

BLHC Coote Lane Limited

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Inspection report

Coote Lane Residential Home
Coote Lane, Lostock Hall
Preston
Lancashire
PR5 5JE

Tel: 01772312152

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15 May 2017
16 May 2017

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14 June 2017

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection at BHLC Coote Lane Limited (referred to throughout the report as Coote Lane) on 15 and 16 May 2017. The first day of the inspection was unannounced.

Coote Lane is registered to provide personal care for up to 24 people. There were 23 people using the service at the time of this inspection. Accommodation is provided in single bedrooms, some with en-suite facilities, over two floors. A passenger lift is available to assist people to move freely around the home.

At our last comprehensive inspection on 19 October 2016 we found the provider was not meeting a number of regulations. We therefore asked the provider to take action in relation to person centred care, the need for consent, good governance and staff supervision. In addition, we issued a warning notice to help ensure people always received safe care and treatment.

Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. This inspection in May 2017 was undertaken to check whether the required improvements had been made.

There was a registered manager in place. They were also registered manager at another home owned by the provider in a different area of Lancashire. 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 some improvements had been made. However there were continuing shortfalls in relation to the way medicines were handled in the service and the lack of robust procedures to protect the rights of people who could not consent to their care in Coote Lane. You can see what action we told the provider to take at the back of the full version of the report.

We identified shortfalls in the management of medicines. This was because administration records did not provide evidence that people had always been given their medicines as prescribed. In addition, the use of prescribed creams was poorly documented, although there were no concerns regarding the skin integrity of anyone living in the home.

Although the registered manager had submitted DoLS applications for three people who used the service, they had failed to ensure that the necessary application was submitted for a person who was in receipt of one to one care and was unable to consent to these arrangements.

Risk assessments were in place in relation to the care people required. These had been regularly reviewed and updated to ensure they accurately reflected people's needs. We have recommended the provider ensure risk assessments are put in place in relation to the security of the building and the smoking area used

by people who used the service. We have also referred the matter regarding unsafe smoking practices to the fire authority.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. Regular checks were made to help ensure the safety of the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

People told us they felt safe in Coote Lane and that staff were kind and caring. People who used the service told us staff always respected their dignity and privacy. Staff were aware of the action to take should they witness or suspect abuse and were confident they would be listened to if they raised any concerns with the registered manager.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who had been safely recruited. Staff had received the essential training to enable them to deliver effective care, although the system to record when refresher training was due needed to be improved. We have recommended that the provider ensures that an accurate and up to date record is maintained of all training completed by staff.

Systems were in place to assess and monitor people's nutritional needs. People told us they were generally satisfied with the quality of food. People also told us they had the option to have something other than the main choices offered if these were not to their taste.

Interactions between staff and the people who used the service were warm, friendly and relaxed. The staff we spoke with had a good understanding of the care and support that people required. They told us they would always try and promote the independence of people who lived in the home. All the people spoken with confirmed staff would encourage them to do as much as they could for themselves.

Care records were personalised and written in a respectful manner. The support staff would offer to people to meet their needs was clearly documented. People who used the service told us they always received the care and support they needed. They told us they were involved in developing and reviewing their plans of care.

We saw that a programme of regular activities was provided to help maintain the well-being of people who used the service.

Staff told us they enjoyed working in Coote Lane and felt they were well supported by the registered manager. Staff told us they were able to make suggestions about how the service could be improved and that their views were always listened to. Records we reviewed confirmed regular staff meetings took place.

There were systems in place for receiving, handling and responding appropriately to complaints. All the people we spoke with during the inspection told us they would be confident that any concerns they reported would be listened to and action taken by the manager to resolve the matter.

Quality assurance processes had improved. However we have recommended the provider improves audit records to show what action has been taken to address identified shortfalls.

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 always safe.

Improvements needed to be made to the way medicines were managed in the service.

People were cared for by sufficient numbers of staff who knew the correct action to take if they witnessed or suspected abuse.

Risk assessments were in place and regularly reviewed in relation to the care people required. However some additional risk assessments needed to be completed in relation to fire safety and security of the building.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although staff had received training in MCA and DoLS, effective systems were not in place to identify and protect the rights of all people who were unable to consent to their care in Coote Lane.

Staff had received the necessary induction, training and supervision to enable them to be able to deliver effective care. However, systems needed to be improved in order to ensure staff were supported to keep their knowledge and skills up to date.

Systems were in place to help ensure people's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the kind and caring nature of staff. They told us staff always respected their dignity and privacy when providing care.

Staff demonstrated a commitment to providing high quality care. They had a good understanding of the needs of people who used the service.

Care records were stored securely to protect people's confidential information.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. People who used the service had been involved in developing and reviewing their own care plans.

A range of activities was provided to promote the well-being of people who used the service.

People were encouraged to provide feedback on the care they received in Coote Lane.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Some improvements had been made to the quality assurance processes in the home. However action plans from audits needed to be more robust in order to demonstrate what action had been taken to address identified shortfalls.

Staff enjoyed working in the home and felt they could put forward suggestions as to how the service could be improved.

People who used the service were aware of the registered manager and felt they could approach them with any concerns.

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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 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.

This inspection took place on 15 and 16 May 2017 and the first day was unannounced. The first day of the inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a full member of the inspection team and is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector carried out the second day of the inspection.

Before the inspection, we reviewed the information we held about the service, which included statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We also sought information from the local authority's contract monitoring team.

The provider had sent us a Provider Information Return (PIR) in January 2016. 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 had not asked the provider to submit an updated PIR. We also reviewed the action plan the provider had sent to us following the last inspection and used this information to inform the planning of the inspection and as evidence for the report.

During the inspection we spoke with 11 people who used the service and one visiting relative. We also spoke with the registered provider, the registered manager, four members of care staff, the maintenance person, the chef on duty and a visiting health professional.

We had a tour of the premises and carried out observations in the public areas of the service. We reviewed the care records for four people who used the service and the medicines administration records for a total of 13 people. In addition we looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, a sample of policies and procedures, meeting minutes

and records relating to the monitoring of the service provision.

Is the service safe?

Our findings

At our last inspection we found medicines were not always safely 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 some improvements had been made. All boxed or liquid medicines had been dated to confirm the date they were opened. Checks were now being made on the temperature of the fridge used to store some medicines administration records had not always been fully completed to confirm people had received their medicines as prescribed. Four of the eight medicine administration record (MAR) charts we reviewed had a number of missing signatures. In addition, six of the 13 topical cream charts we reviewed did not show that creams had always been administered as prescribed. However we were told that there were no concerns regarding the skin integrity of anyone in the home; this was confirmed by the visiting health professional we spoke with. We noted that the failure of staff to always fully complete MAR charts had been regularly raised during the medication audits undertaken by the registered manager. However, we were told that there was no system in place to regularly assess the competence of staff to administer medicines safely. The provider told us they would introduce this procedure as a matter of urgency.

Although there was a medication policy in place we found this lacked detail. It did not include guidance for staff on the ordering, storage or disposal of medicines. It also failed to provide staff with information about the action to take should people who used the service lack capacity to consent to taking their prescribed medicines. There was no one using the service at the time of this inspection to whom this applied.

There was a lack of a robust system in place for the safe handling of medicines. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found care and treatment was not provided in a safe way as risks to people's health and safety had not always been assessed. Where risks had been assessed, there were no clear records to show that all that was reasonably practicable had been done to mitigate those risks.

During this inspection we found the provider had taken appropriate action to address these concerns. Care records we reviewed contained risk assessments which had been regularly reviewed and updated, including those relating to the use of bedrails, nutrition, skin integrity and moving and handling. Risk management plans were in place to inform staff of the appropriate action to take in order to mitigate the identified risks.

All the people we spoke with who used the service told us they had no concerns about their safety in the home. Comments people made to us included, "Yes, I feel safe, very safe here", "I feel safe because I know [name of person] can't get to me" and "I don't have any worries about my safety here."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place; these provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding adults. They were able to describe the different types of abuse and

actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager or if necessary to the local authority. Our inspection of records showed the registered manager had taken the necessary action to ensure people were protected when it was identified that relatives or other people outside of the home might present a risk to the person's safety or well-being.

We found that recruitment processes were safe although there was no documented recruitment policy in place. We saw that all staff personnel files were well organised and provided a clear audit trail of the staff recruitment process. However, we noted the provider's application form only requested applicants to record their employment history for the previous 10 years rather than a complete history as required under current regulations. The provider told us they would amend the application form immediately to ensure this requirement was met. The three personnel files we reviewed all included a record of interview notes, two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People we spoke with told us there were enough people on duty, both day and night. Some people acknowledged that there might be pressure on staff presence occasionally, caused by several people needing support at the same time. Comments people made to us included, "If you need help in the middle of the night, you press the buzzer and somebody comes straight away", "On the odd occasion they're a bit short of staff but it doesn't affect people" and "I once used the buzzer because I had [medical need] when I was in bed. They did come quickly, yes." Our observations during the inspection showed staff were busy throughout both days but responded promptly to any requests people made for assistance.

The registered manager told us they had recently introduced an extra care staff member on the rota each morning; the intention of this additional resource was to free up staff time to complete care plans. The registered provider told us they intended to further review staffing levels following the completion of a dependency tool suggested to them by an external consultant they employed following the last inspection.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounges and dining room, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. Comments made to us included, "It is clean because it's done every day; it's [the home] well cared-for", "The cleaner's always in" and "Oh it's lovely. The cleaner's in every day." We noted some carpets in communal areas were worn in parts. The registered manager told us there was a refurbishment plan in place which included the replacement of some carpets and redecoration of the dining room area.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had recently completed fire marshalling training. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency. However, during the inspection we noted that some people were smoking at the external perimeter of a large garage which contained combustible material including paint, paper and chemicals. We have referred this matter to the local fire authority to ensure safe smoking practices are in place in the home.

We also saw that both staff and people who used the service accessed the building by way of an external fire door which was not secured during the day; this meant there was a risk that people's security in the building might be compromised. The registered manager told us there were no risk assessments in place to identify

how the risks we had identified should be managed.

We recommend the provider ensures all required risk assessments are in place to help ensure people's safety and security are protected.

Is the service effective?

Our findings

At the last inspection we found the provider did not have a system in place to assess whether people were able to consent to their care and treatment in Coote Lane; this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People can only be deprived of their liberty so that they can 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.

Our review of records showed the registered manager had submitted DoLS applications to the local authority for three people. However, we identified that one person was subject to one to one care throughout the day; this meant the person was likely to meet the criteria for a DoLS application in that they were under continuous supervision and control and were unable to consent to their care in Coote Lane. The registered manager told us they had not submitted a DoLS application for this person as they had understood it was being dealt with by a community based professional. We reminded the registered manager that it was their responsibility to ensure the rights of people accommodated in the care home were protected. They told us the required application would be submitted as a matter of urgency.

There was a failure to operate effective systems to protect the rights of people who were unable to consent to their care in Coote Lane. This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with confirmed they had received training in the MCA. They were able to tell us how they ensured that people were supported to make their own decisions and choices. Comments staff made to us included, "We always ask people. Where people are non-vocal we watch their body language to make sure they are happy with what we are doing; that's vital" and "We always ask people what they want us to do. Everything comes down to best interests if people can't make their own decisions."

Our observations during the inspection confirmed staff always asked people for permission before they offered any care. Comments we heard from staff included, "Would you like me to help you stand up" and "Where are you going? Shall I take you?"

Care records we reviewed included information about the decisions people were able to make for themselves and how staff should support this process. We noted that one person's records contained an

assessment which documented that it was in their best interests to have bed rails in place as they were unable to consent to this arrangement.

At our last inspection we identified that the provider needed to ensure staff had a regular structured, formal opportunity to discuss their practice and development

. Our review of records showed us a supervision matrix was now in place which recorded when individual staff had met with the registered manager for supervision. The staff personnel files we reviewed also contained evidence that supervision sessions had taken place. A standard supervision agenda was in place which covered topics including a review of the staff member's work performance as well as any training, development or personal needs.

Records we reviewed showed staff completed an induction when they started work at the service. This included health and safety, the care needs of people who lived in the home and expectations of staff. The chef we spoke with was the most recently appointed staff member in the home. They told us they had been given information about fire safety, safeguarding and whistleblowing during their induction.

All the staff we spoke with confirmed they had received training to help support them to deliver effective care. In addition to in-house training, staff were supported to complete nationally recognised qualifications including the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers are expected to adhere to in their daily working life. Comments staff made to us included, "We always have some form of training on the go. We are always looking to improve" and "I feel we get enough training. We have just done fire marshall training." The registered manager showed us a staff training matrix which had been put in place by the external consultant employed by the provider for a period following the last inspection. However, we noted that this did not make clear the intervals at which refresher training should be undertaken. We were also told it was not an up to date and accurate record of all the training staff had completed as it did not show that all staff had completed moving and handling training although the registered manager advised us this was the case. When we checked the national electronic system used by some care homes to record the training undertaken by staff we noted this showed 100% of staff at Coote Lane had completed moving and handling training.

We recommend that the provider ensures that an accurate and up to date record is maintained of all training completed by staff. A staff training matrix should also show the intervals at which training should be repeated in order to help ensure staff are supported to keep their skills and knowledge up to date.

At the last inspection we found there was a lack of appropriate documentation in care records for those people who were at risk of dehydration or malnutrition. During this inspection we found required improvements had been made. Systems were in place to assess and monitor people's nutritional needs. Where necessary referrals had been made to the person's GP in order to access specialist advice and support. We saw that any advice given had been incorporated into people's care records for staff to follow.

People told us they were generally satisfied with the quality of food provided in Coote Lane, although some felt the quality had fallen recently due to the changes in chefs. People also told us they had the option to have something other than the main choices offered if these were not to their taste. Comments people made to us included, "We get plenty on the plate, with all the necessities your body needs, carrots, broccoli and other vegetables", "It's all right. You get a good choice. You have a menu and you can pick out what you want. They feed you well", "It's all right. There's enough choice and it's adequate. They bring you snacks between meals too" and "I was a [name of previous chef] fan. This chef, I suppose they're all right but the last chef would come and ask you what you'd like; this one, you never see."

We observed the lunchtime experience on the first day of the inspection. We saw that the meals served were of good quality and were enjoyed by all the people we observed. None of the people we saw required assistance to eat but we saw staff provided gentle encouragement where necessary.

We found the kitchen was clean and tidy. The service had received a 5 rating from the national food hygiene rating scheme in October 2016 which meant they followed safe food storage and preparation practices.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff told us they attended handover meetings at the start of each shift. We saw that handover records contained a summary of each person's current needs as well as the tasks allocated to particular staff members.

Records showed people were registered with a GP and received care and support from relevant professionals. We spoke with a visiting healthcare professional during the inspection who told us, "People get good care here; it's one of the better homes I visit. Staff are good at taking my advice on board."

Is the service caring?

Our findings

We observed that staff interactions with people who used the service were consistently kind and caring. Staff were also respectful of people's dignity and privacy when they provided care. Comments people made to us about the attitude and approach of staff included, "Yes, they're all right; very helpful", "They're lovely and they say things like 'You've done your hair nicely today; you're looking very well today'" and "On the whole, they're excellent here and respectful." One person told us how they felt a staff member had gone the extra mile by taking the time, on their day off, to help them get ready for a family wedding.

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The registered manager and staff we spoke with clearly demonstrated they knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. One staff member told us, "Staff will go the extra mile to get what people want. We treat everyone like part of our own family." Another staff member commented, "People get good care here. We respect people's preferences; I think that's really important."

We saw that people were supported to express their views about the care they needed. One of the care records we reviewed had been written independently by the person concerned.

Staff told us they would always support people to be as independent as possible. One staff member commented, "You get to know people and what they are capable of doing. We try to encourage that as much as possible." This approach was confirmed by people who used the service. Comments people made to us included, "Staff encourage me to use the walker", "I get myself dressed. It takes me a long time to do it but I can do it" and "It [independence] has been built up over time as I have improved. They've helped me with that."

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. We were told there were no restrictions on visitors. A relative told us they were always made welcome by staff.

We spoke with the registered manager about access to advocacy services should people require independent support to express their views about the care they received. They told us they were aware of how to contact advocacy services although this information was not on display for people to use; we noted this had been rectified before the end of the inspection.

None of the people living in the home at the time of this inspection were receiving end of life care. The registered manager told us some staff had completed 'Six Steps' training; this programme aims to improve the care and support people receive at the end of their lives.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

At our last inspection we found that people's care plans did not provide sufficient detail to give staff the information they needed to deliver personalised care and support that was consistent and responsive to their individual needs; this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the required improvements had been made.

All the care records we reviewed were personalised and respectfully written. The records provided information about the support staff would offer to people to help ensure their individual needs were appropriately met. We also noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene, skin integrity and nutritional intake. This helped to demonstrate that people had received the care they required.

People we spoke with told us always received the support they needed. One person commented, "I'm all right here – happy and pampered."

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. They told us they always completed a detailed assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff.

We saw that the completed pre-admission assessment was used to develop person-centred care plans and risk assessments. These included information about people's needs in relation to personal care, mobility, health conditions, communication, medication, skin care and eating and drinking. The records we looked at provided sufficient information to guide staff on how to respond to people's individual needs. All the staff we spoke with confirmed they would regularly check care plans to ensure they were an accurate reflection of people's needs. They told us they would bring any changes they felt were required to the attention of the registered manager who would undertake an immediate review with the person concerned. One staff member commented, "We read care plans to see what people's individual needs are."

Care records we looked at had been regularly reviewed. One staff member told us, "We have been sitting with people to discuss if they are getting the care they want. We have tried to make care plans more person-centred." People we spoke with confirmed they had been involved in developing and reviewing their care plans. Comments people made to us included, "Yes. [Name] is my key worker and drew up my care plan in consultation with me", "Yes [name of staff member] does my care plan and comes to check with me if there's anything I want to say" and "I read my care file. I am happy with what's in it. They [staff] do a good job."

We looked at the opportunities available for people to participate in activities. We looked at the log of recent activities which had taken place and noted these included arts and crafts, quizzes as well as reminiscence sessions provided by volunteers from a local museum. We saw that the provider also subscribed to the 'Weekly Sparkle'; this is a reminiscence and activity tool which can be used by care staff to engage people in

discussions. The log of activities we reviewed showed this was used on a regular basis in the home.

Most people we spoke with told us they were aware of the activities provided by the home although not all chose to take part. Some people told us they would like to be able to take organised day trips with staff from the home and had made this request at a recent residents meeting. Notes we reviewed from this meeting confirmed this was the case. The registered manager told us that as yet no trips had been organised for people to attend.

We looked at the systems in place to enable people to provide feedback on the care they received in Coote Lane. We noted that the complaints procedure was on display in people's rooms. This provided information about the response people could expect to receive should they raise any concerns. All the people we spoke with told us they would feel confident to raise any complaints they might have with the registered manager and were confident they would be listened to and their concerns taken seriously. Comments people made included, "If I had any complaint, which I haven't had yet, I'd just see [name of registered manager]", "There's a thing in my room that says if you're not satisfied tell them and they'll take it to the commission" and "I've seen one [complaints procedure] downstairs by the entrance, but if it was something I'd seen that I didn't agree with, I'd know to report it to someone anyway." We also noted the registered manager had placed a suggestions box in the entrance to the home for people to be able to comment anonymously if necessary on the care they received.

The registered manager showed us the log of complaints received in the home. We noted there had only been one minor complaint received since the last inspection and that appropriate action had been taken to resolve the matter.

Records we reviewed showed the registered manager held regular resident meetings which afforded people the opportunity to comment on the care they received. Minutes from the most recent meeting held in March 2017 showed that people had asked for some minor improvements to be made to the premises. The provider told us these improvements would be carried out within the next few weeks when a full time maintenance person was in post.

Is the service well-led?

Our findings

At the last inspection we found systems in place for quality assurance at the service were not effective and were not taking place frequently; this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found some improvements had been made.

A regular plan of audits was in place; these included infection control, safeguarding, care plans, complaints and those relating to the environment. We noted that shortfalls had been identified and required actions documented. However, it was not always possible to determine if these required actions had been completed. We noted that some audits, particularly those relating to the administration of medicines, identified the same shortfalls in consecutive months. The registered manager told us they had worked hard to try and ensure staff responsible for administering medicines always fully completed MAR charts to provide a record of their actions. However they acknowledged similar mistakes continued to occur, as found during this inspection. It was not clear from the records or our discussions with the registered manager what consideration they had given to what additional training, support or performance management measures were required to address the identified shortfalls.

We recommend that the provider improves audit records to show what action has been taken to address identified shortfalls.

At our last inspection we found the registered manager had not ensured that details of allegations of abuse were sent to the CQC as they were required to do. This meant that we were not always made aware of the actions taken by the registered manager to protect people who used the service from abuse. Our review of CQC records prior to the inspection showed required notifications had been submitted. Records we looked at during the inspection showed the registered manager had taken appropriate action to protect people who used the service.

Although there was a registered manager in place at the service, they were also registered as manager at another home owned by the provider in a different area of Lancashire. They told us this, as well as the fact that they often had to provide direct care to people due to staffing difficulties, had impacted on their day to day management of the home. We discussed this with the registered provider who told us they had tried unsuccessfully to recruit a deputy manager to the home to support the registered manager in the day to day running of the service. They told us they were hopeful that a recently appointed staff member might be willing to take on this role in the future.

The registered manager told us they key achievements since the last inspection was the improvements in care records and the audit processes. They told us the provider was very supportive and had employed an external consultant for a period following the last inspection in order to help address the shortfalls identified. They told us this support was no longer in place although they would have liked it to continue for longer to help ensure improvements were fully embedded.

We asked the registered manager about any satisfaction surveys distributed to people who used the service or other stakeholders. They showed us a survey which had been recently developed by the provider but had not yet been distributed. We were told no satisfaction surveys had been distributed for the past four years. However the provider told us and records confirmed that they met regularly with people who used the service during their quality assurance visits to the home. They told us the survey would be distributed by the end of the week following our inspection.

During the inspection we noted the registered manager was visible and active within the home. They were observed to interact warmly and professionally with people who used the service and staff. They also responded promptly to requests people made to discuss issues of concern they had.

Staff told us they enjoyed working at Coote Lane and felt confident in the management of the home. They told us all staff were treated fairly. One member of staff commented, "The registered manager is really good. She is very approachable and has helped me with personal issues." Staff also told us they would feel happy for a member of their family to be cared for in the home. One staff member told us, "I have recommended the home to family but we are nearly always full."

We saw that staff meetings had been held within the service. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member commented, "We can put our views forward during staff meetings. We asked for extra staff and this has been put in place. If we want anything such as new equipment, we get it straight away." Another staff member told us, "We can say whatever we want during staff meetings. The comments box can also be used by staff as well as residents."

People who used the service were aware of the identity of the registered manager and confirmed they felt able to talk to them and found them approachable and responsive. Comments people made to us included, "I know [registered manager] and they are approachable" and "A very capable person and I respect them; they listen to you."

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to always act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)