Mr Emmanuel Dangare

Oakmount House

Inspection report

68 Westgate
Burnley
BB11 1RY
Tel: 01282 458463
Website: www.example.com

Date of inspection visit: 19 & 23 February 2015
Date of publication: 30/03/2015

Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

We carried out an inspection of Oakmount House on the 19 and 23 of February 2015. The first day of our visit was unannounced. We last inspected Oakmount House on 4 November 2013 to check whether improvements we required to be made had been completed. We found the issues raised had been dealt with satisfactorily.

Oakmount House is registered to provide accommodation and personal care for up to nine people. The home supports people with mental ill health. It is an older type property situated on a main road on the outskirts of Burnley town centre and close to the town's amenities. Communal areas consist of lounge and dining room and kitchen. There is a separate laundry. Accommodation is provided in single bedrooms and one shared bedroom. At the time of our visit there were eight people living in the home.

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.

Summary of findings

People using the service were involved in decisions about how their care and support would be provided. The registered manager and staff understood their responsibilities in promoting people's choice and decision making under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the DoLS. We found the location to be meeting the requirements of DoLS.

People told us they were cared for very well and they felt safe. Staff treated them well and gave them all the support they needed. One person said, "I love living here, it's my home. We all get on well together. Nobody tells us what we can or cannot do." Another person told us, "I've been here a long time and I wouldn't like to go anywhere else. I feel perfectly safe here."

People told us they determined their lifestyle and did not have to conform to any institutional practices. Routines were flexible and people had their preferred daily living plan recorded in their care records. This supported people's varying needs being met at times that suited them and prevented institutional routines and practices occurring.

Staff gave a good account of and showed understanding of the varying needs of different people we had discussed with them. Staff said they enjoyed their work and worked well together for the benefit of people living in the home. Staff were clear about their responsibilities and duty of care.

People were cared for by staff who had been recruited safely and were both trained and receiving training to support them in their duties. Staff were kept up to date with changes in people's needs and circumstances on a daily basis. We found there were sufficient numbers of suitably qualified staff to attend to people's needs and keep them safe.

Contractual arrangements were in place to make sure staff did not gain financially from people they cared for at the home. For example, staff were not allowed to accept gifts, be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

Individual risk assessments had been completed for all activities and were centred on the needs of the person. People's rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risks. People were supported to use community facilities.

People had their medicines when they needed them. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic. There were infection control policies and procedures in place and the service held a maximum five star rating for food hygiene from Environmental Health following a self-assessment.

People told us they were satisfied with their bedrooms and living arrangements. Required maintenance work was being identified and monitored for completion by the registered manager. However we found radiators to be very hot and water temperatures exceeded a safe bathing temperature. This meant people were at risk of accidental scalding and burns. The registered manager said this would be raised as a safety issue with the registered provider. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have asked the registered provider to take at the back of the full version of this report.

Each person had an individual care plan. These were sufficiently detailed to ensure people's care was personalised and they were kept under review. People were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

Health and social care professionals commented "They definitely want the best for people with quality lifestyles and giving them a feeling of self-worth." And "They make sure people are not marginalised and will try to give people the same opportunities as everyone else. Very professional."

People said the food served was very good and they had everything they wanted. They could have hot and cold drinks when they wanted. One person told us, "I go

Summary of findings

shopping every week with the staff for the food. We choose what we want on the menus at our meetings. The food is good and I can have what I want. The staff are good cooks."

People told us they were confident to raise any issue of concern with the registered manager, staff and with the registered provider and that it would be taken seriously. They also told us they were encouraged to express their views and were kept up to date with any planned changes.

Confidence was expressed in the management of the home by people using the service, staff and health and social care professionals who visited the home on a regular basis. They described the management team and staff as 'being professional' and 'doing a 'sterling job'.

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?

Requires Improvement

The service was not entirely safe. People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly. Safe recruitment practices were followed, contractual arrangements and policies and procedures for people's protection were in place.

People had their medication when they needed them. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines.

The home was clean and hygienic; however water temperatures and radiators were very hot and posed a risk of accidental scalding and burns.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected. Decisions about peoples care took into account people's views and values. People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their day to day care. People's views and their values were central in how their care was provided.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised and responsive to their needs. People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

Summary of findings

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were good opportunities for involvement in regular activities both inside and outside the home. People were involved in making decisions about the activities they would prefer which helped make sure activities were personalised for each person.

Is the service well-led?

Good

The service was well led. People made positive comments about the management of the home. Staff were aware of their roles and responsibilities. There were processes in place to support the registered provider to account for actions, behaviours and the performance of staff.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were systems and established practices in place to seek people's views and their opinions about the running of the home.

Oakmount House

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 19 and 23 February 2014 and the first day was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports.

We spoke with six people living in the home, three care staff, the deputy manager and the registered manager. We briefly spoke with the registered provider. We also spoke to two health and social care professionals who visited people using the service on a regular basis.

We observed how people were cared for and supported. We looked at a sample of records including three people's care plans and other associated documentation, one staff recruitment and related employment records, minutes from meetings, training plans, complaints and compliments records, all medication records, policies and procedures, quality monitoring audits of the environment and risk assessments relating to peoples care and welfare.

Requires Improvement

Is the service safe?

Our findings

We asked the manager what measures had been taken to ensure people were not at risk of scalding or burns from hot radiators. We found the temperatures of radiators were too hot to touch and the water at source in the baths had not been fitted with a safety valve to control the temperature of the water which was very hot. This meant people were potentially at risk. Showers however were thermostatically controlled. The registered manager said people had risk assessments for bathing and only two people preferred a bath. Other people using the service preferred to shower. This was documented. Thermostatic valves had been fitted to some of the radiators, (although these could not be a safeguard against the surface temperature being too high) as a safety measure and the registered manager agreed this would be discussed with the provider as a safety issue. We were told a new boiler was to be installed as part of the refurbishment of the home and this should support better control of water temperature. We did not see any action plan to show when this work would be completed. This meant there was a failure to manage risks relating to the safety to people living in the home. This is a breach of Regulation 15 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with six people using the service and asked them what their experience was of living in the home. We talked about the staff that supported them and we asked people if there was any unnecessary rules or restrictions placed on them and if they felt safe in the home and with staff. People told us they were happy and well cared for. They said they did not have any concerns about the way they were treated. Staff were described as being 'good', 'friendly' and helpful'. People told us they felt safe in the home and when they went out in the community. Staff were always at hand for support when they needed it. One person said "I love living here, it's my home. We all get on well together. Nobody tells us what we can or cannot do. One of the staff sleeps in every night and when they go to bed it doesn't mean I have to. I go when I'm ready." Another person told us, "The staff are good. I can make a brew when I want and we have meetings to decide what we want to do. It's always our choice. I've been here a long time and I wouldn't like to go anywhere else. I feel perfectly safe here."

Two healthcare professionals told us the people they had regular contact with were very happy. They had never complained to them about the service or expressed any concern about the way they were treated, or of poor attitude of staff. One healthcare professional said, "They are very good with the people living in the home. Quite often because of their illness, people are marginalised and offered little support for community involvement. I've found the staff here are very professional and always put the people first. They make sure people are treated fairly." Another professional told us, "I've found people are treated very well." We looked at three people's care plans and assessments. We could see people had a preferred lifestyle recorded. This supported people's varying needs being met at times that suited them and prevented institutional routines and practices occurring.

We looked at how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Rotas were prepared in advance and where people wanted to do a specific activity, this was taken into account. The registered manager told us they had had the discretion to increase staffing levels to make sure people had full support for extra activities and when needed. Staffing rotas evidenced the home had sufficient skilled staff to meet people's needs, as did our general observations. The registered manager also told us any shortfalls, due to sickness or leave, although rare, were covered by existing staff. Staff on duty considered there was enough staff to ensure people's needs were met and to also provide quality time with the right support for them.

We looked at one staff file to see the recruitment procedures that were followed. We found a completed application form, face to face interview had been held, references received, copies of training certificates and evidence the Disclosure and Barring Service (DBS) checks were completed for the applicant prior to them working. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This check helps employers make safer recruitment decisions. Contractual arrangements were in place to make sure staff did not gain financially from the people they cared for. For example, staff were not allowed to accept gifts or be involved in wills or bequests. This meant people could be confident they also had some protection against financial abuse and this was closely monitored.

Requires Improvement

Is the service safe?

We discussed safeguarding procedures with three members of staff and with the registered manager. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There were policies and procedures in place for their reference including a whistleblowing procedure. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Training records evidenced all staff were trained in safeguarding.

We looked at three people's care records and found individual risk assessments had been completed and were centred on the needs of the person. They were wide ranging and covered all aspects of daily living within the home and wider community. People's rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage any identified risks. These were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

People we spoke with told us they had their medication when they needed it. We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We found people had their medicines when they needed them and we saw documentary evidence staff administering medication had been appropriately trained. The home used a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was delivered with corresponding Medication Administration Records (MAR) sheets for staff to use. We looked at all MAR sheets and noted safe procedures were followed by staff in checking the right medication was delivered and matched the tablet description. MAR sheets were complete and up to date. We found that where GP's gave instructions to discontinue or stop people's medicines, this was clearly documented. The staff on duty told us arrangements with the pharmacist to deal with medication requirements were good. This helped to make sure unused or discontinued medication was disposed of appropriately.

Appropriate arrangements were in place for the management of controlled drugs. These are medicines which may be at risk of misuse and require extra monitoring. They must be stored appropriately and recorded in a separate register. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, some guidance was recorded to make sure these medicines were offered consistently by staff as good practice. People had been assessed to determine their wishes and capacity to manage their own medicines. There was supporting evidence to demonstrate the medication systems were checked and audited on a regular basis.

Arrangements were in place to promote safety and security. This included reviewing accidents and incidents, checking systems, reporting any issues and being familiar with individual risk assessments. We looked around the premises and found most areas we looked at were being maintained. The manager had kept a maintenance record of work that was required and this was discussed with the provider during their monthly meetings. Action plans were drawn up and people identified to carry out the work was listed. Completed work was signed off. We looked at the arrangements for keeping the service clean and hygienic. There were infection control policies and procedures in place for staff reference. The service held a maximum five star rating for food hygiene from Environmental Health following a self-assessment that was submitted. Measures had also been taken to make sure the water supply was certified as safe and monitored for the control of Legionella.

Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. People told us they had fire drills occasionally. Security to the premises was good and visitors were required to sign in and out.

Good

Is the service effective?

Our findings

The people using the service we spoke with offered no criticism of the qualities of the staff who cared for them. Staff were described as 'very helpful', 'good at listening' and 'considerate'. One person said "My key worker is very good. I get depressed sometimes and I'm getting on a bit now. But with their help I'm managing very well. I love living here." Health and social care professionals we spoke with told us staff were very good at requesting professional advice to improve people's quality of life experience. One professional told us, "When (service user) was admitted, they called for two reviews during their settling in period because of concerns they had identified. I've seen an improvement in how she is and I know she is involved in the decisions she makes, despite her limitations in communication."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. One member of staff told us "I had a three month induction training that included shadowing other staff. It was good." All the staff had achieved a recognised qualification in care.

Staff told us they were supported at work and provided with regular supervision and appraisal of their work performance. This would help identify any shortfalls in staff practice and identify the need for any additional training and support. Staff spoken with had a good understanding of their role and responsibilities, and of standards expected from the registered manager and registered provider. They said they had handover meetings at the start of their shift and were kept up to date about people's changing needs and support they needed. Records showed important key information was shared between staff. This meant people were more likely to receive effective and personalised care because of this.

The Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) provide legal safeguards for people who may be unable to make decisions about their care. It sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. At the time of the inspection none of the people using the service were subject to a DoLS. Staff we spoke with showed an awareness of the need to support people to make safe decisions and choices for themselves. They had an understanding of the principles of these safeguards and had received training on the topic.

Care records showed people's capacity to make decisions for themselves had been assessed on admission as routine and useful information about their preferences and choices was recorded. We also saw evidence in care records people's capacity to make decisions was being continually assessed. This provided staff with essential knowledge to support people as they needed and wished.

Most people living in the home had been resident for many years. There was evidence to show that assessment of people's needs had been carried out at regular intervals. Information recorded supported a judgement as to whether the service could continue to effectively meet people's needs and where needs had changed these had been managed well. Furthermore people had a contract outlining the terms and conditions of residence that outlined their legal rights.

We looked at how people were supported with their health. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records were kept of all healthcare appointments and outcomes.

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of the routine review of people's care needs. We saw risk assessments were in place to support two people with particular nutritional needs. This meant there was clear guidance for staff to follow to ensure these people got enough to eat and drink.

People using the service told us they discussed their meal choices at the meetings they had. They said the food served in the home was very good and they had everything they wanted. They could have hot and cold drinks at any time. One person told us, "I go shopping every week with

Good

Is the service effective?

the staff for the food. We choose what we want on the menus at our meetings. The food is good and I can have what I want. The staff are good cooks." Another person told us, "The food is pretty reasonable I must say. I particularly like bacon, eggs and fried bread. Obviously we don't have this all the time but it's put on the menu as one of my choices." Other people told us they were also involved with shopping for provisions, which meant they could make choices on purchasing food and drink items. The registered manager told us the registered provider was very good on nutrition. People using the service were able to speak to him direct about what they wanted and he made sure they got it. Only fresh produce was used. One healthcare professional we spoke with told us, "When I visit I see there is always good food put on the table for people and fresh fruit."

Good

Is the service caring?

Our findings

People using the service expressed their satisfaction of the care and support they received. They said the staff were 'kind' to them and 'understanding'. One person told us, "The staff here are very loveable, they love and look after you and will always ask you how you are. We all get on well together-like friends." People also considered staff helped them maintain their dignity and were respectful to them. One person said, "(keyworker) is very good, I have a shower in my room so if I need any help she stays with me to make sure I'm alright. She talks to me all the time to make sure I'm OK." Another person told us, "It's really good here and I do feel cared for. The boss, well he talks to us when he visits and will ask us if we are all right and if we have everything we need."

We spoke to two health and social care professionals. They told us "They definitely want the best for people with quality lifestyles and giving them a feeling of self-worth." And "They make sure people are given the same opportunities as everyone else. Very professional."

Staff had training that included and focused around values such as people's right to privacy, dignity, independence, choice and rights. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. We observed interactions between staff and people using the service were friendly and respectful. It was clear staff had built trusting relationships with people they cared for. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. One staff member said, "I enjoy working here. It's a small home so we know the people really well and can work with them to make sure they do what they want and with the right support. It's interesting work because each person is different with different needs." Another staff said, "It's very much like being a family member here. We get along very well and have known each other for a long time. There is a lovely atmosphere and people are looked after very well."

We looked around the home and we found most people living in the home had single bedrooms. Where people shared this was by mutual consent. Plans were underway to provide single en-suite bedrooms for everyone. This was being managed well with preparation work being carried out with individuals who found change to be slightly overwhelming. Information about health services, health issues, social care, and advocacy services were readily available to people.

People were given an opportunity to discuss and document their wishes regarding end of life care although some people had not taken the opportunity. We discussed this with the registered manager who agreed that by asking people, this would mean people and those who matter to them could have peace of mind knowing their wishes were made known to staff.

Good

Is the service responsive?

Our findings

We looked at the initial assessments that had been carried out for one person who had lived in the home for less than one year and we discussed the admission process with the registered manager. We were told people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home and consider if the services and facilities on offer met with their needs and expectations. Assessments included information about the person's ability to make decisions and people identified as needing some support during this process received this. Emergency contact details for next of kin or representative were recorded in care records as routine.

We found evidence care coordinators, health professionals and family had been involved in the admission process. Assessments completed had focused on each person's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs.

We found evidence in the care records we viewed that people had been involved in setting up their care and support plan. People's continuing assessment showed they had the opportunity to make and change decisions they made regarding their care and support. Records showed people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community was acknowledged. The registered manager told us people were registered on the electoral register and those who wanted could vote in local and general elections. People's support needs, lifestyles and circumstances were regularly being monitored and reviewed. We found positive relationships were encouraged and people were being supported as appropriate to maintain contact with relatives and others.

People were provided with good information about the service, as well as a contract highlighting the terms and condition of residence. Information people received included for example, policies and procedures, philosophy of the home, aims and objectives, personal support and facilities, physical and mental health care and key working. This supported people to have a good understanding of what standards they should expect from the registered provider and staff whilst living in the home.

Care plans covered people's health and special needs and included guidance for staff of what action they should take in an emergency situation in order to promote their safety and prevent health problems. People had been registered with a local GP and routine healthcare appointments were recorded. Records showed staff supported people to attend healthcare appointments and they liaised with other health and social care professionals involved in peoples care and support. This helped to make sure people received coordinated care based on specialist advice and had staff support to help them maintain their continuing health care. One health and social care professional told us, "They have a planned approach to mental health and give people good opportunities to lead a fulfilling life."

Staff told us the service was flexible and responsive to people's needs. We asked people what they did all day. One person told us they went to social clubs, went out for meals sometimes, visited family members and had days out for holidays. Another person said, "I like to watch the television and read. Staff are very good and they bring me books to read." We observed another person was taken out whenever staff went out in the car. We were told the person loved car rides. Another person showed us their model aircraft they had made. The registered manager told us people were regularly taken out for example, to visit local attractions, have a meal out or go shopping with staff. We looked at plans people had made for daily living. These helped people remember what activities they had planned to do throughout the day and helped staff to plan for the support people required.

We looked at how complaints were managed and responded to. We asked people for their views on the complaints processes. They commented, "I've no complaints. I'd probably tell the manager if I had or I would tell the owner when he visits." And, "I've never had any complaints. There's nothing to complain about. I'm treated very well and this is my home."

The service had policies and procedures for dealing with any complaints or concerns. There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints. The registered

Good

Is the service responsive?

manager told us they were in dialogue with people on a daily basis and if any issue was to crop up this would be dealt with straight away which meant concerns were less likely to occur. People who used the service and their relative/representative had plenty of opportunity to discuss any issue of concern during regular meetings, during day to day discussions with staff and also as part of regular quality monitoring surveys carried out.

Good

Is the service well-led?

Our findings

People we spoke with expressed confidence in how the home was managed. They told us they were involved in how the home was run in their best interest. People told us they had their own 'house rules' which they agreed were aimed at making sure they respected themselves and each other. When changes were planned, they were kept informed and asked for their views. One person told us their bedroom was being upgraded and they were involved in saying how they wanted this doing. They were being given time to adjust to the changes planned.

There was evidence the service had a clear vision and set of values. These were outlined in the homes 'philosophy of care' and supporting literature given to people. From speaking with people using the service, staff and health and social care professionals and in the records we looked at, people were treated with respect and their right to choice, dignity, independence and privacy was promoted. A healthcare professional said, "They are really earnest in what they do. They seem to manage complex cases and do a sterling job. They are good at making sure people are part of the community and they support people to take as much control of their lives as possible." Another health and social care professional said, "I'm a regular visitor to the home. Whatever they do for people, they do it well. I can only say what I see and that is people visibly improve after a short stay in the home. People are supported very well to be in control of their lives. I have to say without hesitation the manager is very professional and staff seems to follow by example. The only downside of the service is the environment, although there have been some improvements there."

Staff we spoke with understood their role and responsibilities and described the registered manager as 'very approachable', 'always there for us' and 'a good manager'. One staff member said, "I have worked here a long time and I really enjoy my work. The manager is very much part of the team and we all get on very well." Staff told us they could raise any issue they had with the registered manager and provider and were confident they would be listened to. One staff told us the owner sometimes joined their meetings, and if he was in the home would ask how they were and if there was anything they needed.

The manager was registered with the Care Quality Commission in 2012. There was a deputy manager in post who had designated responsibilities to support the registered manager for the day to day running of the service. The management team was supported and monitored by the registered provider who visited the home on a regular basis. The registered manager told us she attended care forum meetings with other providers and had developed good links with appropriate professionals in the area. For example she worked with Lancashire Workforce Development Partnership (LWDP) for access to staff training and development, attended their meetings and took advice from them on any new legislation. The LWDP supports the independent care sector, by valuing and investing in the social care workforce to provide staff training and development opportunities, with the ultimate purpose of improving social care in Lancashire for people who used the service.

There were systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, care plans, activities, staff training, infection control and environment. For example there was evidence that audit systems had been developed in such areas as care plan contents and updates, cleanliness in the home and property maintenance requirements. These systems were being used effectively. For example we saw that the registered manager used a system to identify any maintenance work that was required. This was presented to the provider on a regular basis to make sure the provider was aware of any reported maintenance requirements and make arrangements for the work to be done. We could see from the records, work completed had been signed off. People using the service were asked to give their views and had regular meetings. Issues raised at meetings were taken seriously and acted upon.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because the temperature of the radiators was very hot and posed a risk of accidental burning. Water temperatures for bathing was not controlled to a safe temperature and posed a risk of accidental scalding. Regulation 15 (1) (b).

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.