

Lancashire County Council

Favordale 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 

Overall summary

We carried out an inspection of Favordale Home for Older People on 28 and 29 September 2015. The first day was unannounced. We last inspected the home on 17 June 2013 and found the service was meeting the regulations that were applicable at that time.

Favordale Home for Older People is registered to provide accommodation and personal care for up to 44 older people. The home is located close to Colne town centre

and is set in its own grounds with two enclosed gardens. Accommodation is provided in 44 single rooms, 18 of which have an ensuite facility. The home is split into three units known as Wycoller View, Noyna View and Pendle View. Pendle View provided care for people living with a dementia. At the time of the inspection there were 44 people living in the home.

Summary of findings

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.

During this inspection we found the service was meeting the current regulations.

Risks to people had been identified, assessed and managed safely. There was guidance for staff on how to manage people's care needs. Staff understood the signs of potential abuse and what action they needed to take if it was suspected. Premises and equipment were managed safely and we noted safety checks were carried out on a regular basis. There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and were administered by trained staff.

Staff were trained in all essential areas and participated in a comprehensive induction programme. Staff were well supported by the management team and received regular supervision and an annual appraisal.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions

had been undertaken and recorded in people's files. This ensured decisions were taken in accordance with the Mental Capacity Act (MCA) 2005 and the associated Code of Practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

People and staff had developed positive, caring relationships. People felt they were well looked after by kind, friendly staff who understood and knew them well. People's preferences and choices were known and respected by staff and they were encouraged to express their views and be involved in all aspects of their care. People's privacy and dignity was respected.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes. People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring and kind.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives. Arrangements were in place for dealing and responding to any complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe in the home and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

The premises and equipment were managed to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and all staff had received training on this topic.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Good



Is the service caring?

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



Is the service responsive?

The service was responsive.

Care plans and risk assessments were reviewed and updated when people's needs changed. People were satisfied with the care provided and were given the opportunity to participate in a range of activities.

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

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



Favordale 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 28 and 29 September 2015 and the first day was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. 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 the information we hold about the service and asked for feedback from the local authority contracts monitoring unit. The provider also sent

us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

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, two cooks, eight care staff, 13 people living in the home and five 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 manager.

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, 14 medication administration records, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, “I’m very happy here. I can’t find any faults” and another person commented, “All the staff are very good and very kind.” Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, “I’ve never seen anything that causes me any worries when I leave.”

We discussed safeguarding vulnerable adults from abuse with the registered manager and three members of staff. We found 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 not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they had received safeguarding training and records of training sent to us following the inspection confirmed this. Staff said that they also received additional training on how to keep people safe and this included moving and handling, the use of equipment, infection control and first aid.

We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults and there were leaflets published by the local authority on each of the units. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately.

The premises and equipment were managed to keep people safe. During the inspection, we undertook a tour of the home, including some bedrooms, bathrooms and communal areas. People living on Noyna View and Wycoller View had free access around the home and into the gardens. People living on Pendle View had ready access to an enclosed garden. The environment was homely, and there were several different seating areas for people to choose, depending on their preferences. The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records of the work completed during the inspection.

On the first day, we noted some areas on Wycoller View needed cleaning. We discussed this situation with the registered manager, who made arrangements for a thorough clean during the inspection. There were no

unpleasant odours throughout the home and we noted there were plenty of disposable aprons and gloves for staff to use. There was also evidence of plentiful hand-wash dispensers and signage about the importance of hand-washing in maintaining hygiene and infection control. We saw staff following these guidelines and washing their hands and wearing protective gloves or aprons appropriately.

Risks to individuals and the service were managed. This helped to protect people’s rights to freedom and independence. Environmental risk assessments had been undertaken by the registered manager in areas such as food safety, slips, trips and falls and the use of equipment. We saw regular safety checks were carried out including fire alarms, fire extinguishers, call system, portable electrical appliances, hoists, wheelchairs and baths. The provider had achieved a level five rating at the last Food Standards Agency check.

We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. 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. We also noted a member of staff was always present in the lounge area of Pendle View. This meant they were able to intervene quickly in the event of any conflicts between people living in the home.

We saw 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.

We noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. These were kept in a “grab bag” so they could be readily accessed in the event of an emergency.

Is the service safe?

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. 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.

People told us there were enough staff available to help them when they needed assistance. One person told us, "They (the staff) always come as quickly as they can when I press my buzzer." 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 had time to spend with people living in the home. Staff told us they usually worked on the same unit. This helped to ensure people received consistent care. During the inspection, we saw staff responded promptly to people's needs on all units visited. 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 service followed safe recruitment practices. We looked at two recruitment files for staff employed by the service and noted appropriate checks had been carried out before

the staff members started work. The checks included taking up written references and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. The registered manager confirmed there was a requirement for all new staff to complete a satisfactory six month probationary period.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were securely kept on each unit. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them. This ensured the right person got the right medication. Staff had received training to administer peoples' medication safely. Competency assessments were carried out on annual basis. We saw completed competence assessments during the inspection.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person told us, “I would have no hesitation in recommending this home to others. All the staff are very nice.”

From the staff training records and discussions with staff we noted staff received training and support which equipped them for the roles. All staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation’s visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff were given the opportunity to shadow experienced staff for a minimum of two weeks depending on their level of experience. This helped staff to learn and understand the expectations of their role.

There was a rolling programme of training available for all staff, which included, safeguarding, moving people, safe handling of medication, 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. Staff told us about a course they had recently attended called virtual dementia training. This training was designed to simulate the day to day experiences of people living with a dementia. One member of staff told us the course was “Absolutely brilliant” and added, “It really made me think about how I care and look after people. I gained so much from it.”

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. 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 wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add to the agenda items for the meetings and were able to discuss any issues relating to people’s care and the operation of the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We found that staff understood the relevant requirements of the MCA and put what they had learned into practice. 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. Care plans for people who lacked capacity showed that decisions had been made in their best interest. These decisions showed that relevant people such as people’s relatives and other health and social care professionals had been involved. We noted mental capacity assessments were reviewed on a monthly basis.

The registered manager said that she had completed forms for people under the Deprivation of Liberty Safeguards (DoLS) legislation. At the time of the inspection there was one person with an authorised DoLS and the local authority was considering 17 further applications made by the registered manager.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, “The food is very good. I always enjoy the meals.” 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 and cakes.

Weekly menus were planned and rotated every three weeks. Details of the meals offered were displayed on each unit. People could choose where they liked to eat, some ate in their rooms, others in the dining areas. We observed the lunchtime period. The tables in the dining areas were dressed, with place settings, tablecloths and condiments. Staff ensured people had drinks and these were topped up when required. Staff explained what they were serving and

Is the service effective?

helped some people to eat. We observed people were offered second helpings of all elements of the meal. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

There were systems in place to communicate people's dietary needs and requirements with the catering staff. The cooks spoken with were committed to providing people with good quality food in line with their preferences. One cook explained, "My main priority is giving people a nice meal they can eat and enjoy." The cooks told us the vast majority of the food was home cooked using fresh ingredients. We observed the meal on the day of our inspection looked appetising and was well presented.

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.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at the home.

Is the service caring?

Our findings

All people spoken with expressed satisfaction with the care provided. One person told us, “I am happy and settled here. All the staff are very kind and thoughtful.” Another person commented, “The staff really do care about everyone.” Relatives also gave us positive feedback about the service. One relative said, “The staff are lovely. They can’t do enough for (named person).”

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 the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, “I really enjoy my job. I like spending time with the residents and providing a personalised service.” 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. Staff spoken with were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. 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 and what they wanted to eat.

The registered manager and staff were considerate of people’s feelings and welfare. The staff we observed and spoke with understood the way people communicated which helped them to meet people’s individual needs. People told us staff were always available to talk to and they felt staff were interested in their well-being.

People’s privacy and dignity was respected. Each person had a single room which was fitted with appropriate locks. 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. The guide was available on the units, so people living in the home and their visitors could use it for reference purposes. People were also provided with a personal copy of the guide on admission to the home.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. For instance people were encouraged to maintain their mobility.

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 noted there were memory boxes outside bedrooms on Pendle View. 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. 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 as part of daily conversations, residents and relatives’ meetings and satisfaction surveys. The residents’ meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process. One person told us, their keyworker gave them the review form each month to read so they could make any amendments to their care.

There was information about advocacy services displayed in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection one person living in the home had an advocate as part of their Deprivation of Liberty Safeguard.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, “The staff are very good. They will do all they can to help.” People said the routines were flexible and they could make choices about how they spent their time. One person said, “I can come and go as I please. I just let the staff know I’m going out and I set off.” We noted breakfast was served throughout the morning to enable people to get up later if they wished to.

Staff used non-verbal and verbal actions when they communicated and supported people. They demonstrated safe practice when dealing with people’s difficult behaviour patterns and dealt with difficult situations appropriately. For example, we observed a disagreement between two people during our visit. Staff were responsive to the situation and made sure both people were calmed by reassuring them and discussing a family visit with one of the people involved. This action diffused the situation.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. 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 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. All staff had received training on how to use the new care planning system. Staff spoken with welcomed the change, one staff member told us, “I think they (the care plans) are a lot better, because they are more detailed and they tell us everything we need to know about the person.”

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people’s care plans. Staff also completed daily records of people’s care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people’s needs were described in respectful and sensitive terms.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home. At the time of the inspection, there had been no recent admissions to the home, however, the registered manager explained that in the future information from a pre admission assessment would be entered into the new system and a care plan would be automatically be generated. This meant all people would have a full plan of care when they moved into the home, which could be reviewed in the usual way.

People had access to various activities and told us there were things to do to occupy their time. Information about activities was displayed on each unit along with details of a monthly trip to a place of local interest. One person told us, “We go out to the pub or into town, which is nice.” People were also supported to participate in daily household tasks if they wished to. Activities observed during the inspection included, jigsaws, dominoes, hand spas and nail

Is the service responsive?

care, music and movement and chatting with staff. We also noted people living on Pendle View were offered regular walks in the garden throughout the day. There were numerous photographs on display around the home of people undertaking activities.

The registered manager had developed strong links with the local community. For instance students from a local high school and college visited the home for work experience, representatives from a nearby church had helped with the upkeep of the gardens and a dance academy visited to carry out performances. The home also had a Friends Group, which was active in raising funds for the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered

manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints records and noted the registered manager had received eight complaints during the last 12 months. We saw there were systems in place to investigate complaints. All complaints received had been investigated and resolved.

Is the service well-led?

Our findings

People, staff and relatives made positive comments about the leadership and management of the home. One person told us, “She (the registered manager) does her best, she’s nice” and another person commented, “It’s A1 here. I can’t fault them.” A staff member said, “I think the home runs very smoothly. The manager is in control of everything and I feel she is supportive and approachable.”

There was a manager in post who had been registered with the commission since April 2012. The registered manager was visible and active within the home. She was regularly seen around the home, and was seen to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a rapport with them. For example, as she showed us around the home she greeted people we met in the hallway by name and entered into a conversation.

There was an ‘open door’ policy which meant that people and members of staff were welcome to go into the office to speak with the registered manager at any time. Members of staff told us they felt confident in the management of the home. The management team and the registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. The registered manager told us the staff worked well as a team and they were dedicated to caring for people to a good standard.

The registered manager told us she was committed to continuously improving the service. She described her key achievements as developing strong community links and the implementation of the new care planning system. She told us her key challenges included finding ways to introduce more structured activities and improving the environment. The registered manager also explained that wireless internet was due to be installed in the home and she was planning to use a computer tablet to aid activities and communication with relatives.

People and their relatives were regularly asked for their views on the service. This was achieved by means of regular meetings, consultation exercises and an annual customer satisfaction survey. We observed a residents’ meeting on our first morning on Noyna View and noted a variety of subjects were discussed. People also participated in

smaller more regular surveys known as “How was your week?” We saw documentary evidence of the meetings and surveys during the inspection and noted action plans had been devised following any suggestions for improvement. Feedback had been given to people using the format “You said, We did.” This helped to ensure people were aware of the action taken. The annual customer satisfaction questionnaire was last distributed in July 2014. The results of the survey were displayed on a notice board.

A senior manager visited the home at regular intervals and completed a monthly report. We saw the report included feedback from people using the service, their relatives and staff. The report was detailed and included an action plan which was monitored and reviewed. The senior manager also completed a section of an overall service audit. The service audit covered all aspects of the operation of the home. We noted each section was awarded a rating and an action plan was formulated.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. 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.

Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. They said they were confident to raise any concerns or discuss people’s care. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

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

Is the service well-led?

The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission. Statutory notifications had been submitted to us in a timely manner. The registered manager was also aware of the new requirements following the

implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.