Prime Care Homes Limited

Clitheroe

Inspection report

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Clitheroe
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of Clitheroe on 17 and 18 October 2017. The first day of the inspection was unannounced.

Clitheroe is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clitheroe accommodates up to 28 people in one adapted building who receive personal care. At the time of this inspection there were 20 people living at the home.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The previous registered manager had left on 14 April 2017 and a new manager had been in post since 23 April 2017. The manager advised that she planned to submit an application to CQC to become the registered manager for the service.

During a previous inspection on 5, 6 and 13 July 2016, we found a breach of the regulations relating to staffing levels at the home. We carried out a follow up inspection on 12 January 2017 and found that improvements had been made and the provider was meeting the regulation. During this inspection we found that all regulations were being met. However, we found that some staff had not received Mental Capacity Act 2005 training and a Deprivation of Liberty Safeguards application had not been submitted to the local authority in respect of one person who lived at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. However, we found the staff we spoke with lacked a clear understanding of the main principles of the MCA and some told us they had not received MCA training.

We found appropriate policies and procedures in place for the safe management of people's medicines and people told us they received their medicines when they should.

People told us they received safe care. Most people and their relatives that we spoke with were happy with staffing levels at the home. Staff felt that staffing levels were appropriate to meet people's needs.

People who lived at the home liked the staff who supported them and felt that staff had the knowledge and skills to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and were clear about the action to take if they suspected abusive practice was

taking place.

We found that people's risks were assessed and managed appropriately. Care plans and risk assessments were updated when people's needs changed. This meant that staff had up to date information to ensure they were managing people's needs and risks effectively.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us the manager was approachable and they felt well supported by her.

People were happy with quality of the meals provided and told us they had lots of choice at mealtimes. We saw evidence of this during our inspection.

People received support with their healthcare needs and were referred to a variety of community healthcare professionals where appropriate.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in activities inside and outside the home. People who lived at the home were happy with the activities available.

We saw evidence that the manager requested feedback about the service from people who lived at the home and acted on the feedback received.

People who lived at the home and their relatives told us the home was well managed. They felt that the staff and the manager were approachable. Staff told us they felt standards of care at the home had improved since the arrival of the new manager.

The manager regularly audited many aspects of the service and shared the outcomes of audits with the provider. We found that the audits completed were effective in ensuring that appropriate standards of care and safety were maintained at the home.

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.

The manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines. People told us they received their medicines when they should.

Most people who lived at the home and their relatives were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

People's risks had been assessed and were managed appropriately. Care records were updated when people's risks changed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe. However, one application had not yet been completed. The manager submitted the application shortly after our inspection.

The staff we spoke with did not have a clear understanding of the Mental Capacity Act 2005 and not all staff had completed MCA training.

Staff received an appropriate induction and regular supervision which enabled them to meet people's needs. People felt that staff were competent and could support them effectively.

People were supported appropriately with their healthcare and nutrition and hydration needs. People were referred appropriately to community healthcare professionals.

Is the service caring?

Good

The service was caring.

People liked the staff who supported them and told us staff were caring. We observed staff treating people with kindness and respect.

People told us staff respected their right to privacy and dignity and we saw examples of this during out inspection.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Appropriate action was taken in response to people's changing needs and risks. Care records were updated to reflect these changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

People were supported by staff to take part in activities inside and outside the home. People who lived at the home and their relatives were happy with the activities available.

The manager sought feedback from people who lived at the home and their relatives and used the feedback received to improve the service.

Is the service well-led?

Good

The service was well-led.

The service had a manager in post who was responsible for the day to day running of the home. The manager had submitted an application to register with CQC. People who lived at the home and staff felt the home was well managed.

Regular staff meetings took place and staff felt able to raise any concerns with the manager.

The manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were maintained at the home.

Clitheroe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 17 and 18 October 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports.

As part of the inspection we contacted three community healthcare professionals who were involved with the service for their comments, including a community psychiatric nurse, a district nurse and a phlebotomist. None of the agencies we contacted expressed any concerns about the service. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the home and five visitors. We spoke with three care staff, the cook and the manager. We observed staff providing care and support to people over the two days of the inspection. We reviewed in detail the care records of three people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits that had been completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe there. Comments included, "I feel safe because when I ring the buzzer they're always there", "I feel safe with my stick walking around the home" and, "It's definitely safe. We're well looked after. They've put a pressure mat by my bed".

We looked at how risks to people's health and wellbeing were managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. Information in people's care plans and risk assessments had been updated regularly or when people's needs had changed and their risks increased. Appropriate action had been taken to manage people's risks, including referrals to local community healthcare agencies. Records had been kept in relation to accidents that had taken place at the service, including falls.

We looked at staffing arrangements at the home. Most people felt that there were enough staff on duty to meet their needs. One person told us, "Yes, there are enough staff. They have had agency staff more recently now and again". Most relatives we spoke with also felt that there were enough staff on duty to meet people's needs.

All of the staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. Comments included, "The minimum staffing levels are usually met. [Manager] provides support when we're short. She doesn't let us struggle", "Staffing levels are much better than they were. We don't use agency staff much anymore. They're not really needed. We have a more stable staff group" and, "Staffing levels are fine. They're much better now".

We reviewed the staffing rotas for three weeks including the week of our inspection and noted that the staffing levels set by the service had been met on most occasions. We saw evidence that the manager had provided care when staff had phoned in sick at short notice. The manager told us that agency staff were sometimes used to cover night shifts but they always worked with a permanent member of night staff. This was confirmed in the rotas we reviewed. She told us the service was currently recruiting for night staff.

The home had a medicines policy which included information for staff about administration, storage, disposal, PRN (as needed) medicines and record keeping. Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

Medicines were administered by senior care staff and the manager. Records showed that all staff who administered medicines had completed up to date training in the safe administration of medicines. We found evidence that staff competence to administer medicines safely had been assessed and the staff we spoke with confirmed this to be the case. We looked at the medicines administration records (MARs) for people living at the home and noted that they had been completed appropriately by staff. We observed a member of staff administering medicines and saw that this was done in a safe way.

Medicines audits had been completed by the manager bi-monthly to review the completion of MARs and the quantities of medicines in stock. We noted that action plans were in place where improvements were needed. The people we spoke with told us they received their medicines when they should.

We looked at staff training and found that all staff at the home had completed training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed the training. They understood how to recognise abuse and were clear about the action to take if they suspected abusive practice was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and staff responsibilities. Contact details for the local authority safeguarding vulnerable adults team were included. The most up to date guidance from the local safeguarding adults board was also available for staff to refer to. We found evidence that safeguarding concerns had been managed appropriately and reported to the local authority and CQC appropriately.

Records showed that all care staff had completed moving and handling training. The manager told us that she regularly observed staff moving people and checked they did this safely but did not document it. She told us she would record this in future. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

Verbal and written information was handed over between staff prior to shift changes. We reviewed handover information and noted that it included information about people's personal care, mood, pain, food and fluids, sleep, trips out, changes in medication and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff. This helped to ensure all staff were aware of any changes in people's risks or needs. Staff told us that any changes in people's needs or risks were shared during handovers and they felt that communication between staff about any changes was good.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home. We noted that on two of the application forms, the staff members' previous employment dates were not specific. We discussed this with the manager who assured us that more specific information would be requested in future.

We looked at the arrangements for keeping the service clean and protecting people from the risks associated with poor infection control. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We noticed an odour in the entrance area on the first day of our inspection and discussed this with the manager. She arranged for it to be cleaned and advised that the flooring was due to be replaced shortly. Quotes for new flooring had been obtained and a date was being arranged for it to be fitted. On subsequent walks around the home, no odour was present.

People told us the home was kept clean. Comments included, "My bedroom and the home are clean", "It's clean. The bedding's clean, no complaints" and, "It's very clean, especially my bedroom". Records showed that the home had received a Food Hygiene Rating Score of five (very good) in February 2017.

Records showed that environmental risk assessments had been completed and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of

pneumonia. Records showed that a fire risk assessment had been completed by Lancashire Fire and Rescue Service in May 2017 when the service had demonstrated adequate safety. We saw evidence that the recommendation made had been actioned. Fire equipment including the alarm, fire extinguishers and emergency lighting were inspected regularly and fire drills took place regularly.

Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested regularly. Gas and electrical appliances were also tested regularly. There were emergency evacuation plans in place for people who lived at the home and all staff had completed fire safety training. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity, water, heating, electronic systems or was disrupted due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that some DoLS applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. However, an application for one person had not been completed. We discussed this with the manager who arranged for the necessary application to be completed shortly after our inspection.

The staff we spoke with lacked a clear understanding of the main principles of the MCA and some told us they had not received MCA training. However, staff knew which people living at the home would not be safe to leave the premises unsupervised. Following our inspection the manager advised that MCA training had been arranged for all staff in conjunction with the local community mental health team.

During our inspection we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines, supporting people with their meals or with moving around the home. We noted that care plans documented people's likes and dislikes, as well as their needs and how they should be met. We observed staff supporting people sensitively and offering reassurance when people were upset or confused. We found that where people were unable to make decisions about their care, their relatives had been consulted.

People who lived at the home told us they were happy with the care they received and the staff who supported them. Comments included, "I don't see them [staff] dropping any clangers. They can transfer people okay from chairs to wheelchairs. They're very professional. I was very ill when I first came here and I'm fit as a fiddle now", "They seem wonderful for their young age. They seem very good. They're very pleasant" and, "Staff know what they are doing". Visitors' comments included, "They're well trained" and "Staff are very nice when they speak to people. They're very caring, smiley, attentive to residents and competent". Another relative felt that there were some good staff but some were not well trained.

Records showed that staff completed an induction programme when they joined the service which included fire safety, health and safety, infection control, moving and handling, record keeping, safeguarding and practical tasks such as proving personal care and moving and handling. The staff we spoke with told us they had received an effective induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure

staff could provide safe care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that in addition to the training mentioned previously, most staff had completed training in health and safety, first aid, infection control and food hygiene. This helped to ensure that staff were able to meet the needs of people living at the home.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included staff members' strengths, weaknesses, achievements, training needed and any suggestions for improvement. Records showed that staff received annual appraisals of their performance and were able to raise concerns and make suggestions.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency.

We looked at how people were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. Comments included, "The meals are fantastic. Sometimes there's too much food and people get over faced. There's choice. Someone comes around an hour before to see what you want. It's a pleasant experience, no one complains. They encourage people to eat" and, "The food is absolutely wonderful, it's five star and the staff are five star as well". People told us they could have something to eat or drink whenever they wanted to. Relatives were happy with the meals provided at the home and the support people received with nutrition. They told us, "The food is satisfactory. [My relative] can have breakfast when she feels like it" and, "They get good food. They can have a brew when they want during the day".

We observed lunch taking place on the first day of the inspection. We saw that dining tables were set with table cloths, cutlery, napkins and condiments. We noted that some of the crockery needed to be replaced. The manager told us that this was planned for the near future. The meals looked appetising and hot and were homemade. The atmosphere in the dining room was relaxed. We saw staff supporting people sensitively with their meals and encouraging people to be independent when appropriate. We noted that people were able to have their meal in the lounge or their room if they preferred to. Menus were displayed which helped to ensure that people were aware of the choices available at mealtimes.

A nutritional risk assessment had been completed for each person living at the home and each person had a care plan in place relating to their diet, food and weight. People's weight was recorded regularly and professional advice and support, such as referral to a GP or dietician, had been sought when there were concerns about people's weight loss or nutritional needs. We spoke with the cook who had been working at the service for two weeks. She was aware of most people's special dietary requirements, such as people who were diabetic or required a soft diet. However, she was not aware of one's person's dietary requirements. We discussed this with the manager who addressed the issue immediately.

We looked at how people were supported with their health needs. People told us staff made sure their health needs were met and they could see a doctor if they needed to. Comments included, "They get the doctor out if need be and take me down to the dentist", "The doctor comes out to see me when I need him" and "They got the doctor out to see me, not serious, no need to go to hospital. I got some antibiotics".

We saw evidence that people had been referred to a variety of health care agencies including GPs, podiatrists, district nurses, occupational therapy services and the community mental health team. Healthcare appointments and visits were documented in people's care records.

We did not receive a response from the three community healthcare professionals we contacted for feedback about the care provided at the home. However, the manager showed us a satisfaction survey that had been issued to community healthcare professionals in July 2017. We noted that six professionals had responded and had provided positive feedback about most aspects of the service. Comments included, "Since [manager] has taken over the care and management of the home, the standards have gone up significantly", "The manager is very caring and always willing to discuss service users' needs" and, "Service users always seem happy. Staff and management are very helpful, pleasant and assertive".

During our inspection we found the home environment to be appropriate for people's needs. All areas we visited were clean, warm and bright and people looked relaxed and comfortable. Aids and adaptations, such as walking frames, had been provided to help maintain people's safety and independence and a lift was available for people to access rooms on the upper floors.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them. Comments included, "Wonderful staff, very friendly, as good as I'm going to get anywhere", "I like all the staff. We can have a laugh and a bit of fun with them" and, "I like the staff, I like everything here. They know me". People told us staff were caring. One person commented, "The staff are very caring. They're wonderful, very patient". Most relatives we spoke with also felt that staff were caring and kind. One relative told us, "Everybody is kind and caring here. [My relative] is well looked after". Another relative told us, "The staff are very caring. I can't fault them. I can't fault anything. Staff are very patient with [my relative]".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. When people were upset or confused staff reassured them sensitively. The atmosphere in the home was relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us their care needs had been discussed with them and they could make choices about their everyday lives, such as where they spent their time and what activities they took part in. One person commented, "I lie in bed sometimes. They [staff] say 'Do you want to get up now or later?'". People told us they had choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home. Staff did not rush them.

People told us staff respected their right to privacy and dignity. We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care and support, such as administering medicines.

People told us they were encouraged to be independent. One person commented, "They leave me to do whatever I can for myself. Sometimes I'm tired. They notice and say 'why not go to bed for an hour'. They can see how I am". Another person told us, "You can move around when you want. I go for a walk because I stiffen up". We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted crockery. Staff understood the importance of encouraging people to be independent and could give examples of how they did this.

We looked at arrangements for supporting people with their personal care. People who lived at the home told us they received support with their personal care regularly. One person commented, "They help me get dressed. I have a shower once a week. They're very respectful, they ask for my consent. They should all have halos around their heads". Relatives told us they were happy with the personal care and support their family members received. Comments included, "Everybody's kept clean here. [My relative] always has clean clothes on. They're well looked after" and, "[My relative] always has clean clothes on and wears different things". During our inspection we noted that one person had food stains on their clothing. We discussed this with the

manager who arranged for the person to be supported to change their clothes. Otherwise we found that people living at the home looked clean and comfortable.

The registered manager provided us with a copy of the resident's handbook that was issued to everyone who came to live at the home. The guide provided information about a variety of issues including fire safety, activities, religious services and how to make a complaint. The handbook advised that there were no restrictions on visiting at the home and the manager confirmed this to be the case. We noted that the handbook was dated and included the details of a previous registered manager from some years ago. The contact details for a variety of local services was also out of date. We discussed this with the manager who advised that she would update the handbook to ensure that people had access to current, relevant information about the services available in the home and the local community. She told us she would ensure the guide was made available in other formats such as braille or large print if requested.

We noticed that a variety of information was displayed in the entrance area of the home. This included information about daily activities, planned trips out, the most recent newsletter and the results of recent satisfaction questionnaires. The action to be taken in the event of a fire, the complaints procedure and the last two CQC inspection reports were also on display.

Information about local advocacy services was also displayed in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received care that reflected their needs and their preferences. One person told us, "They [staff] know my ways".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to personal care, continence, mobility, nutrition and hydration and communication. Information about people's social and religious or spiritual needs was also included.

The care plans and risk assessments we reviewed were individualised and included information about people's likes and dislikes, as well as their needs. Information about what people were able to do and what they needed support with was documented, as well as how that support should be provided by staff. Information about people's interests and hobbies was also included.

Care plans and risk assessments had been reviewed and updated regularly or when people's needs had changed. We found that appropriate action had been taken where there had been a change in people's needs or risks. This meant that staff had access to up to date information to enable them to support people effectively.

The relatives we spoke with told us they were kept up to date with any changes in people's needs or any concerns. One relative commented, "They tell me when I come if she's not been good in the night. [My relative] is well looked after".

Most people told us staff came when they needed them and they did not experience delays in receiving support. Comments included, "The buzzer's in my bedroom upstairs. They come straight away" and "They come very quickly, right away, especially at night". Most relatives also felt that people received support when they needed it. During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as personal care and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We observed that people were given the time they needed to make decisions. We noted that English was not the first language of one person who lived at the home. The manager and staff explained that they used their mobile phones to translate information which helped to improve communication significantly.

We found that information about people's spiritual or religious needs had been recorded in their care plans. This meant that staff were aware of these needs and how to meet them. We spoke with a representative from a local church who visited the home every week and met with a number of people. She provided

positive feedback about the care and support provided at the home.

We noted that people's gender, ethnicity and sexual orientation was not recorded in their care documentation. This meant that the service provider could not be sure that they were meeting people's needs fully. We discussed this with the manager who advised that this information would be included in people's pre-admission assessments and care plans in the future to ensure that staff were aware of people's diversity and could meet their needs. The staff we spoke with understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination. They could give examples of how they would manage a situation if a person experienced discrimination or abuse as a result of their diversity.

We looked at the availability of activities at the home. People told us they were happy with the activities available. Comments included, "We play dominoes, catching balls, number and word games and exercises. A choir comes in at Christmas. We've been to see the lights at Blackpool and to Oswaldtwistle Mill", "We play dominoes, cards and skittles" and, "We've just been playing skittles, we watch TV and we went on a trip to Blackpool. That was great". One visitor told us, "There's always someone doing their nails or something for them and they have singalongs".

A list of activities for each day of the week was displayed in the entrance area. This included dominoes, flower arranging, movies, bingo skittles and crafts. A poster advertising a Halloween party on 4 November 2017 was also displayed. During the first day of our inspection we observed staff supporting people to play skittles. We noted that a person who lived at the home provided support with washing up after meals. They told us they enjoyed doing it and hated having nothing to do.

A complaints policy was available and included timescales for investigation and providing a response. The contact details for the Local Government Ombudsman and CQC were included. Information about how to make a complaint was also available in the service user guide. The manager advised that no formal complaints had been received since she had started in post in April 2017. She provided a log of minor complaints or concerns that had been raised since May 2017 and the action that had been taken in response to the concerns raised, including disciplinary action taken against staff. We noted that action had been taken quickly to address people's concerns and make any necessary improvements.

The manager showed us some feedback that had been received through a care home evaluation website while she had been in post. The home had scored 9.6 out of 10. Comments included, "I have found the staff to be excellent. [My relative] cannot speak to highly of the food and the manager is a pleasure to deal with. I would have no hesitation in recommending this home to anyone", "[My relative] was made to feel extremely welcome and the standard of care was excellent, nothing was too much trouble" and, "Management and staff are very respectful, kind and caring to [my relative] and other residents that I have seen. Residents seem happy and cheerful, the home is clean and the staff are very accommodating to any requests made".

People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so. They told us they would speak with staff or the manager if anything was wrong. One person commented, "I can talk to all the staff".

We looked at how the service sought feedback from people about the care they received. The manager told us that residents' meetings took place regularly and this was confirmed by the people we spoke with. Comments included, "There's a residents meeting every month. They ask if you are happy. Other times staff will sit down and talk to residents one to one". Another person commented, "I go to the meetings. They ask if you are alright. They look after you". We reviewed the notes of previous meetings and noted that issues

discussed included new staff, meals, safeguarding, complaints, activities and outings. We saw evidence that people were able to raise concerns and make suggestions.

The manager informed us that satisfaction surveys were given to people who lived at the home and their relatives yearly to gain their views about the care being provided. We reviewed the results of the surveys from July 2017 and noted that 13 people had responded. A high level of satisfaction had been expressed about most aspects of the care and support provided. We saw evidence that where people were unhappy with an issue, this had been addressed.

Good

Is the service well-led?

Our findings

People who lived at the home were happy with how it was being managed and told us that the staff and manager were approachable. Comments included, "It's very well managed. Lovely manageress", "It's got a good atmosphere. It's just right", "There's a lovely atmosphere. Nothing objectionable at all. With it being small it's more cottagey than a hospital", "Everybody's happy here" and, "The home is spot on. It's fantastic, the best I've seen. I've never been as happy in my life". Visitors commented, "We're 99 percent happy with the home", "Things have improved since [manager] came. She looks after people more and she's more friendly. Before they were neglected a bit but they're not left now" and "[Manager] is very good, always cheerful. It's improved since she's come in. People's clothes are cleaner, they do more events and they're well looked after".

During our inspection we observed that the home was calm and organised. The manager was able to provide us with the information we requested quickly and easily. We observed the manager being professional and supportive towards staff working at the home.

We saw evidence that staff meetings took place regularly and this was confirmed by the staff we spoke with. They told us they felt able to raise any concerns or make suggestions during the meetings. We reviewed the notes of the meetings in August and October 2017. The issues addressed included staff holidays and sickness, medicines, care documentation, the home environment, activities, policies and procedures, safeguarding, infection control and tidiness, staff training and supervision. The notes also included thanks from the manager and the provider for staff members covering sickness and supporting new staff. We saw evidence that staff were asked for their feedback about ideas and were able to make suggestions and raise concerns.

We reviewed the results of the staff satisfaction questionnaires issued in July 2017 and noted that nine staff had responded. A high level of satisfaction had been expressed about all issues including the management of the home, health and safety and the staff induction and training. Comments made by staff on the questionnaires included, "I had previous concerns but these have been eliminated under the new management and improvements made in the home", "The running of the home is good and I think I will learn a lot here" and, "It is much better now with new management. Now you can talk to them and get answers".

A whistleblowing (reporting poor practice) policy was in place and included contact details for the local safeguarding authority and CQC. Staff told us they felt confident that the manager would take appropriate action if they raised concerns about the conduct of another member of staff. This demonstrated the staff and manager's commitment to ensuring that appropriate standards of care were maintained at the home.

The staff we spoke with during our inspection told us that things had improved since the arrival of the new manager and they felt well supported by her. Comments included, "The service is managed well. I feel supported and I'm treated fairly", "Since [manager] has come, things have definitely improved. She's trying her best and turning things around. It takes time. I can go to her with any concerns" and, "It's much better

now since [manager] arrived. There was a lack of personal care, people weren't getting weighed, things like that. Before she arrived standards were poor".

During our inspection we observed people and their visitors approaching the manager and saw that she communicated with them in a friendly and professional way. We observed staff approaching the manager for advice or assistance and noted that she was friendly and supportive towards them.

The manager regularly audited different aspects of the service, including medicines, care documentation, the home environment, health and safety, accidents, complaints, staff training and activities. Records showed that the completed audits were shared with the provider and we found that they had been effective in ensuring that appropriate standards of care and safety were being maintained at the home. We noted that Deprivation of Liberty Safeguards (DoLS) had not been included in previous audits and the manager assured us that this would be monitored in future.

Records showed that the manager met with the provider monthly. We reviewed the notes of these meetings. Issues addressed included audits completed, an update on people who lived at the home, activities, occupancy, compliments and concerns, staffing arrangements, staff recruitment, training and performance, and administration. The manager told us she felt supported by the provider and the necessary resources were made available to her to maintain appropriate standards of care at the home.

The provider's mission statement stated, "The aim of the Clitheroe Care Home is to provide care which encompasses social, physical, intellectual, emotional and spiritual needs, whilst promoting values such as individuality, choice, privacy, independence, dignity, respect and partnership and always maintain a happy, relaxed, homely environment". During our inspection we saw evidence that this mission statement was promoted by the manager and by staff at the home.

The Provider Information Return submitted by the provider before our inspection identified a number of planned improvements for the service. These included the introduction of infection control, dementia and safeguarding champions. These are staff members who would gain additional knowledge in these areas and share this with other staff. Also, increased family involvement in care plan reviews and the nomination of a representative to attend staff meetings on behalf of the people living at the home.

The manager provided us with a copy of the home's improvement and development plan which included timescales for completion. Improvements included decorating, the replacement of furniture, furnishings, crockery and bedding and the further recruitment of staff.

Our records showed that the manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.