

Lancashire County Council

Lower Ridge Home for Older People

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Lower Ridge Home for Older People on 18 and 19 May 2016. The first day was unannounced.

Lower Ridge Home for Older People is registered to provide accommodation and personal care for up to 35 older people. The home is located close to Burnley town centre and is set in its own grounds. Accommodation is provided on three floors linked by a passenger lift and stairs. At the time of the inspection there were 19 people accommodated in the home.

The service was managed by 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.

At the last inspection on 24 and 26 November 2014, we asked the provider to make improvements to the arrangements in place to manage medicines, the recruitment of new staff, staff supervision and appraisal and the quality assurance systems. Following the inspection the provider sent us an action plan which set out what action they intended to take to improve the service.

During this inspection, we found the necessary improvements had been made. However, we found there was a breach of one regulation relating to the timely notification of specific events and incidents which had occurred in the home. You can see what action we told the provider to take at the back of the full version of the report. We also sent a letter reminding the registered person of their responsibility to notify the Commission of events as outlined within regulations. We made one recommendation in respect of the temperature in the medicine storage room.

People living in the home said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals. However we noted the temperature in the room used to store medicines was in excess of 25°C. This meant there was the potential risk to the effectiveness and potency of the medicines.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their support plans. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home and their relatives, where appropriate, had been consulted about their care and support needs. Support plans and risk assessments provided guidance for staff on how to meet people's needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident any complaints would be fully investigated and action taken if necessary.

All people, their relatives and staff told us the home was well managed and operated smoothly.

The registered manager took into account the views of people and their relatives about the quality of care provided through consultation, meetings and surveys. The registered manager used the feedback to make improvements.

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 ●

The service was safe.

People received their medicines when they needed them and as prescribed. However, we recommended appropriate arrangements were made to ensure medicines were stored at a suitable temperature.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about the procedures to follow to help keep people safe.

Risks to people's health and well-being were appropriately assessed and managed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people they supported.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and they supported them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had failed to notify the commission without delay of specific incidents and events occurring in the home.

The registered manager was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Lower Ridge Home for Older People

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 checked whether the provider was 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.

This inspection took place on 18 and 19 May 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. We also contacted a representative from the local authority's safeguarding team.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the cook, four care staff, ten people living in the home and three relatives. We also spoke with a healthcare professional and discussed our findings with a senior manager.

We looked at six people's care files, two staff record files, the staff training records, the staff rota, medicine records, meeting minutes, complaints records, a sample of the policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them well. One person commented, "I definitely feel safe. The staff really look after me" and another person said, "I'm very happy here. The staff are very good. I feel comfortable." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I feel [family member] is totally safe. I have complete peace of mind."

At the last inspection, we found prescribed creams were not always applied in line with the prescriber's instructions. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People told us they received their medicines at the correct time and were offered pain relief medication as necessary. One person told us, "They're spot on with my tablets." The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We found staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. The management team had picked up any shortfalls as part of their regular checks and audits. We also noted the records for the application of creams now included a body map and clear instructions for staff. As required medicines were recorded on the MAR's and signed for by staff when administered. There was individual guidance in place for staff on when to offer people this type of medicine.

We saw staff administered medicines safely, by checking each person's medicine with their individual records before administering them. This ensured the right person got the right medicine. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a full set of policies and procedures which were readily available for reference in the room used to store medicines.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. These are prescription medicines controlled under the Misuse of Drugs Act 1971. A random check of stocks corresponded accurately to the controlled drugs register.

There was a system in place for checking and recording the temperature of the medicine storage room; however, we noted the temperature of the room was frequently in excess of 25°C. This meant the effectiveness and potency of medicines could be at potential risk.

We recommend the service seeks advice and guidance from a reputable source to ensure medicines are stored at an appropriate temperature.

At the last inspection, we found the provider had not always operated a robust recruitment procedure. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

The provider had a recruitment policy in place and this was followed by the registered manager and the provider's human resources department. Applicants for jobs had completed applications and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. The provider had a disciplinary procedure in place to respond to any poor practice.

People told us there were sufficient staff available to help them when they needed assistance. One person told us, "I've never had to wait long for assistance" and a relative commented, "There are lots of staff on duty, which means they can take lots of time to care." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend chatting with people living in the home.

During the inspection, we observed staff responded promptly to people's needs. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The registered manager was also allocated a bank of flexible staffing hours to respond to any changing needs.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. We also noted there was a flowchart setting out the safeguarding process displayed in the reception for staff and people living in the home. Staff told us they had received training in protecting people from abuse and knew how to report any allegations or evidence of harm. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns. We noted the registered manager had reported safeguarding incidents appropriately to the local authority and had prepared reports following any investigations. The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

The risks involved in delivering people's care had been assessed to keep people safe. We found individual risks had been assessed and recorded in people's support plans. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, the use of walking aids, infection, allergies and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or when required to ensure they reflected people's current needs. This meant staff were provided with up-to-date information about how to reduce risks. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. Environmental risk assessments had been undertaken by the registered manager in areas such as food safety, slips, trips and falls, the use of equipment and the management of hazardous substances.

Incidents and accidents were checked and investigated by the registered manager as necessary to make sure that responses were effective and to see if any changes could be made to prevent incidents happening

again. The registered manager had made referrals as appropriate for example to the falls team. Staff monitored the health and well-being of all people who had an accident for a minimum of 24 hours.

We found there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building.

Is the service effective?

Our findings

People were supported by staff who had acquired the skills and knowledge to meet their individual needs. One person told us, "The staff do their best and will help you all they can" and another person commented, "The carers know me very well and what help I need." Relatives spoken with also expressed confidence in the staff team, one relative stated, "The staff are wonderful, they can't do enough for [family member]."

At the last inspection, we found the provider had not made suitable arrangements to ensure staff received appropriate supervision and appraisal. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

All staff spoken with told us they were provided with regular supervision and they were well supported by the management team. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager had also carried out an annual appraisal of each member of staff's work performance, known as a personal development review.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. One member of staff told us, "We have really good ongoing training." Training records confirmed staff received essential training on areas such as, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005, person centred planning and proactive approaches to conflict. Staff also completed specialist training which included dementia training accredited with Sterling University. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role.

All new staff completed induction training when they commenced work with the service. This included an initial induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff for a minimum of 20 hours to become familiar with people and their needs. This helped staff to learn and understand the expectations of their role. All staff completed a probationary period of six months during which their work performance was reviewed at regular intervals.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care

the provider had complied with the requirements of the MCA 2005.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. For instance one member of staff explained they wrote things down for one person with hearing difficulties to ensure they were understood and they were able to give their consent or make an informed decision. We observed staff spoke with people and gained their consent before providing support or assistance.

People's capacity to make decisions was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. We noted mental capacity assessments were reviewed on a monthly basis.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection she had submitted four applications to the local authority for consideration. This ensured that people were not unlawfully restricted.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is really good. We have plenty of choice and can always have second helpings." We observed refreshments and snacks were offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and cakes.

Weekly menus were planned and rotated every three weeks. The registered manager explained plans were in place to display the daily menu on a board in the dining room. People could choose where they liked to eat, some ate in their rooms, others in the dining areas. We observed the lunchtime period and observed staff supported people appropriately to eat their meals. Staff ensured people had drinks and these were topped up when required. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

The home had a nutritional champion who ensured the cooks were well informed about people's dietary needs and requirements. A nutritional profile for each person was prepared monthly and included information about their likes and dislikes as well as their weight. The champion had also established an information board in the dining room which included a picture of the "Eatwell" plate. This provided a visual representation of the types and proportions of foods people need for a healthy and well balanced diet.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt

medical referrals as necessary. Records showed us that people were registered with a GP and received care and support from other professionals. A nurse practitioner visited the home twice a week to assess people's healthcare needs and prescribe medicines as appropriate. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded.

Since the last inspection, several areas of the home had been redecorated. This included the reception and staircase and six bedrooms. New carpet had also been fitted in the entrance and a lounge on the first floor and new furniture had been purchased for a lounge on the ground floor.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are excellent. They do a very good job" and another person said, "The staff are very kind and will do anything for you." Relatives were also complimentary about the approach taken by staff, for instance one relative said, "The staff have been really good, very caring and very friendly."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "The staff are always welcoming no matter when you arrive." We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. People were supported to stay in contact with relatives who lived some distance away. For instance, one relative sent regular emails which staff printed off for their family member living in the home.

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said they made choices throughout the day regarding the time they got up and went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. One person told us, "I'm at peace all the time here."

It was evident throughout the course of the inspection that staff knew people well and understood their needs. We witnessed many examples of good care giving and saw that people were treated with understanding, compassion and dignity. We saw staff actively listening to people and encouraging them to communicate their needs. They chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. People appeared comfortable in the company of staff and had developed positive relationships with them.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. One person told us, "My keyworker is very good she helps me a lot." The registered manager explained keyworkers had recently been reallocated and so staff were in the process of building new relationships.

Staff had recorded important information about people, for example, personal life stories, significant achievements and experiences and important relationships. People's preferences regarding their daily support were also recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This helped to ensure people were supported in their preferred way.

People told us they were treated with respect and dignity and valued their relationships with the staff team. One person told us, "The staff are very kind. I can always rely on them to help me." All people spoken with confirmed the staff respected their rights to privacy and dignity. One person commented, "The staff always

knock before they put the key in, as I like my door locked." Each person had a single room which was fitted with an appropriate safety lock. People told us they could spend time alone if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were encouraged to maintain their mobility. Staff recognised the importance of maintaining independence for example one member of staff told us, "It's vital the residents are able to do things for themselves where possible, it gives them a sense of purpose and makes them feel good about themselves."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views as part of daily conversations, support plan reviews, residents meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "The carers will do anything for you night or day. It really boosts morale" and another person commented, "They act very quickly if there is a problem and sort things out for you." Relatives told us they were always informed and kept up to date, if their family member's needs changed or they experienced difficulties. One relative said, "I'm very happy with everything. They always contact me quickly if [family member] has any problems or is feeling unwell."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined six people's support plans and other associated documentation. Since our last inspection, the provider had introduced a new integrated computer based assessment and support planning system. This was designed to be used by all social care staff within the local authority and enabled information to be shared from the point of assessment.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. People had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

On looking at people's personal files we noted all people had a new support plan, which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained a one page profile and details about people's life history as well as their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs.

Where possible, people had been consulted and involved in developing and reviewing their care plan. The plans included information about their capacity to make decisions, and also included consent forms signed by the person or their representative about important aspects of their care, for example medicine administration.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The provider had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. We also noted that when any part of the new care plan was reviewed and updated, the staff were given a prompt to consider reviewing other aspects of people's care documentation such as their risk assessments.

Daily reports provided evidence to show people had received care and support in line with their care plan.

We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

Staff encouraged people to follow their individual interests and hobbies. For instance, one person showed us several tapestries they had completed. People told us there were sufficient activities to occupy their time. We saw weekly activities were displayed on a board in the reception area. These included dominoes, arts and crafts, nail painting, baking and reminiscence. People also had the opportunity to enjoy activities outside the home, for instance some people had recently been to a local restaurant for lunch and a person told us they had been out shopping. We noted at the time of the inspection the registered manager was interviewing potential candidates for the role of an activity care assistant. It was anticipated the successful applicant would be employed for 16 hours a week to lead and develop the activities in the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "Staff always have time for a chat if I have a problem." Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative said, "If I had a concern I would go straight to the office. I'm absolutely confident action would be taken to sort things out." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints records and noted the registered manager had received four complaints during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Is the service well-led?

Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "It's all very well organised here. They have everything in hand" and a relative commented, "Everything runs very smoothly. The staff know what they are doing and are well informed."

All registered persons have a statutory duty to notify the commission without delay of specific events and incidents which occur in the service. However, we found that whilst the registered manager had liaised closely with the local authority's safeguarding team to investigate incidents in the home and had reported concerns as appropriate, the commission had not been notified of the incidents in line with the current regulations. We had also not been notified of events such as deaths which had occurred in the home.

This was a breach of regulation 18 The Care Quality Commission (Registration) Regulations 2009.

Whilst, the registered manager submitted all the outstanding notifications during the inspection, we have sent a letter reminding them of their responsibility to notify the Commission of events as outlined within regulations.

At the last inspection, we found there was a lack of effective systems to regularly assess and monitor the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We found people and their relatives were regularly asked for their views on the service. This was achieved by means of regular meetings, consultation exercises and an annual customer satisfaction survey. We saw minutes of the meetings during the visit and noted a range of topics had been discussed. Feedback had been given to people using the format "You said, We did." This helped to ensure people were aware of the action taken. The last annual satisfaction questionnaire had been distributed in October 2015. We looked at the results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "The staff are lovely" and a relative had written, "The staff are to be congratulated on their commitment to providing the best care experience for residents." An action plan had been developed in response to suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We saw completed audits during the inspection and noted action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager told us she was committed to continuously improving the service. She was supported in this by a senior manager, who visited the home at regular intervals. The registered manager described her achievements over the last 12 months as the provision of care for people returning to their own home after a stay in hospital, the introduction of the new support planning system and the redecoration of some areas of the home. She told us her key challenges and plans for improvement over the next 12 months included utilising the building in creative ways, for instance work had begun on a sensory room, increasing occupancy and developing the activities. This demonstrated the registered manager had a good understanding of the service and strove to make continual improvements.

Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "The manager responds well if there are any problems and she will do her best to settle things" and another staff member commented, "We have a good manager and management team they are always there if you want any help and they know the residents well." Staff said they felt they could raise any concerns or discuss people's care. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The registered manager also met with the Head of Service at an annual quality and development meeting. We saw a detailed action plan had been developed following the meeting, which the registered manager was working to; this included the development of areas of good practice. The action plan was being monitored by a senior manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission without delay of the following incidents: the death of a service user and any abuse or allegation of abuse in relation to a service user. Regulation 18(1)(2)(b)(i)(e).</p>