

Mrs J Elvin

St Lawrences Lodge

Inspection report

275 Stockport Road
Denton
Manchester
Greater Manchester
M34 6AX

Tel: 01613362783

Date of inspection visit:
22 January 2019
23 January 2019

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Lawrences Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. St Lawrences Lodge is registered to provide accommodation and personal care for 16 people. It is not registered to provide nursing care.

The service was last inspected in November 2017 and at the time the service was rated as good in all domains.

This inspection was prompted in part because CQC had received a copy of a Regulation 28 Report (Prevention of future deaths report) issued to the provider from the Coroner. Regulation 28 Reports (R28 Reports) are issued by Coroners when the Coroner remains concerned that, despite evidence given at an inquest by witnesses including the registered provider, similar incidents could reoccur. In response the provider had taken action to increase CCTV within the home to improve staff oversight within communal areas and reduce the risk of falls.

At this inspection the overall rating of the service is requires improvement. This was because we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of regulation 17 (good governance) because the service did not have sufficiently robust governance systems to have identified the concerns we found at inspection and address a specific risk identified at a recent inquest. These related to the management of risks, the recording of time sensitive medicines and allergies and meeting the requirement for sending statutory notifications to the CQC.

The service had policies in place but we found these did not always reflect current legislation or contain sufficient guidance for staff.

People were positive about the registered manager and the way the home was organised and managed. Staff told us they enjoyed working at the home and felt supported.

Recruitment procedures were in place which ensured staff were safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

People's independence was promoted, they had choices and were treated with dignity and respect by staff.

People were supported by caring staff who knew them and their care needs well. We observed genuine affection and kind and caring interactions between people and staff.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Health and safety checks were carried out and equipment was maintained and serviced appropriately.

Activities were available for people to access within the home and individual interests were encouraged. People were supported to engage in these activities.

The home was clean and there was a relaxed and homely atmosphere.

The service had a complaints procedure and a variety of ways for people, visitors, and health care professionals to share their views and provide feedback on the service. The manager used this information to drive improvements within the service, such as increasing the number of activities for people to engage with.

The registered manager had oversight of accidents, incidents, safeguarding and complaints and this information was analysed for themes and patterns. We saw that action such as referring to appropriate services for additional assessment and support were completed. We spoke to the registered manager about ensuring the documentation reflects the work that is undertaken in order to improve the systems of governance with the home.

Statutory notifications were not always being sent to the CQC as required.

The ratings from the last CQC inspection were displayed within the home and on the provider's website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Environmental checks were in place and equipment was regularly serviced and maintained.

People told us they were safely supported with their medicines. We noted areas for improvement in how time sensitive medicines and allergies were being recorded. .

The home was clean and tidy and systems to promote good infection control practices were in place.

Requires Improvement ●

Is the service effective?

The service continues to be effective.

The service was working with in the requirements of the Mental Capacity Act.

People had choice in their daily lives.

Staff received training and support to undertake their roles.

Good ●

Is the service caring?

The service continues to be caring.

People and relatives spoke positively about the service and the staff.

Staff clearly knew people and their support needs and preferences.

Good ●

Is the service responsive?

The service continues to be responsive.

People were supported to remain independent.

A variety of activities were available for people to engage within the home.

Good ●

Is the service well-led?

The service was not always well-led.

The service was not always sending in notifications to the CQC as required.

The systems of governance were not sufficiently robust to have identified some of the issues we identified on inspection or address concerns raised in other arenas.

People, families and staff were positive about the Registered Manager.

Requires Improvement 

St Lawrences 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident was subject to a coroner's inquest. The information shared with CQC about the incident indicated potential concerns about the management of risk when supporting people who were at risk of falls. This inspection examined those risks.

This inspection took place on the 22 and 23 January 2019, and the first day was unannounced. The inspection team consisted of one adult social care inspector on both days and an expert-by-experience on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults and adults with dementia and people who used both residential and community services.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with commissioners of the service including local authorities, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included five people's care records, three staff recruitment files and information relating to supervision and training. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 24 staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, deputy manager, three care staff, two kitchen staff, and one maintenance worker. We spoke with six people using the service, five family members and two visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed four meal time experiences and used the SOFI to observe care on one occasion.

Is the service safe?

Our findings

At the last inspection we found the service to be safe. At this inspection we have identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have rated the service as requires improvement.

We spoke with people and their families about whether their medicines were safely administered and they told us they always received their medicines. People told us, "We take medication, they are very good, they remember. I would forget if they didn't give them to me," and "I take two tablets every morning, they bring them for me and always remember."

The service had a small locked clinic room for the storage of people's medicines and we saw that appropriate resources and checks were in place. The service had a separate lockable fridge to store medicines requiring storage at a lower temperature and regular checks of temperature were made to ensure it remained within the recommended levels.

We saw that people were receiving their medicines and that this information was being recorded on the medicine administration records (MARs). However, we noted that for one person who was receiving time sensitive medicine, the exact time of administration was not being recorded. Time sensitive medicines are medicines which require a set amount of time between doses, such as paracetamol which require four-hour intervals between doses. This meant that we could not be certain that the required time between doses had been allowed. We raised this with the registered manager who took steps to address this immediately and ensure time of administration was recorded within the MAR sheet. We were told that since it was a consistent staff member administering medicines throughout the day and the home was small, this staff member would have ensured sufficient time between doses of time sensitive medicine.

We saw that each person had a front sheet which contained information to help staff accurately identify whom to administer the medicines to. We noted that in some cases the allergy section was left blank. We spoke to the registered manager about this who advised that only known allergies were recorded, they agreed to ensure that where there were no known allergies this information was also recorded to ensure no areas of risk were missed.

During inspection we noted an open stairway on the first floor directly next to the lift. This risk had been identified prior to our inspection during a coroner's inquest in October 2018, but no action had been taken in response to this specific risk. The registered manager advised that their understanding of the concerns regarding the stair had been different and they understood this related to an external fire exit. We spoke to the registered manager about the potential risks of people falling in this area and requested that a risk assessment be completed and options to reduce the risk of falls in this area be considered. Following the inspection, the registered manager advised that a barrier solution had been identified and would be fitted with in the next couple of weeks. We will review this at our next inspection. This is reported on further in the well led domain.

The cleanliness of the home was maintained and the home was free from malodours. People told us, "Everyone comments on it, visitors always say how clean and tidy it is," and "They are constantly cleaning... they even do the TV front and back, I wouldn't think to do that." Infection control audits were in place and the home was taking appropriate action, within the confines of the environment, to reduce the risk of infection. For example, appropriate measures were in place to manage dirty and soiled laundry to prevent the risk of cross infection despite the limitations of available space. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and we observed staff used these when providing personal care and support to people.

The kitchen had an appropriate cleaning schedule and was clean and tidy with plenty of fresh, frozen and tinned food available. The food standards agency had visited in April 2017 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law.

We saw that appropriate maintenance and checks of equipment were undertaken by the registered manager and registered provider. Gas and electrics were tested and maintained on a regular basis and the water system was tested for legionella. Fire alarms and equipment was regularly tested and maintained and fire drills were undertaken. This meant that equipment used for people was maintained and safe for use. There were policies in place to underpin this.

There was a business continuity plan in place, however this was generic and we spoke to the registered manager about ensuring the business continuity plan was detailed and service specific to ensure staff had all the guidance they needed to manage an emergency. Evacuation procedures were in place and people's personal emergency evacuation plans (PEEPs) were all up to date with basic information. We spoke with the registered manager about ensuring that all care records were detailed and person-centred as at the time of the inspection staff clearly knew this information but paperwork did not always capture this. This is reported on further in the well led domain.

The service had safeguarding policies in place and staff received training and had an understanding of how to safeguard people. There was a whistleblowing policy in place to encourage staff to raise concerns when they saw poor practice and staff all told us that they felt able to raise any concerns about the service and poor practice.

We found there was a system of staff recruitment in place and all necessary checks were completed including Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We spoke to the registered manager about ensuring they obtained references from relevant employment, when a staff member had prior experience of working in care to ensure the system of recruitment was robust. This was because although recruitment files had two references in place information from relevant roles in care had not consistently be sought.

Is the service effective?

Our findings

At our last inspection we found that the service had taken appropriate steps to address previous concerns and rated the service as good in this domain. At this inspection we found the evidence continues to support that the service is effective.

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 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). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

We saw applications for DoLS had been submitted to the relevant local authorities and care records evidenced when capacity assessments and best interest meetings had been undertaken. We asked the registered manager to chase up DoLS authorisations with the local authority to ensure that appropriate documentation and authorisation was in place in people's care records. The registered manager completed this during the inspection and appropriate documentation was stored within people's care records. We saw people, and other relevant individuals, had been involved in best interest meetings to make decisions about care and support. This meant that where restrictions were in place for a person these were the least restrictive, necessary and lawfully authorised. We spoke to the registered manager about developing a system to allow oversight of DoLS application so that they could ensure that MCA process were being followed and identify when renewal of a DoLS authorisation was required. The registered manager developed a recording system and this was put in place during inspection. The service had policies in relation to MCA and DoLS in place to provide guidance to staff in this area and staff had received up to date training in this area.

During the inspection we observed that staff obtained permission from people prior to offering support. Staff knew people well and understood their non-verbal communication when obtaining consent to support them. People confirmed consent was asked for and told us, "They ask me if I want a shower," and "They [staff] ask you first [when supporting with personal care]." We discussed with the registered manager about ensuring records reflected the person-centred approach being delivered when obtaining consent from people as this was not always detailed in the care records we reviewed.

We looked at how people were assessed to ensure that the service could safely and effectively support them. We found the service had completed assessments of people's needs and this information was used to develop plans as to how care would be delivered. The registered manager told us they completed assessments with people and relevant others prior to admission and considered whether the home could

meet the person's individual needs. Assessment records covered a variety of areas including medical history, mobility and dexterity, mental health and communication. During the inspection we observed that staff had a good understanding of people's needs and knew how these were to be met.

Staff we spoke with knew the people they were supporting well and were able to recognise any changes in people's physical and emotional health needs quickly. We saw staff had identified a change in mood in one person and observed them providing reassurance to the individual and arrange for a review of the person's needs with the doctor. One person told us, "If they [staff] think it's necessary they will get the doctor or an ambulance, the hospital isn't too far away." Relatives confirmed appropriate healthcare was sought and told us, "If they have any concerns they contact the doctor, even if it was for advice" and "If [family member] is ill they call the doctor." During the inspection we observed the community dentist, social work team and community mental health team visiting the home. The registered manager told us other services including optician, doctor, chiropodist and speech and language therapy would also visit the home when required.

We looked at how people were safely supported with eating and drinking and found suitable arrangements were in place. People's care records contained information about individual's needs with nutrition, and choking risk and details about people's likes and dislikes in this area.

People were regularly weighed and the Malnutrition Universal Screening Tool (MUST) was in place to identify people at risk of poor food and fluid intake. The MUST is an assessment tool used to calculate whether people are at risk of malnutrition. We saw in one care record a person had been identified as being at risk of malnutrition as they had been refusing meals during a period of ill health. Staff had taken action and made a referral to the doctor who had prescribed nutritional supplements. The registered manager told us that they referred to speech and language therapy (SALT) if there were concerns about people's ability to swallow, and the dietitian if advice was required in relation to dietary needs. At the time of inspection nobody had these specific needs.

We visited the kitchen and saw that information about people's specific dietary needs, including allergies and preferences were available for kitchen staff. The kitchen staff knew people's likes and dislikes and told us they would provide alternative options for people when it was known that they did not like what was on the menu or if they requested this. We spoke with the kitchen staff about how to meet people's specific dietary needs and they were able to demonstrate they understood how to prepare meals for people on a specific dietary requirement including those who required meals to be fortified or softer options.

We saw that the meal option was displayed for people to see in the dining area but that only one option was available. We spoke with the registered manager and kitchen staff about how people were promoted to have choice around meal times. They advised that menus had been developed based on knowledge of people's preference but that alternatives could be requested. For example, they told us about one person who liked to have specific ready meals and the home had a supply of these available for them. One person told us, "We don't get a choice, it is what they cook that day. If you don't like it they will make you something else. They give you an alternative on the potatoes, you can have them the way you want."

We observed that meal times were a relaxed and social affair and the people and staff would sit together and chat. Tables were set with cutlery, condiments and soft drinks readily available. We saw that adaptations such as plate guards were used to help people remain as independent as possible when eating and drinking and the registered manager told us they used different size and coloured plates to promote good nutrition for people with different needs including small appetites and dementia.

We looked at how staff were supported to effectively perform their roles. Staff told us they had received an induction when they first started working at the home and completed relevant training and updates. One

staff member told us, "The training was fine, it helped build confidence" and another staff member said, "The training covered everything, you can request additional training if you want it." The registered manager had oversight of training and the training matrix indicated that staff training was up to date. Staff were supported to obtain a National Vocation Qualification (NVQ) in care. NVQ are a work based qualification which recognises the skills and knowledge a person needs to do a specified job. Staff completed training in areas including health and safety, fire, food hygiene, infection control, and moving and handling. The registered manager had a supervision schedule and planner in place and we could see that staff received regular formal supervision. The register manager told us, "The door is always open so that things can be discussed." Staff told us, "We have supervision and appraisals, they're good," and "[Registered manager] is very support, they know us well and are very approachable."

The home was completing a programme of redecorating and updating the environment. People were positive about the improvements and told us, "They always seem to be decorating, they have a nicely kept garden," and "They are in the process of updating the décor, they have done the majority of it. There are loads of picture and drawings. There is a nice garden for the summer." We observed that dementia friendly signs were available throughout the home to help orientate people to their surroundings. The registered manager told us they had equipment such as therapy dolls and fiddle muffs to meet people's specific needs in areas such as dementia.

Is the service caring?

Our findings

At our last inspection we found the service to be caring and at this inspection we found the evidence continues to support the rating of good in this domain.

People and their relatives agreed that the service was caring. People told us, "They look after you very well," and "[Staff] make us laugh and keep you cheerful. They notice if you are a bit down and they'll come and talk to you. They are very good like that." One relative told us, "Yes definitely [staff are caring], that is one reason why we chose this place. We observed and it was excellent and had things going on," whilst another said, "Staff are very kind and caring."

Throughout the inspection we noted staff spoke to people kindly and with compassion. There was a relaxed atmosphere and one staff member told us, "It's like being at home, it doesn't feel like work," whilst another staff member said, "It's good here, we all just get on." We observe genuine affection between staff and the people living at St Lawrences Lodge and jokes and humour were shared.

We observed that the home created a homely and family atmosphere. Meal times were shared and people living at St Lawrences Lodge and staff sat together to eat meals. Staff would sit with people and join in conversations and would both engage in and support people to engage in the activities available. For example, we saw that staff would sing and dance and support people who wished to engage when an entertainment group visited the home during the inspection.

People's independence was promoted and we observed staff encourage and support people to be as independent as they could throughout the inspection. One person told us, "I get myself dressed and ready, but if you get stuck, they will help you" and another person said, "I tidy up in there [persons bedroom], even though the cleaner has been in. It is my home, so I do it now." Relatives confirmed that their family members were encouraged to be independent but supported when they needed help. The care plans we reviewed also evidenced that independence was considered and promoted where possible. Information about what people could do for themselves and guidance for staff as to what areas they needed to support people with were available within the care records.

The service had close circuit television (CCTV) installed within the communal areas and hallways. The Registered Manager told us that additional monitoring had been installed following the coroner's regulation 28 report to ensure staff could monitor people who mobilised independently throughout the home and provide support as required. People and relatives had been involved in discussions and we saw letters in relation to this were held within people's care records. We spoke to the Registered Manager about CQC guidance in relation to the use of surveillance and asked them to review this information to ensure that appropriate records were in place as per guidance and people's privacy was being respected.

People told us that their privacy and dignity was respected and we observed that people were discreetly supported with personal care. People told us, "Oh yes they make sure you are private," and "[When staff support you with personal care] it is not embarrassing."

We observed people received visitors throughout the day which included family members and visiting professionals. We noted that staff knew visitors well and made efforts to make them feel welcome which included offering hot drinks and meals, for those visiting at meal times. One relative told us, "They always offer you a drink when you come. If relatives come from a distance they offer them a meal."

The service had a policy in place in relation to advocacy and this provided guidance to staff to recognise who might benefit from an advocate and what action to take. The registered manager had an understanding about when to support people to access advocacy services and the facilities that were available locally.

We saw people's care records and personal information were securely stored with in the office. Staff could access and update themselves regarding changes to care plans and risk assessments as and when needed. This meant that people's confidentiality was being maintained.

Is the service responsive?

Our findings

At the last inspection we found that the service had taken appropriate action to address the previous concerns identified and rated the service as being good in this domain. At this inspection we found that the service continues to be good in this domain.

We looked at how the service was delivering person-centred care and found records contained specific information about individual needs and observed that staff were delivering person-centred care. The care records we reviewed demonstrated that a holistic approach to assessment and care planning was undertaken by the registered manager. People's care records contained information about communication, physical and mental health needs, and social needs. There was specific information about what personal care support needs people had. This guided staff to what a person could do for themselves, and what support they required. Care records contained life history information in the form of an "all about me" document or "life story" workbook, some of which were very detailed. We spoke to the registered manager about ensuring that this information and the knowledge of people that staff had, was captured within people's care records to enhance the delivery of person-centred care.

We looked at how people and those important to them had been involved in the care planning and review of people's support needs and found this was not always clearly evident within records. The people we spoke with were not always clear about how they had been involved in planning for their care but did all state that they were happy with the support they received. One person told us, "I have forgotten [if I was involved in any care planning], all I know is they look after you very well, even at night." Some relatives told us they had been involved in reviews and said, "They involve me in any decision making" whilst another relative told us, "We have not really been involved in any care planning... there are no issues with communicating, staff are very receptive and feedback to us all the time." We spoke to the registered manager about recording the informal conversation that happen with people and their families in order to demonstrate how they inform care planning and reviews. During the inspection we observed that formal reviews were undertaken with healthcare professionals.

We looked at how the service supported people to engage in hobbies, interest and activities. The registered manager told us that following feedback they had made improvements in relation to activities available within the home. These included a variety of entertainers visiting the home and, at the time of inspection, the service was reintroducing armchair aerobics. Our observation during the course of the inspection was that staff promoted activities for individuals who wished to engage both within group setting and individually. We saw that staff brought papers in for those who liked to read these in the morning, would take time to sit and talk to people and actively encouraged people to engage with the entertainers and singers when they visited. The registered manager told us they arranged outings and engaged with the local community including with activities at the local church and school such as concerts and coffee mornings. The people we spoke with were generally content with the range of activities on offer and told us, "They have lots of things going on. We have all kinds of entertainers, sometimes they bring in furry animals, we love that. We went out at Christmas and we have parties at Easter and other times." Relatives told us, "They had sing along, bingo, chair aerobics and that sort of thing," and "They take them out for coffee if the weather is

nice to the local café."

Care records we reviewed evidenced that choice was considered in daily tasks. For example, one care record noted that whilst the person might take time to do this, it was important that they chose their own clothes. However, it was less clear how people had choice in other areas such as what they ate or when they bathed. For example, one person told us, "We have a day when we are due to have a shower" and bathing records indicated there was a structure to when people received support with bathing. We spoke to the registered manager about ensuring that care records reflected people's preferences in these areas, for example if they only wanted a bath once a week with body wash on other days. We also spoke to the manager about promoting choice in this area so that people were offered and were aware that they could choose personal care, such as support with a bath or shower whenever they wished.

We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs. The service had policies to underpin this, and staff completed training in this area.

Care plans demonstrated consideration was given to people's individual religious and cultural needs. Clergy from various faith groups attended the home on a regular basis and we noted in one person's care records it stated that staff should remind this person when a visit from the clergy was due.

We spoke with the manager about how they were using information to meet people's needs, particularly in relation to meeting the accessible information standards. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The manager told us that information could be provided in different formats and that they had access to equipment such as magnifiers and large print books. The home was in the process of installing a hearing loop to enable those with hearing loss to use their hearing aids more effectively.

We looked at how technology was being used to support the safe care and treatment of people. We saw that they service used alarm systems including buzzers and room sensors so that staff could quickly support people when in their rooms and getting up and therefore reduce the risk of falls. The service had CCTV installed within communal areas to enable to staff to monitor those independently mobile and provide support when needed. The service accessed digital health to ensure people received the appropriate level of health interventions. Digital health is a service which allows people to receive medical interventions and doctors' support electronically. The service had WIFI throughout the home and the registered manager advised us that some people accessed internet television services within the home.

The service had a complaints policy and people and their families could raise concerns with the registered manager. We saw that the service had not received any recent complaints and the last concern raised had been in relation to resources for the garden area which we saw had been responded to and action taken. Both people and relatives we spoke with felt able to raise concerns with the registered manager. One person told us, "I have never raised a concern, they are so attentive."

At the time of the inspection the service was not supporting anyone with receipt of end of life care. We saw that the service had policies and procedures to guide staff when supporting people at the end of life. We spoke with a relative whose family member had died and they told us, "The home was so caring, [family member] got unbelievable care. We would always recommend it. We are still welcome to come in whenever we like. It's a little gem." We saw a thank you card from a relative which stated, "You put my mind at rest at

this difficult time in our lives and we all hope that the dedication and care you provide will go on for many years, thank you."

Is the service well-led?

Our findings

At the last inspection we rated the well led domain good, however at this inspection the service has been rated as requires improvement in the well-led domain because we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 17 (good governance).

The service had a registered manager in place. 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.

As reported on in the safe domain of this report we identified issues relating to the recording of time sensitive medicines and people's allergies. It is important that accurate records are kept and maintained of care and support provided to people particularly information relating to the administration of medicines. Despite the service undertaking regular audits these concerns had not been identified.

We saw records to evidence that the registered manager also audited and reviewed accidents, incidents and complaints to look for patterns and themes in order to reduce the risk of further incidents and concerns. The records demonstrated that issues, such as a person having frequent falls were identified, but it was not clear what action had been taken from these records. The registered manager was able to tell us how they had responded to these incidents and from these discussions we identified that appropriate action was taken to review people's mobility, look at support and adaptation and reassess people's needs. We discussed how to capture actions taken within audit records with the registered manager so that they could ensure no risks or concerns were missed in future.

During a coroner's inquest in October 2018, questions had been asked regarding the open stairwell at the home. At this inspection we found no action had been taken in response to this specific risk although other areas of concern identified within the coroner's report had been addressed. Following our inspection, the registered manager advised that a barrier solution had been identified and would be fitted with in the next couple of weeks. Timely action to address this potential risk had not been taken.

The service had recently reviewed its policies and procedures but we found these did not always reflect current legislation or contain sufficient detail to guide staff on what action to take in the event of an emergency. We spoke to the registered manager about the data protection and business continuity policies and requested that these were reviewed and amended as appropriate to the service.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act (2009) good governance.

Prior to the inspection we were aware of an incident at the service that CQC had not been notified of. Our analysis of notifications sent from the service flagged the service as being a low reporter of incidents in comparison to similar services. We spoke to the registered manager about the CQC expectations of

notifiable events and clarified what accidents and incidents were reportable as statutory notifications. Statutory notifications are certain changes, events and incidents that the Registered providers must notify about that affect their service or the people who use it.

Failure to send statutory notification to the CQC is a breach of Regulation 18 of the Care Quality Commission Act (registration) regulations 2009.

People and relatives we spoke to knew who the registered manager was and told us they felt able to raise concerns. People told us, "[Registered manager] is always talking to us and making us laugh," and "[registered manager] is always nice, I can't complain about anything." Relatives told us, "If [Registered manager] isn't there at weekends you can speak to one of the other [staff members] and they will pass it on to the manager and they will get back to me," and "[Registered manager] is very friendly, very good." Our observations during the inspection confirmed that the registered manager knew people and their care needs well, and was quick to address any concerns raised by people, relatives and visitors.

We saw that the service held meetings for people and relatives and that this was used as an opportunity to share information, address any concerns and drive improvement. For example, we saw that the issues of activities had been discussed in one meeting and suggestions from people requested. The service also used surveys to obtain feedback from people. The survey undertaken had received mainly positive feedback with the only two issues identified being in relation to laundry and activities. The registered manager was able to tell us how these issues had both been addressed with the introduction of individual laundry bags to ensure clothing did not get lost and the increase in activities and entertainment visiting the home.

We saw records that staff meetings were undertaken and staff confirmed that they regularly met as a team. Staff told us these meetings were useful and they could discuss any concerns or issues they had. Staff said, "I'm happy to ask [registered manager] things, I know that they would deal with anything straight away," and "[Registered manager] knows us well and tells us if we have any problems to come and see them."

The registered manager and registered provider worked with the local authority and attended provider forums and registered manager forums. They told us this allowed the opportunity to discuss concerns and share ideas and best practice. The registered manager told us that staff were encouraged to identify and attend any training relevant to their role and were encouraged to complete formal qualifications such as NVQ's.

We saw within people's care records, and through our observation during the inspection, that the service linked closely with healthcare services to provide appropriate care and support to people. The registered manager told us about the links they had with nursing homes in the local area and how they supported people to transition when nursing care was identified as being required. The service had good relationships with local resources and community links including the local schools and faith groups.

The ratings from the previous Care Quality Commission inspection were on display both within the home and on the provider website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems of governance were not sufficiently robust to identify the issues found on inspection. A risk in relation to the staircase had previously been identified but timely action to address this risk had not been taken.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not submitted appropriate notifications in relation to incidents and deaths.

The enforcement action we took:

A fixed penalty notice was issued to the provider for failure to send in statutory notification