

MBi Social Care Limited

# Downshaw Lodge

## 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

This inspection was carried out over two days on 7 and 8 February 2017 and the first day was unannounced.

Downshaw Lodge is a purpose built, two storey nursing home. The service provides support for up to 45 people who are living with dementia or have mental health needs. The service is a single sex provision due to the complex needs of the people who use the service.

At the time of our inspection 30 people were residing in the home.

The service was last inspected in May 2016 at which time we found four breaches of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also made three recommendations that related to developing dementia friendly environments, ensuring systems support people's dietary and nutritional needs to be met, and ensuring continuity of activity provision. This inspection was carried out to check sufficient improvements had been made to the service.

There was a manager in post at the time of our inspection. This person was not yet registered with the Care Quality Commission (CQC) but evidence was available to demonstrate that their application was being processed by CQC at the time of our visit. 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.

Staff understood their roles and responsibilities in keeping people safe and protecting them from harm.

People who spoke with us told us they felt the care and support they received was good and safe.

We found that medicines were managed safely and people received their medicines as prescribed by their doctor or other prescriber.

Sufficient numbers of appropriately trained care staff and qualified nursing staff were available to support people and help meet their assessed needs.

Staff meetings and formal staff supervision had been taking place on a regular basis since the last inspection of the service and this was confirmed by staff we spoke with and records seen.

People told us they liked the food offered. We saw meals were fresh and looked and smelled appetising. People were offered choices of various alternative foods and beverages and we observed that the atmosphere over the mealtimes were calm, sociable and unhurried.

We saw evidence that fluid and dietary intake was being recorded after meals to accurately record what

people were eating and drinking. Any advice from healthcare professionals such as nutritionists was being recorded in relevant documentation.

Each person using the service had an up-to-date care plan, risk assessments and other associated documentation in place.

The range of organised activities for people to participate in had improved since our last inspection of the service. The service employed an activity co-ordinator who actively engaged with people individually or in groups.

We saw that the service had a written complaints policy which was included in the service user guide and was also displayed in the main hallway of the home.

Where people who used the service lacked capacity to consent to care and treatment the appropriate steps were taken to protect their rights.

Systems were in place to monitor the quality of service and to identify where improvements to the quality of care could be made.

At the last inspection in May 2016, we rated the well-led domain as 'requires improvement' as we found the management of the service was not, at that time, well-led and staff lacked clear management leadership. At this inspection we found the provider had taken action and was now meeting legal requirements.

## 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.

Systems were in place to manage risks and for the safe handling of medicines.

There were clear lines of accountability within the staff team that helped keep people safe.

There were sufficient numbers of appropriately skills and qualified staff deployed throughout the home.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training and supervision to support them in their job roles.

Staff were able to explain about the principles of the Mental Capacity Act 2005.

People told us they liked the food offered and were provided with a choice of meals.

People had access to external health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, understanding and patient in their attitudes towards people who used the service.

Staff knew the people who used the service very well and were able to tell us about people's interests, preferences and the most effective way to support them.

People using the service were happy with the care and support provided by the staff team.

### **Is the service responsive?**

The service was responsive.

Care plans seen were person-centred and had been regularly reviewed.

People told us they would be confident to raise a complaint. We saw appropriate actions had been taken to investigate complaints.

A range of activities were offered to people both on an individual basis or in groups.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The management and leadership of the service had greatly improved since the last inspection of the service.

New robust systems had been put in place to monitor the performance of staff, and the quality and safety of the service being provided. We will now monitor the sustainability of these improved system to ensure good practice continues to be maintained.

**Good** ●

# Downshaw Lodge

## 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 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 7 and 8 February 2017 and was carried out by two adult social care inspectors and one Specialist Advisor on day one, and one social care inspector on day two. The Specialist Advisor was a nurse with knowledge and experience of medicines management.

Downshaw Lodge is situated in the Ashton-under-Lyne area of Tameside in Greater Manchester. The home provides care, support and accommodation for up to 45 older males who require personal care with nursing.

Before we visited the home, we checked the information we held about the service including notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events. We also reviewed the Provider Information Return (PIR) that the provider had completed in December 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At a recent meeting with the Commissioners from the local authority we were told that they were happy with the improvements being made at Downshaw Lodge by the new manager and staff team.

The overall rating for this service following the last inspection was found to be 'Requires Improvement'. This inspection was carried out to see if the required improvements had been made.

During this inspection we spoke with the manager, the deputy manager, one senior care assistant, three care assistants and four people who used the service.

We reviewed a variety of records, including the care files of four people, medication administration records (MARs) of ten people, two staff recruitment files, staff training records, staff supervision records, records of servicing and maintenance of equipment and premises and records of quality audits.

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 talk with us.

# Is the service safe?

## Our findings

Due to the nature of the service and with the majority of people living in the home having a diagnosis of dementia and / or other mental health needs we were very limited to the number of people we could verbally interact with to gain their views about the service. However, some people were able to express their views on how they felt about things or in response to questions they were asked by the use of facial expressions or gesticulations using their hands, for example, thumbs up or down.

We asked one person if they felt safe living in Downshaw Lodge. In response, they smiled and nodded, indicating they were feeling safe. Another person said, "Its good here, [named staff] looks after me."

At the last inspection of the service in May 2016 it was found that medicines were not being safely managed and these findings resulted in the provider failing to comply with Regulation 12 (1) (2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was served under Section 29 of the Health and Social Care Act 2008.

During this inspection, medicines management was reviewed by the Specialist Advisor who was part of the inspection team on behalf of the Care Quality Commission (CQC).

We were informed that only the manager, deputy manager and nursing staff had the responsibility for administering medicines in the home. All had received appropriate training including competency checks.

At this inspection we found that all medicines were stored and dispensed from a single room on both floors of the home. The doors were found to be locked and, in our discussion with the manager it was confirmed that only the designated person administering medicines would have responsibility for holding the keys, no other person would have access to them. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CD's. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended).

During this inspection it was found that controlled drugs were appropriately stored in compliance with the Misuse of Drugs Act (1973) Safety Regulations. It was seen that stock levels of CDs were being checked regularly as per policy requirements.

It was found that one particular recording in the controlled drugs register was illegible and could be misleading regarding balances of this medication. We discussed this with the manager who confirmed that this would be dealt with at the next shift handover session with nursing staff.

We checked a total of 10 Medication Administration Records (MAR) on the upstairs unit of the home. We found a total of 13 missing staff signatures that should denote medicines had been administered as prescribed. The manager confirmed to us that this matter had already been dealt with and it had been checked that people had been administered their medicines as prescribed. It had been found that most



missing signatures were omitted by agency staff and copies of the emails sent to the agencies requesting them to take action with their staff regarding this matter were provided.

Some medicines are prescribed to be given 'as and when' required, and this is known as 'PRN' medication, such as paracetamol. We discussed this with the manager who was able to demonstrate that PRN protocols had been put in care files along with the relevant care plan regarding medication. We saw that this covered a wide variety of this type of medication with a description of the reason for the medication, how to establish when medication is required, dosage criteria, how often the dose can be repeated, maximum dose in 24 hours and circumstances for reporting to the general practitioner. The manager told us that they also intended to place a copy of this document on individual MARs as well as keeping a copy with individual care plans.

Three people were having their medicines administered to them covertly. 'Covert' is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink.

In two of the three cases relating to the administration of covert medication, we could see that best interests meetings had been held in hospital prior to the person being admitted into Downshaw Lodge. In the other case we could see evidence that a best interest meeting had been held at the home that included a social worker, general practitioner, the person and their representative. The covert administration of medicines should only take place within the context of existing legal and best practice frameworks to protect the person receiving the medicines and the care workers involved in giving the medicines.

We saw evidence that the room and medicine fridge temperatures were checked and recorded on a daily basis.

The findings during this inspection relating to medicines meant that the breach of regulation found at the previous inspection had been satisfactorily met.

At our last inspection of the service we noticed malodours present in areas of the home, including in the hallways and communal lounges. During our walk around of the home during this inspection we found no unpleasant odours and saw that ongoing refurbishment work was taking place, with workmen replacing furniture and fittings in different parts of the home. On the upstairs unit of the home we saw that at least seven bedrooms, the lounges and dining areas had new flooring recently laid.

We found corridors to be bright and unobstructed with redecoration having taken place. The colours used were plain and appropriate to support people living with dementia. Appropriate signage was also found on doors to direct people to access bathrooms and toilets which aided people to maximise their independence. We saw one bathroom that had been fully refurbished with aids and adaptations suitable to support people with limited capacity either mentally or physically. We found all bathroom and toilet areas to be clean and hygienic with appropriate handwashing facilities in place.

We saw that staff had access to plentiful supplies of personal protective equipment (PPE) such as disposable vinyl gloves and aprons. Processes were in place in the laundry area to ensure adequate separation of clean and soiled laundry.

At the time of our inspection there were 30 people living at the home. The manager told us that staffing levels had continued to be maintained to a level of supporting 42 people, which was the number of people living in the home when the provider took over operation of the service. We saw people's dependency had

been assessed. The manager confirmed that a dependency tool was used to review the levels of staffing required on a day to day basis to meet the individual needs of the people using the service. We saw that the dependency tool was being reviewed on a monthly basis, with changes to the rota being made when identified a change to staffing levels was required. For example, if someone was very poorly and required one to one support then the manager would bring in an extra member of staff. This was confirmed by the staff we spoke with.

Staff we spoke with had an understanding of their role in protecting and keeping people safe. Staff were able to explain the signs they would look for that would indicate someone was being abused or neglected. They also told us that they would have no hesitation in raising any concerns they might have with the manager or member of the senior team. They also told us they were confident that appropriate actions would then be taken.

The manager kept a safeguarding file which we found had been kept up to date. All information regarding safeguarding concerns had been recorded and was also logged onto the service's electronic system. The Care Quality Commission (CQC) had been informed of any safeguarding concerns raised to or by the service.

We saw risk assessments had been completed that considered potential risks to people's health and wellbeing. These included risks such as choking, smoking, malnutrition, risks to skin integrity, falls, mobility and personal care tasks such as bathing. Risk assessments had been regularly reviewed and where risks had been identified care plans were in place that detailed steps required to help ensure these risks were appropriately managed and reduced where possible.

During this inspection we reviewed two staff personnel files to see if safe recruitment practices were being followed. There was a recruitment tracker in place that showed when required documents such as criminal record checks, references and signed contracts had been received from applicants. Records seen indicated that adequate steps had been taken to help make sure only people of suitable character had been considered for employment within the service. Information contained in staff personnel files included, a completed application form, interview notes, references, proof of identity and a disclosure and barring service (DBS) check. A DBS check shows whether the applicant has any known convictions or is barred from working with vulnerable people, and helps employers make safer recruitment decisions.

We reviewed the maintenance and safety certificate records for the building and equipment used. We found all relevant monitoring and checks had been carried out and certificates of confirmation were in place, for example, Portable Appliance Testing (PAT), Landlord's Gas Safety, hoists and nurse call bell system.

Regular checks were recorded in relation to the safety of the environment people lived in, including checks of bed rails, window restrictors and the fire alarm system. We also found that there was an emergency contingency plan in place that was kept up to date. Each person living in the home had a personal emergency evacuation plan (PEEP) in place. These plans would help inform staff and the fire service what support people required to evacuate from the premises in the event of an emergency. The manager confirmed that the file containing the individual personal evacuation plans was kept in the hallway of the home so that it was immediately accessible to the fire officer on entering the building.

## Is the service effective?

### Our findings

People's health and care needs were supported by various community health professionals that visited the service on a regular basis. In communication records in care files we could see that frequent visits to individual people had been made by health visitors such as general practitioners, chiropodist, opticians and speech and language therapist (SALT). Care staff we spoke with were aware of people's healthcare support needs as detailed in their care plans. Where general practitioners (GPs) had visited the notes of the visit were recorded in case files and instructions passed on to staff through the communication book and handover records.

At the last inspection of the service in May 2016 we found that staff had limited knowledge in providing support to people with diabetes. We also found there had been no training provided to staff in relation to managing the mental health needs of people living at the home.

These findings resulted in the provider failing to comply with Regulation 18 (1) (2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was served under Section 29 of the Health and Social Care Act 2008.

During this inspection we found that staff training was on-going and that a total of 26 staff had completed training in Managing Behaviour that Challenges, Breakaway Techniques and Safe Holding Techniques. The manager and staff spoken with confirmed that they had completed in-house training in supporting people with diabetes. We also found relevant guidance notes from agencies such as the National Health Service and Diabetic Support Groups in individual care plan files. The availability of such information meant that staff had opportunities to refresh their knowledge and understanding of this subject when supporting people with diabetes.

The findings during this inspection relating to staff receiving training in mental health needs and diabetes meant that the breach of regulation found at the previous inspection had been satisfactorily met.

At the last inspection of the service in May 2016 we found that staff had not received supervision on a regular or consistent basis. The gaps in training and supervision of staff meant that the provider, at that time, could not be certain that staff were adequately supported and skilled to provide effective support to people living in the home.

During this inspection we were provided with a training matrix and other records to indicate the training staff had received since our last visit to the service. We were also provided with access to supervision notes for staff employed in different roles, for example, care assistants, laundry assistants and senior care staff. We could see that staff had completed training such as, Safeguarding Vulnerable Adults, Mental Capacity Act, Deprivation of Liberty Safeguards, Moving and Handling, People Handling and Food Safety. We also saw evidence that future training had been requested for the coming months in subjects such as, Food Safety, Safer People Handling, Health & Safety, First Aid, Dementia, Fire Safety and Infection Control.

We discussed training for nurses and how this was to be developed to ensure all nurses remained competent in their roles. The manager told us about the current difficulties in employing nursing staff to permanent roles, and, at the time of this inspection, only one nurse was employed on a permanent contract. The manager explained that it was their intention to develop a clinical support role when fully staffed with nurses. The clinical support role would then overview the nurse training to ensure all nursing staff remained professionally competent. All other nurses working in the home at the time of this visit were employed by staffing agencies and received their clinical training via the agencies. We saw files containing profiles of the agency nurses that detailed the clinical training they had completed.

The manager provided us with access to staff supervision notes and these indicated that staff were receiving support and supervision on a consistent basis. Staff spoken with confirmed that they were receiving supervision every 2 – 3 months and found this beneficial, along with opportunities to attend regular staff meetings.

The findings during this inspection relating to staff receiving supervision meant that the breach of regulation found at the previous inspection had been satisfactorily met.

At the last inspection of the service in May 2016 we found that the décor around the home appeared tired; the paintwork was scuffed and the flooring in some areas was damaged or required replacement due to contributing to the malodour around the home. At the time of this inspection on-going refurbishment work was taking place and, as already identified earlier in the report, malodorous floor coverings had been replaced. On-going work was also in progress to make the environment at Downshaw Lodge more accessible to people living with dementia.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw care files considered individual's capacity to provide consent and participate in decision making. Staff were able to explain how they would seek consent from people, including people who may have limited verbal communication.

The manager confirmed that DoLS applications had been submitted for all people living at the home. There was evidence that applications had been made for various reasons why a person might be being deprived of their liberty. We saw that applications had been made due to a person being prescribed medication to be taken as and when required, requiring support and assistance with feeding, personal care and hygiene, restrictive observations and locked doors.

People we spoke with told us they liked the food provided. One person who was unable to communicate verbally put their thumbs up when asked if they enjoyed the food they were served. People also told us that they received a sufficient amount to eat and drink, were given choice of two meals and could request an

alternative meal if they did not like the choices provided.

As part of our inspection, we observed the lunchtime meal experience for people in the dining room on the downstairs unit. Tables were appropriately set for the meal being served, with condiments being made available. There were two options of main meal, fish fingers and chips or sausage casserole and mashed potatoes. There were a total of 10 people sat at dining tables and a further five people sat in armchairs in the lounge area. Four care staff remained in the dining room and lounge areas throughout the mealtime. Each person was asked, in turn, their preferred choice of meal and this was immediately brought to them. Where people required assistance, this was offered and, where appropriate, people were encouraged to be as independent as possible when eating their meal. For example, it was noted that some people did not like using a knife and fork and 'finger foods' (fish fingers and chips) had been their preferred choice of meal. We observed the staff monitoring these people to make sure they were managing to eat their meal and provided napkins to wipe their fingers on. One person complained their chips were cold and staff immediately responded by bringing them some more. People were also offered a choice of tea, coffee, water or fruit juice with their meal. The atmosphere over the mealtime was calm, sociable and unhurried.

We saw evidence that fluid and dietary intake was being recorded after meals and weights were recorded on a monthly basis or more frequently if required. Where there had been unplanned weight loss this had been acknowledged, care plans had been revised and referrals made to specialists such as dieticians and speech and language therapists (SALT) where required. This meant that people's support needs in relation to eating and drinking were adequately assessed.

## Is the service caring?

### Our findings

Those people who were able to talk with us about the service said they received good care and support from all the staff. One person told us "The staff are excellent, nothing it too much trouble for them." Another person told us "Staff working here are very good and, since the new manager has come, they seem a lot happier."

We observed the interactions between all the staff working at the time of the inspection and people who lived at Downshaw Lodge. We found staff to be caring with people, understanding and patient in their attitudes. Although we did not get an opportunity to speak with any visitor's to the home, we did see staff interacting with them in a courteous, respectful and friendly manner.

During our two day inspection we noted that some of the staff working in the home were agency staff, including an agency nurse. The manager explained that there had been significant reduction in the use of agency staff, and rotas seen indicated this. Rotas also indicated that, where possible, the same agency staff had been and were being used on a consistent basis, therefore giving them opportunity to get to know the people living in the home. The agency staff we spoke with confirmed they had worked at the service on a number of previous occasions.

From our discussions with regular care staff, it was clear they knew the people living at Downshaw Lodge very well. Staff were able to tell us about people's interests, preferences and the most effective way to support them. One member of staff told us they really liked working at the service and with the client group because, "each day is different and people's needs can change on a day to day basis and you really have to think how best to support them, it challenges your skills."

We looked at how people who may not have capacity to express their views and opinions were supported with such matters. Records seen indicated that people had been supported by their relatives and / or friends. The manager confirmed that where people did not have such support, a request could be made for advocate support from agencies such as Age Concern. An advocate is an independent person who speaks for and acts in the best interests of the person. Information was displayed in the home of how to obtain the services of an advocate.

Within the returned Provider Information Return (PIR) completed by the manager we were informed that, 'When we are recruiting a new staff member we don't just look at their experience and flexibility, we look for people with compassion, kindness, respect for others and that have a good idea about improving care in a nursing home. We look for people that can promote dignity and have an understanding of the difficulties for people living with dementia'.

The manager told us that no-one living at the home was receiving end of life care at the time of our visit. The manager also told us that they had completed Six Steps End of Life training and is recognised as an end of life 'champion'. Since our last visit staff had also been provided with training in this area. Within the PIR we were informed that 'Our care planning process sees end of life as an integral aspect of the service we

provide. All staff understand that at such a difficult time residents, relatives, friends, family and sometimes even some staff need a lot of reassurance and time.'

Policies were in place relating to equality and diversity, which included specific guidance on considerations care staff may need to be aware of in relation to care provision to people with different religious beliefs or cultural backgrounds. Training records showed the majority of staff had undertaken training in equality and diversity.

We looked at a number of bedrooms and found they had been personalised with objects and photographs displayed that were clearly personal and important to people who used the service. We did not witness any personal care being given inappropriately, and all people appeared cleanly dressed and well presented.

## Is the service responsive?

### Our findings

Care plans we looked at were consistent in their contents and had been reviewed on a monthly basis. Changes to care plans were documented, with the reason for the amendment being recorded. Any such changes were reported to staff at handover meetings and marked on handover notes so all staff were aware of the changes. Staff spoken with confirmed this to be the case. Reviews of care highlighted trends and changes, for example, we saw in one care file that the person's mobility had decreased causing a number of falls to take place. We saw that a corresponding falls management care plan had been put in place and a review carried out by the person's doctor. At the review, various possibilities for the person's falls were investigated, for example, prescribed medication. However, it was concluded that the falls were a result of general health deterioration and the care plan updated to reflect this information.

People's preferences in relation to their care, support with personal care and food preferences had been recorded. At our last inspection of the service we found there was inconsistent use of person-centred planning tools that provided information about people's social care histories, former interests and significant events. Since that visit, new care planning documentation had been introduced including a document entitled 'This is me'. This included what people like about me, important things in my life, during the day I enjoy..., and, my personal care needs.

At our last inspection of the service we found information provided in care plans in relation to the support individual's required in relation to their mental health was often limited. During this inspection we found improvements had been made about supporting the persons mental health needs. For example, in one care plan reviewed, it detailed how to support the person when they became physically aggressive to minimise the risk to the person, staff and other people. People were also supported by a visiting community psychiatric nurse (CPN). In review notes we saw that the CPN had recorded that staff had been effective at managing people's mental health needs.

Records of care provided had been regularly maintained. For example, we saw people's records of pressure relief were regularly updated. These records included positional change charts that had been completed throughout the day and night as their care plan directed, indicating people received support with pressure relief to reduce the risk of developing pressure sores. Other records, including records of food and fluid intake, behavioural monitoring charts and close observations were also regularly updated during the time we were carrying out the inspection.

In one care file we saw that a Do Not Attempt Resuscitation (DNAR) plan was in place. We saw that a best interest meeting had been held with relevant people and a record of the decision made had been recorded. Staff we spoke with were aware of this information on this particular person's file.

The range of organised activities for people to participate in had improved since our last inspection of the service. An activities co-ordinator was employed by the service and provided activities throughout the week. In our discussion with the manager and staff about activities it was stated that trying to get most people involved in activities could be difficult. Most activities took place in the afternoon and we did see people



participating in a gentle exercise session involving passing a large, light weight ball to each other to encourage physical movement.

Since our last inspection of the service, the garden area had been landscaped and improved and the manager told us that people were being encouraged to participate in planting up tubs and pots with seasonal bulbs and plants. The manager said when the activities co-ordinator is not on duty, staff are instructed to carry out activities with people and this was confirmed by those staff we spoke with.

We saw there was an up to date complaints policy that contained details of organisations external to the provider that someone could contact if they were not satisfied with the handling of their complaint. People we spoke with told us they would feel confident to raise a complaint should they feel this was necessary. We looked at the records of complaints and saw complaints had been investigated, and actions taken to resolve complaints.

## Is the service well-led?

### Our findings

At our last inspection of the service, the home employed a registered manager as required as a condition of the service's registration. The registered manager was off work at the time of that inspection and we received a notification informing us the registered manager had been absent for 28 days. Arrangements were in place to ensure adequate support was available to cover the registered manager's absence. This included a relief manager and a quality development officer who were both based at the home on a full-time basis.

The relief manager continued to manage the service and, in July 2016, the Commission received an application from the registered manager to cancel their registration, following which, they did not return to Downshaw Lodge. In January 2017 an application was received to register a new manager for the service and, at the time of this inspection, that application was being processed by the Care Quality Commission registration team.

At the last inspection of the service in May 2016 it was found that effective monitoring and improvement of the service was not being maintained and these findings resulted in the provider failing to comply with Regulation 17 (1) (2), (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was served under Section 29 of the Health and Social Care Act 2008.

During this inspection we saw that regular weekly checks (audits) were undertaken and recorded, for example, a '24 hour handover file' showed the manager had reviewed clinical observation charts, accident and injury notes, and weekly food checks. Checks also included a daily register, including any hospital admissions, GP and Health visits undertaken during the week, any changes in medication including short courses of antibiotics and any pressure damage noted. Copies of handover notes were kept in this file for at least one month before being archived.

We also saw that systems were in place to audit aspects of the service including infection control, meal-time experience, falls, weights, care plans, staff training and supervision, medicines management and health, safety and maintenance of premises and equipment. We saw that all audits had been satisfactorily completed for January 2017 and, where shortfalls had been found, appropriate action had been taken to resolve those shortfalls. We also saw that the details of people's weights, pressure sores, infections, falls, complaints, compliments, notifications, mental capacity assessments and hospital admissions were sent through electronically to the operations manager on a monthly basis.

At the last inspection in May 2016, we rated this domain requires improvement as we found the management of the service was not well-led and staff lacked clear management leadership and support in order to carry out their job roles effectively and safely, which, at times, placed people using the service at risk of their needs not being satisfactorily or safely met. At this inspection we found the provider had taken action and was now meeting legal requirements.

The majority of staff told us they felt well supported, and found the new manager to be fair, a good listener

and approachable. Comments included "The new manager is very helpful. [Name] leads the service, knows the residents and has the right skills to manage the service" and "I'm very happy with management. The home is finally being managed and I get good support from both the manager and deputy manager."

We saw dates were scheduled for regular team / staff meetings. We viewed the minutes from the meetings held in April, August and October 2016. Topics discussed included the development of the service, maintaining accurate records and the on-going refurbishment of the home. Staff were also provided with feedback, which included thanking them for their support in helping the service to 'move forward'. The manager told us that the staff team had become committed to improving the service and that staff morale had improved greatly over recent months.

The manager also held daily staff meetings at 11o'clock to which senior members of each team attended. This meeting including discussing the handovers between staff, the care and wellbeing of each person living on the units, plans for the day, any matters of concern and other relevant information. 'Managerial' issues were discussed with senior staff following the daily meeting.

Staff we spoke with told us they were happy in their jobs and confirmed that staff morale had improved. One staff member said; "Things have improved so much that I actually look forward to coming to work now." Agency staff that were on duty during the inspection told us they had received a good induction to the service and 'regular' staff were very supportive of them.

The atmosphere in the home was warm, calm and welcoming. Staff told us they felt positive about the leadership and management of the home and were looking forward to the future.

The manager and senior team had developed and maintained good professional relationships with other health care agencies and health care professionals who were involved in the care of people at Downshaw Lodge. The manager told us that this was to ensure that people's health and wellbeing needs were met in the most appropriate and effective way on a day to day basis.