Lancashire County Council

Olive House 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?	Good

Summary of findings

Overall summary

We carried out an inspection of Olive House Home for Older People on 31 January and 1 February 2017. The first day was unannounced.

Olive House Home for Older People is registered to provide accommodation and personal care for up to 44 older people. Accommodation is divided into three areas: Balmoral Manor which provides care for people living with a dementia, Kensington Manor which provides people with personal care and Sandringham Manor which provides rehabilitative care to help people learn or relearn skills necessary for daily living. There were 39 people accommodated in the home at the time of the visit.

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 5 and 6 November 2014 we asked the provider to make improvements to the management of medicines, the maintenance of records 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 improvements had been made in order to meet the regulations.

People living in the home said they felt safe and staff treated them well. There were sufficient staff deployed in the home to meet people's care and support needs. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risks associated with people's care were identified and assessed. 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 according to the records seen people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme 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 support people to have a varied and healthy diet. 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 had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines when they needed them and as prescribed.

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 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.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and

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 care plan. People had been involved in the care planning process and were familiar with the contents of their plan.

People were provided with a range of social activities.

People and their relatives 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?

Good

The service was well led.

There was a quality assurance programme in place to ensure the service was monitored. Feedback on the running of the home was obtained from people, their relatives and staff on a regular basis.

Olive House 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 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 31 January and 1 February 2017 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. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider sent us 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 used all this information to decide which areas to focus on during our inspection.

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, six care staff, eight people living in the home and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us. We also spoke with a healthcare professional and discussed our findings with a senior operations manager. Following the inspection we spoke with an additional two members of staff.

We spent time looking at a range of records including five people's care plans and other associated documentation, two staff recruitment files, staff training records, the staff rota, 12 medicines administration records, the controlled drugs register, complaints records, meeting minutes, a sample of policies and

procedures and quality assurance records.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "The staff make sure I'm safe at all times. I need help standing up, so if I try to get up they seem to appear from nowhere!" and another person commented, "I feel very safe. The staff are so kind and they really look after all of us." Relatives spoken with also expressed satisfaction with the service. One relative said, "I think the staff look after [family member] very well. I've no complaints or concerns."

At the last inspection, we found the provider's arrangements for managing medicines did not protect people against the risks associated with medicines. 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 action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People were satisfied with the way their medicines were managed and were supported to administer their own medicines wherever possible. One person living on Sandringham Manor told us, "They have helped me over time and now I can look after my own tablets. They just make sure I've taken them now." 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 set of policies and procedures which were readily available for reference. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medication.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well presented and organised. Since our last visit, the storage of medicines had been moved to locked cupboards in people's bedrooms on two areas. We noted there were appropriate records in place for the application of prescribed creams and there was guidance for staff on the administration of variable dose and medicines prescribed "as necessary".

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate safeguarding policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. 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 report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with.

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.

We saw from the staff training records that all staff had completed safeguarding training when they began working for the service. Established staff completed refresher training every year and safeguarding procedures were discussed regularly during individual supervision and group meetings. This helped staff to make the correct response in the event of an alert. Our records showed the registered manager was aware of her responsibilities and had reported any safeguarding concerns appropriately to the local authority.

Risks to individuals and the service were managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been developed 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, falls, tissue viability and malnutrition and dehydration. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to reduce risks. Staff were observed supporting people to move safely, for instance we saw staff assisting a person to move using a hoist and noted they gave the person reassurance throughout the manoeuvre.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls and the use of equipment and hazardous substances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, hoists, wheelchairs and assisted baths. The provider had systems in place for maintenance and repairs to the building.

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.

Following an accident or an incident, a form was completed and details were entered onto an electronic database. All forms were seen by the registered manager and referrals were made as appropriate, for example to the falls team. Staff monitored the health and well-being of all people who had sustained an accident for a minimum of 24 hours and we saw completed monitoring forms following falls during the inspection. The registered manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item. However, at the time of the inspection the registered manager had not carried out a formal analysis of the data in order to identify any patterns or trends. The registered manager offered to carry out an analysis immediately and sent us a copy of the results the day following the inspection.

People told us there were sufficient staff available to help them when they needed assistance. One person told us, "There are usually enough staff and I never have to wait long for help. This morning a member of staff had to go home, but everything was explained to us so we fully understood the situation." 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 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 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 application forms 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. All records seen met the current regulatory requirements. This meant the provider had taken appropriate steps to ensure only suitable staff were employed to work in the home.

Good

Is the service effective?

Our findings

People and their relatives told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "I really can't fault the staff. They truly make this home excellent" and another person said, "The staff are very knowledgeable and help me all they can." We noted many of the staff spoken with had worked in the home for many years and they had a good knowledge of people's needs and preferences.

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, mandatory training and where appropriate the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adults procedures.

There was an ongoing programme of training available for all staff, which included safeguarding vulnerable adults, 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 their training was beneficial and relevant to their role.

Staff spoken with told us they were provided with one to one and group supervisions with their line manager and the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager explained an action plan was in place to ensure staff were offered the required number of supervisions and an annual appraisal of their work performance in line with the provider's policy and procedures. We noted staff were invited to attend regular meetings and told us they could add to the agenda items. We saw detailed minutes of the staff meetings during the inspection and noted a broad range of topics had been discussed.

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. We observed staff spoke with people and gained their consent before providing support or assistance. We saw people had signed a form to give their consent to their care being provided in line with their care plan and where necessary staff assisting with their medicines. People spoken with confirmed they were involved in all aspects of their care and support and were given the opportunity to attend review meetings.

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 14 applications to the local authority for consideration, one of the applications had been authorised. We noted the authorised DoLS was referred to in the person's care plan and guidance was included about supporting the person in the least restrictive way. This ensured that people were not unlawfully restricted.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is very good. If you have any special requests they will do they best to make it for you" and another person told us, "The food is really nice, I never leave very much." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits.

Weekly menus were planned and rotated every three weeks and were flexible to take account of people's choices. We noted information about the meals was displayed in each area of the home. 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. 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. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified. Special diets were fully catered for by the catering staff.

People were supported to maintain good health and had access to health care support. People were referred to appropriate health professionals were there were concerns. 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 looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, physiotherapists, occupational therapists and speech and

language therapists. We noted an advanced nurse practitioner visited the home on a daily basis. People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. 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 other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "I call the staff 'little angels', they are so dedicated and kind" and another person commented, "The staff are all very caring. I haven't met one who isn't." Relatives also gave us positive feedback about the service. One relative said, "The staff are definitely caring. My [family member] was unwell recently and they really looked after them."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed all areas had a friendly and welcoming atmosphere throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. At lunch time we saw that staff sat and spoke with people. Staff assisted people and ensured they were using their mobility aids safely. Staff spoken with understood their role in providing people with compassionate care and support.

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. We noted there was information available in people's bedrooms about their keyworker and what the role entailed. People were familiar with their keyworker and confirmed they had spent time with them. One person told us, "My keyworker helped me to attend an important occasion on her day off. She was marvellous and I couldn't have gone without her." We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit, what they wanted to eat and how they wished to spend their time.

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's privacy and dignity was respected. Each person had a single room which was fitted with an appropriate lock. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. 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. There was also information on these issues in the service user's guide. We noted there was a copy of the guide in each area of the home along with relevant posters and information leaflets.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were supported to maintain their mobility and where appropriate people were assisted to self-administer their own medicines. One person said, "The staff really help me with my exercises and I'm doing very well with my walking." Staff understood the importance of maintaining people's independence, for instance one member of staff told us, "People need to stay as independent as possible as it is so much better for their well-being."

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 saw the staff working on Balmoral Manor had made some imaginative adaptations to a quiet area of the living room. One person living in this area told us how much she enjoyed sitting in this part of the lounge. There were also memory boxes outside bedrooms on Balmoral Manor. These included photographs and memorabilia, which had been chosen by the person as something they related to. For example, some people had a photograph of themselves or others had a picture with a family member. We noted some bedroom doors had been professionally covered with a picture of a front door. This promoted good dementia care and enabled people to orient themselves so they were not always dependent upon staff.

People were encouraged to express their views by means of daily conversations, residents meetings, care plan reviews and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them 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, including the meals and activities.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "Thank you so much to everybody at Olive House for the love and care you gave to [family member]."

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "The staff can't do enough for you. If you ask them something and they don't know the answer, they will always go and ask somebody else" and another person commented, "The staff will do anything for you and they always do it cheerfully." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "I think the staff do a good job of meeting [family member's] needs. I find them all friendly and approachable."

At the last inspection, we found the provider had failed to maintain an accurate and up to date record of people's care. This was a breach of Regulation 20 (1) (a) 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 action they intended to take to improve the service. During this inspection, we found some improvements had been made.

We found all people had appropriate care plans and risk assessments living on Sandringham Manor, however, we noted one person living on Balmoral Manor did not have a care plan on their personal file. We discussed this situation with the registered manager who made immediate arrangements to develop the plan. We saw the completed care plan on the second day of the inspection.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. The pre admission assessments for people admitted to Sandringham Manor were carried out by the social work team and staff from the home gained additional information over the telephone from healthcare professionals. All other documentation was completed with the person when they arrived at the home.

During the inspection, we looked at five people's care plans and other associated documentation. We noted the provider had recently introduced a new integrated computer based assessment and care 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.

All people had a new style care plan, which was supported 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 and 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.

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 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. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date.

People confirmed they had been involved in the development of their care plan and we noted many people had signed their reviews to indicate their participation and agreement. One person told us, "The staff read my care plan out loud and asked me if I wanted to change anything." A relative also confirmed they had been consulted about their family member's care. The relative said, "The staff are very good and they keep me up to date with the slightest concern."

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.

People had access to various activities and told us there were things to do to occupy their time. The provider had recently employed an activities care assistant and we noted a schedule of activities was posted on the wall in each area of the home. The activities included skittles, manicures and hand massages, armchair exercises, quizzes and one to one activities. On the first day of the inspection, we observed people playing bingo. The registered manager explained she had developed links with a local charity bus and people had enjoyed several trips out of the home. These included trips to Blackpool illuminations, restaurants and nearby theatres. People living in the home told us they were looking forward to a forthcoming trip to a musical.

We looked at how the service managed complaints. People and their relatives 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. Staff confirmed they knew what action to take should someone in their care want to make a complaint. One relative told us, "If I had a concern I would be happy to speak out. I sure they would do their best to sort the situation."

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.

Good

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the home. One person told us, "In my opinion the home runs very smoothly" and another person commented, "The home is managed well and the staff seem to work well together." A relative spoken with also told us, "Everything is pretty well run."

At the last inspection, we found the provider had failed to operate an effective quality assurance system. This is a breach of Regulation 10 (1) and (2) 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 action they intended to take to improve the service. During this inspection, we found some improvements had been made.

Whilst we found an analysis had not been carried out of the accidents and incidents and the satisfaction questionnaires completed by people leaving Sandringham Manor, the registered manager made immediate arrangements to complete this work. We received an analysis of the accidents and questionnaires following the inspection. The registered manager also gave us assurances that systems would be put in place to ensure the analyses would be carried out a regular ongoing basis.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff supervision and 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.

We found people and their relatives were regularly asked for their views on the service. This was achieved by means of regular meetings and consultation exercises. The registered manager explained the annual satisfaction questionnaire was organised by the provider and had not been distributed during 2016. However, we looked at a sample of returned questionnaires completed when people left Sandringham Manor. We noted people had made positive comments about the service.

Relatives were invited to a family meeting every three months. The registered manager had also started to hold a steering group every six months. The group was open to people, their relatives and staff and provided a forum for discussion about the operation of the home.

The registered manager told us she was committed to improving the service. She was supported in this by a senior operations manager, who often visited the home at regular intervals. The registered manager described her key achievements over the last 12 months as improving people's mealtime experiences, increasing the type and frequency of activities and accessing a bus to enable people to go on trips. The registered manager told us her planned improvements included finishing the reminiscence area, improving the outdoor space on Balmoral Manor and installing a bar on Kensington Manor. The registered manager

had also set out planned improvements for the service in the Provider Information Return.

Since our last inspection, the office had been moved into the day centre building adjoining the home. The registered manager and the management team operated an open door policy to encourage people, their relatives and staff to access the office at any time. During the inspection, the majority of the staff spoken with felt the registered manager and management team did not always fully support them in their role. However, not all staff shared this view and we spoke with two staff following the inspection who told us the registered manager and the other managers were approachable and supportive. We noted there were various mechanisms and systems in place to enable the staff to express their ongoing views about the service.

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 senior operations manager carried out at least one unannounced visit to the home each month and completed a report of their findings. We saw copies of the reports during the inspection and noted feedback had been sought from people living in the home and members of staff.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.