Now I get it earlier at 6am, as I asked." Another person commented, "They've made a note that I don't like fish."

We looked at eight people's care documentation and spoke with the registered manager to determine whether care from staff was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account before admission to White Lodge Care Home commenced and throughout the continuation of their stay. In each of the care records there was good evidence of pre-admission planning which in itself gave a picture of people's needs and also whether the service could meet those needs. We saw that when people's needs changed, or an incident had occurred, the risk assessments and care plans were adjusted to ensure people's care was always safe.

Although there were some person-centred care plans, the registered manager identified this as an area of work in progress. The registered manager expressed they were keen to improve the care plans. We found the care plans did highlight people's likes and dislikes, and also their preferences. We found some of the risk assessments were pre-printed, however the care plans were specific to each person who used the service. We saw people's rooms were decorated according to their wishes, and were very individual.

The service had a complaints policy and procedure. Information in regards to how to make a complaint was available and visibly displayed in a communal notice board. Staff we spoke with knew about the complaints policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through to the provider if people felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. The service maintained that people or relatives had the right to make contact with other regulators or agencies regarding complaints.

Not all of the people and relatives we spoke with at the service were aware of the complaints procedure, but knew how to raise concerns. One person said, "I could go to anyone if I have concerns. They always tell me about falls." One relative commented, "They informed me when [my family member] got [annoyed] about the bath. I feel I'm always told about any incidents or changes. They write everything in a book." A second relative said that they had not seen a complaints policy or feedback form but, "I would just speak to the

staff. Another relative told is, "I would go to the owner. I'm not aware of a complaints procedure. And I could always speak to the manager."

## Is the service well-led?

### Our findings

Everyone we spoke with told us they knew the two owners of the care home and the registered manager by name. We found from people's and relatives' feedback that they were all approachable and responsive and were visible every day. One person told us, "I think they are well organised. I've never had a complaint; I've never thought of anything." A relative stated to us, "The two owners control (the care home). The residents have a set pattern and they, (the residents) can do what they want". Another person who lived at White Lodge Care Home said, "They organise my post to be sent and my magazine to be delivered." Further comments included, "One of the owners is always here. They are both trained. This place has never smelled, like others I have been to" and, "Residents are always gathered in time for the fortnightly [activity], not like the previous management."

Staff we spoke with told us they enjoyed working at the service. They felt there was a positive culture which resulted in good care provided to people. We observed they interacted well with people who used the service, other staff and visitors. Staff also provided positive feedback about the registered manager and provider. We reviewed staff meeting minutes for 2016, and saw staff had the ability to participate in the running of the service. They were also provided with relevant information about people and changes that were needed, as necessary. Stakeholders, including commissioners and the local authority staff we spoke with had positive opinions regarding the management and staff.

The provider complied with the requirements of their CQC registration. There was a registered manager in post at the time of the inspection. We found that the registered manager was well-supported by the provider and had positive comments about their performance. We found the management team honest, approachable and professional. The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate. We found the provider had displayed the incorrect rating document from our prior inspection. They had displayed the report summary rather than the ratings poster. Once we pointed this out, the provider corrected the display of the ratings. We checked that the previous inspection's rating was displayed on the provider's website. We found the website was compliant with the relevant regulation.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send notifications to us. Our records showed that the service sent all of the notifications to us.

We found that an appropriate number of surveys or audits were conducted to ensure the service measured the quality of care. These were completed as part of the provider's requirements for the service. We saw the service's community pharmacist completed a medicines audit in 2016, and some minor actions were required after their visit. We found these were completed. However, we found more frequent audits of medicines would have increased the rigour of medicines safety. Other audits we viewed included checks of

care documentation, visits by the provider and infection control. Further attention was required by the service with regards to best practice for infection prevention and control. We provided feedback to the registered manager and provider at the inspection regarding this.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Where necessary, we found investigations occurred to determine the cause of incidents. The service needed to look at any patterns or trends to prevent similar incidents from reoccurring.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service had a duty of candour policy which was appropriate. The policy clearly set out the steps for the management to follow if the regulatory requirement was triggered.