

Regal Care Trading Ltd

Le Moors

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an inspection of Le Moors on 16 and 17 December 2015. The first day of the inspection was unannounced.

Le Moors provides accommodation and personal care for up to eight people, including people with a learning disability and people living with dementia. At the time of our inspection there were seven people living at the service.

Bedrooms are located over two floors and a lift is available. There is an open plan lounge and dining room on the ground floor. Bedrooms do not have ensuite facilities. However, there are suitably equipped toilet and bathroom facilities on both floors.

At the time of our inspection there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

At the last inspection in April 2015, we asked the provider to make improvements to staffing levels, the management of risks, medicines management, care planning, supporting people to access the community and quality assurance processes. The provider sent us an action plan detailing the improvements to be made and advised that all actions would be completed by 31 October 2015. During this inspection we found that further improvements were needed in some areas.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management, the safety of the premises, assessing and monitoring the quality of the service and supporting people to be involved in the community. You can see what action we told the provider to take at the back of the full version of the report.

The relatives and staff we spoke with told us they felt the people living at Le Moors were kept safe.

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We found that staffing levels at night were not sufficient to ensure that people’s needs were met. However, during our inspection arrangements were made for an additional member of staff to be on duty at night.

There were appropriate policies and procedures in place for managing medicines and staff had received appropriate training in medicines management. However, the training received was not always translated into practice, as staff did not always manage medicines in line with national guidance. Medicines documentation was not always completed appropriately and there were not always clear instructions for how medicines should be administered. This meant that people may not have received their medicines safely.

We found that some areas of the home were not safe. Nails were exposed in the upstairs bathroom and toilet and the door to the cellar was not always securely locked. This could have put people living at the service at risk of accidents or injuries.

The relatives we spoke with were happy with the care provided at Le Moors. One relative told us, “We’re very happy with the care. Our relative is very well cared for”.

We found that staff received an appropriate induction, regular supervision and could access training if they needed it. They told us communication between staff and with people living at the service and their relatives was good.

People were supported by staff to make decisions wherever possible. Where people lacked the mental capacity to make decisions about their care, decisions were made in their best interests in consultation with their relatives.

We found that people were supported appropriately with their nutritional and healthcare needs.

A local district nurse was happy with the care being provided at the service. However, a community nurse from the local learning disability team told us that information about changes in people’s needs was not always communicated between staff. This meant that staff may not have been aware of people’s needs and how to meet them.

The people we spoke with told us that staff at the service were caring and we saw staff treating people with kindness and respect.

Relatives told us staff respected people’s privacy and dignity and encouraged them to be independent and we saw evidence of this.

We observed that people’s needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly.

A variety of activities were available at the service and people were encouraged to take part. However, people were not supported to be involved in the community regularly. We found that people were supported to leave the home less than once each month. This meant that people’s choices were being restricted and their social needs were not being met.

Summary of findings

We saw evidence that the manager requested feedback about the service from people and their relatives. Questionnaires received from relatives demonstrated a high level of satisfaction with the service.

Relatives told us they felt the service was well managed and they felt able to raise any concerns.

We saw that the service had a clear statement of purpose which focused on the importance of people's privacy, dignity and independence.

The staff and the registered manager communicated with people, their relatives and each other in a polite and respectful manner.

The registered manager and staff had a caring and compassionate approach towards the people living at the service. Relatives told us they were approachable.

We saw evidence that a variety of audits were being completed. However, the audits being completed were not effective in ensuring that appropriate levels of safety at the home were being achieved and maintained. They had not identified the issues we found during our inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The manager followed safe recruitment practices.

During our inspection staffing levels at the service were increased to ensure that people's needs were being met.

Medicines information was not always clear and medicines records were not always completed appropriately by staff. This meant that people may not have always received their medicines safely.

Some areas of the home environment were not safe.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff did not always communicate with each other effectively about changes in people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with care, compassion and respect.

Staff respected people's privacy and dignity.

People were encouraged to be independent.

Good



Is the service responsive?

The service was not always responsive.

Care plans and risk assessments reflected people's individual needs and preferences and were reviewed regularly.

People were supported to take part in a variety of activities within the home. However, people were not supported to be involved in the community regularly. This meant that their social needs were not always being met.

The registered manager sought feedback about the service from people and their relatives.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The service had a registered manager in post.

Staff understood their responsibilities and told us they felt supported by the registered manager.

The manager and provider had audited and reviewed aspects of the service. However, the audits completed were not effective in ensuring that appropriate levels of safety were maintained.

Requires improvement



Le Moors

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 took place on 16 and 17 December 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

Prior to the inspection we reviewed information we had received about Le Moors, including statutory notifications

received from the service, comments and concerns and safeguarding information. We also reviewed information from a previous inspection in April 2015. We used this to inform our inspection.

We contacted agencies who were involved with the service for their comments, including a district nurse team and a community nurse from the local learning disability. We also contacted Lancashire County Council contracts team for information.

During the inspection we spoke with one person who lived at Le Moors, three relatives and four members of staff including the registered manager. We also spoke with the operations director for the service provider, who was present during the inspection. Following the inspection we contacted a further three relatives by telephone to gain feedback about the service. We observed staff providing care and support to people over the two days of the inspection and reviewed the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

The relatives we spoke with told us they felt the people living at Le Moors were kept safe. One relative told us, “My relative is always safe, I don’t have any concerns”.

At our previous inspection in April 2015, we found that the provider had not deployed sufficient members of staff to meet the needs of the people living at the service. During this inspection we found that there were sufficient staff on duty during the day to meet people’s needs. However, only one member of staff was on duty at night. This was not sufficient to meet people’s needs as two of the people living at the home required support from two members of staff to meet some of their needs during the night time hours.

Two of the relatives we spoke felt that staffing levels were appropriate. However, three relatives felt that two members of staff were needed at night to be able to meet people’s needs. Most of the staff we spoke with also felt that an additional member of staff was needed at night to ensure that people were kept safe. We discussed this issue with the registered manager and the operations director during our inspection and arrangements were made for staffing levels to be increased to two members of staff at night. Following our inspection, the registered manager provided staffing rotas which confirmed that an additional member of staff was on duty at night. This would help to ensure that people’s needs are met and they are kept safe.

We looked at whether people’s medicines were managed safely. At our inspection in April 2015, we found that the provider did not have suitable arrangements in place for the safe management of medicines. During this inspection we found that improvements were still needed.

We observed staff administering medicines and saw that people were given time to take their medicines without being rushed. When people were reluctant to take their medicines, appropriate, sensitive encouragement was offered. The service used a blister pack system for most medicines, where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. Medicines were stored in a locked trolley which was attached securely to the wall in the medicines room. However, we saw that the

keys for the medicines room, which included the keys for the medicines trolley, were often left in the door. This meant that medicines were not stored securely and could be accessed by people living at the home.

We looked at the medicines administration record (MAR) charts for two people living at the service. We found that for one person, the information sheet which recorded their room number, date of birth, GP and allergies had not been completed and a photograph of the person was not available. We noted that on both people’s MAR charts staff had not always signed to demonstrate that medicines had been given, or recorded that medicines had been refused. This included PRN (as needed) medicines and time specified medicines such as antibiotics. We found that there were no clear instructions for the application of external creams, such as a description of where the cream should be applied or a body map demonstrating this.

There were appropriate processes in place to ensure medicines were ordered and disposed of safely. However, the temperature of the room where medicines were stored had not been checked daily since October 2015. This meant that medicines may have been stored at temperatures above or below the recommended levels, which can reduce their effectiveness.

The provider had failed to ensure that people received their medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that all nine staff members had received training in medicines administration in June 2015. We saw evidence that staff competence to administer medicines had been assessed recently and staff had been found to be competent. The staff we spoke with confirmed they had received training in medicines administration. However, we found that the training they had received was not always translated into practice.

Records showed that medicines audits had been completed. Issues addressed as part of the audit included the completion of MAR charts by staff and the secure storage of medicines. We found that the audits had not been effective in identifying and addressing the issues we found during our inspection.

A medication policy was available and provided guidance for staff which included safe storage and disposal, record

Is the service safe?

keeping, consent and PRN (as needed) medicines. Information regarding the use of homely remedies was available in respect of over the counter medicines and provided clear guidance for staff, which included the need for GP authorisation. NICE (National Institute for Health and Care Excellence) guidance regarding the management of medicines was also available to staff.

During our inspection we noted that some areas of the home environment were not safe. We found that the key code lock on the door to the cellar was broken and the door was not kept securely locked at all times. This meant that when staff were in the cellar, people living at the service were at risk of opening the cellar door and falling down the stairs. We discussed this with the registered manager who showed us a new key code lock that had been purchased. Arrangements were made for the maintenance person to fit the new lock that day.

We found that nails were exposed in the toilet and bathroom on the first floor, which meant that people living at the home could have sustained injuries when using these facilities. We discussed this with the registered manager who arranged for the necessary repairs to be completed that day. Staff informed us that the service provider was considering renovating another part of the building which was not being used. We entered this part of the building and found that it was unsafe. There were tools lying around and trip hazards were present. We found that the key to this part of the building was left in the door, making it accessible to people living at the service. This meant that people living at the service were at risk of injury if they accessed this area. We discussed this with the maintenance person and the registered manager who assured us that this door would be kept securely locked in future. We noted that the door was locked securely during the remainder of our inspection.

The provider had failed to ensure that the service premises were safe for people who were using the service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that carpets had recently been replaced in some parts of the home and some rooms had been redecorated. The registered manager informed us that the service provider had visited the service a few days earlier and planned to implement a programme of improvements at the home, including a new boiler and heating system, a

new bathroom on the first floor and further redecoration. This was confirmed by the maintenance person and the operations director. We noted that some of the rooms upstairs were very warm. The maintenance person advised that there were problems with controlling the temperature of the heating in the building at that time and told us this would be resolved when the boiler and central heating were replaced. He advised that this was due to be completed in the near future.

Records showed that equipment at the service was safe and had been serviced. Portable appliances were tested yearly and gas and electrical appliances were tested regularly.

There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the local authority were included. The contact details for the local authority safeguarding team were also displayed on the notice board in the entrance to the service. We looked at training records and found that staff training in safeguarding vulnerable adults from abuse was not up to date. The registered manager told us that she planned to arrange this in the new year. The staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected a person was at risk of abuse or if abuse was taking place.

We looked at how risks were managed in relation to people living at the service. At our inspection in April 2015, we found that the provider did not have suitable arrangements in place for assessing and managing the risks to people's health, safety and welfare. During this inspection we found that improvements had been made.

We found that there were detailed risk assessments in place for each person living at the service including those relating to falls, mobility, nutrition and going outside the home environment. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by people's key workers and were reviewed monthly or sooner if there was a change in the level of risk.

We saw that records were kept in relation to accidents and incidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff and included the action taken by staff at the time of the accident. However, not all accident/incident records

Is the service safe?

documented any necessary future actions, for example encouraging people to seek support when mobilising. Not all forms had been reviewed and signed by the registered manager. We discussed this with the registered manager who assured us that she reviewed all accident forms and would ensure this information was included on the forms in future. The registered manager showed us an accident report that she was required to submit to the service provider on a monthly basis. This would help to ensure that any patterns or trends in accidents or incidents were identified and appropriate action taken.

We noted that all of staff had received moving and handling training in 2015 and during our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks would help to ensure that the service provider made safe recruitment decisions.

The registered manager told us that agency staff were not used at Le Moors as the service provider did not want people to be supported by staff who were not familiar with their needs. She informed us that any periods of annual leave or sickness were covered by permanent staff or by her.

We looked at the arrangements for keeping the service clean. Staff informed us that the service did not have specific domestic staff. Cleaning duties were carried out by the support workers on duty each day. On the first day of our inspection we found that some of the toilets and bathrooms at the service were not clean. We discussed this with the deputy manager and our concerns were addressed quickly. We did not have any concerns about the cleanliness of the home on the second day of our

inspection. The relatives we spoke with did not have any concerns about hygiene levels at the home. One relative who visited regularly told us, "The home is always clean. There are never any smells". The professionals we contacted who visited the service regularly did not express any concerns about hygiene levels or infection control at the home.

Infection control policies and procedures were available and records showed that infection control training for staff was due for renewal in the new year. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. During our inspection, we found that there was a delay in adopting appropriate infection control procedures when one of the people living at the service was ill, due to a lack of communication between staff. We noted that when this information was received, appropriate infection control procedures were implemented.

We found that environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks would help to ensure that the people living at Le Moors were living in a safe environment. We noted that all staff had completed COSHH (control of substances harmful to health) and first aid training in the last two years.

We noted that the Food Standards Agency had awarded the service a food hygiene rating of 4 (good). This meant that processes were in place to ensure that people's meals were prepared safely.

Records showed that all staff had completed fire safety training and this was due to be updated in the new year. There was evidence that the fire alarm and fire extinguishers were tested regularly. We noted that a fire safety audit had been completed in January 2014 and the service had been found to be compliant. A fire risk assessment had been completed in December 2015 and we saw evidence that improvements identified had been completed. These checks would help to ensure that people living at the service were kept safe in an emergency.

Is the service effective?

Our findings

All of the relatives we spoke with were happy with the care being provided to the people living at Le Moors. They told us, “We’re very happy with the care. Our relative is very well cared for” and “The care provided by the staff is beyond what would be expected, it’s absolutely fantastic”. One person living at the service told us, “I like my room and the food”.

Records showed that all staff had completed an induction which included safeguarding vulnerable adults, moving and handling, infection control and health and safety. The staff we spoke with told us that they had received a thorough induction. This would help to ensure that staff provided safe care and were able to meet people’s needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, all nine staff had completed recent training in dementia awareness and diet and nutrition. Three staff at the service had achieved NVQ (National Vocational Qualification) level two, five staff had achieved NVQ level three and the registered manager had achieved NVQ level four.

At our previous inspection we recommended that staff completed training to help them support people who displayed behaviour that could be challenging. During this inspection, staff told us they had not received this training and this was confirmed in the service’s training records. The staff we spoke with advised that they had previously supported a person living at the service whose behaviour could be very challenging but that person no longer lived at the home. Staff did not feel that the training was necessary to be able to effectively support the people who were living at the service at the time of our inspection. We noted that there was information in people’s care plans and risk assessments advising staff how to support people appropriately if they were agitated or upset. Staff told us that they used distraction techniques to encourage people to become calm when they were agitated and that restraint was not used at the home.

Staff told us that a verbal and written handover took place between the staff three times each day, prior to the shift changing. We reviewed handover records and noted they included information about people’s mood, food and

fluids, how they had slept, activities they had been involved in, any visits by healthcare professionals and relatives and any changes to their medication. In addition, any concerns were clearly recorded. This would help to ensure that all staff were aware of any changes in people’s risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good. One member of staff told us that there was not always someone in charge on each shift and they felt that communication could be improved if this was implemented. The relatives we spoke with told us staff updated them regarding any changes in people’s needs.

During the first day of our inspection, we found that there was a delay in staff adopting appropriate infection control procedures due to a lack of effective handover between the night staff and the morning staff. We also found that there was a ‘do not use’ sticker on the lift, however, none of the staff were aware of the reason for this. Following telephone calls to staff who had been on duty the previous day, it was established that the lift had been serviced and was safe to use. However, this information had not been communicated by the staff on duty at the time.

Staff informed us that the service planned to introduce an electronic system for recording the care provided at the service. Each member of staff on duty would be given an electronic device and would use it to record the care and support provided to people that day. Staff advised that care plans and risk assessments would also be recorded on the system, as would daily activities. One member of staff felt that this would help to improve communication at the service.

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

Is the service effective?

We looked at whether the service was working within the principles of the MCA. We found that people's mental capacity had been assessed and as it was felt that they needed to be deprived of their liberty to ensure their safety, applications had been submitted to the local authority in respect of two people living at the service. At the time of our inspection, one authorisation had been received from the local authority. The manager told us that she also planned to submit DoLS applications in respect of the other five people living at the service. However, she had been advised by the local authority not to submit all necessary applications at the same time as they had a backlog of applications to process. We informed the manager that applications should be submitted where it was felt that people needed to be deprived of their liberty to ensure their safety. The manager assured us she would complete the applications as a matter of urgency. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. The relatives we spoke with confirmed this to be the case.

MCA and DoLS policies and procedures were in place, which included the principles of the MCA and the importance of making decisions in people's best interests. The staff we spoke with had a good understanding of the main principles of the legislation, including the importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about their care when they could. Staff told us that restraint was not used at Le Moors and when people were unsettled or agitated, staff used a variety of methods to help them to settle, including giving them space and by using distraction techniques.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with mobilising around the home. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation), which advised that CPR should be carried out unless there was evidence of a decision stating otherwise. We noted that DNACPR decisions were recorded in people's care files.

We looked at how people living at the service were supported with eating and drinking. We reviewed the home's menus and noted that there were two choices of meal at lunch time and in the evening. Staff told us that people could have something else if they did not like what was planned and we saw evidence of this during our visits. The person we spoke with told us they liked the food at the home and the relatives we spoke with were happy with the food and the support provided by staff.

At our previous inspection we found that people were not always supported effectively at mealtimes. During this inspection, we observed lunch on both days. We observed staff supporting people sensitively and noted that adapted crockery was available to enable people to eat their meals independently. Staff asked people what they would like to eat and informed them of what their meal was as it was being served. Staff asked people if they wanted any condiments or sauces and these were provided. People were given the time they needed to eat their meal and we noted that they were able to have their meal in other areas of the home if they preferred, including the lounge and their room. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed. Staff ate their lunch with people and interacted with them throughout the meal.

A record of people's meal time choices was kept and any dietary requirements were documented, including when people needed soft meals or finger food. We noted that people were offered drinks regularly throughout the day and one person living at the service regularly made his own hot drinks, observed by staff.

People's weight was recorded regularly and nutrition assessments were completed. Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

We looked at how people were supported with their health. The relatives we spoke with felt staff made sure people's health needs were met. We found that care plans and risk assessments included detailed information about people's health needs and were reviewed monthly.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and the local learning disability team. We found healthcare appointments and visits were documented and relatives

Is the service effective?

told us they were kept up to date with information about people's health needs and appointments. This would help to ensure that people were supported appropriately with their health.

We contacted a district nurse who visited the home regularly. She told us that people appeared well cared for and staff always contacted the service if anyone needed treatment. She told us, "Carers are always visible and helpful and strive to provide the best care possible". We received feedback from a community nurse at the local

learning disability team, who had visited the service for many years. She told us that staff were always welcoming and sought support when it was needed. She advised that the registered manager attended the majority of the reviews of people's care that she completed, following which a record of the review was provided to the registered manager. However, she advised that when the registered manager was not available, sometimes staff were not always aware of up to date information about people's needs.

Is the service caring?

Our findings

One person living at the service told us he liked the staff who supported him. The relatives we spoke with told us the staff at Le Moors were caring. One relative told us, “The staff are so caring, they’re like family. I can’t fault them at all”.

During our previous inspection we found that people’s privacy and dignity was not always respected. We had observed staff speaking to people in a patronising way. During this inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled. We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home. The relatives we spoke with told us they felt staff respected people’s privacy and dignity.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often affectionate, light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

During the second day of our inspection, we observed a member of staff supporting a person to write their Christmas cards. This one done in a sensitive way and the person was encouraged to be as independent as possible.

It was clear from our discussions, observations and from the records we reviewed that people living at le Moors were able to make some choices about their everyday lives. People could decide what they had to eat and drink, what they wore and what activities they took part in.

The registered manager told us that none of the people living at the service were using an advocacy service as they all had family or friends to represent them if they needed support. A poster advertising Lancashire County Council’s advocacy service was displayed in the entrance area. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

The relatives and staff we spoke with told us that people were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence. For example, we saw staff offering to cut up people’s food so they could eat their meal independently.

The registered manager told us friends and relatives could visit at any time and staff, residents and visitors confirmed this to be the case.

Is the service responsive?

Our findings

The relatives we spoke with told us that people's needs were met at Le Moors. They said, "The staff know the people living at the home, what they need and how they like things to be done" and "The staff know my relative well and they know how to look after her".

During our previous inspection we found that the provider did not have suitable arrangements in place for supporting people to be involved in the community. During this inspection we found that further improvements were needed.

We reviewed the care records for three people and found that people were being supported to go out less than once a month. One person had been to York for the day in August 2015 and to Blackpool for the day in September 2015. However, they had not been out in November and had only been out once in December 2015, when they had accompanied a member of staff to the local shops. Another person had been to Blackpool for the day in September 2015 and visited a local park once in December 2015. During the first day of our inspection we heard a person asking a staff member if they could go out that day. The staff member advised that the weather was bad (it was raining heavily) and they would go out another day when the weather was better. The following day two people went out with staff in the afternoon. One person went to McDonalds and the other person went to a local park and florist. Staff told us that these were activities that each person particularly enjoyed. By not supporting people to be involved in their community regularly, the service was restricting people's choices and were not supporting them to meet their social needs.

The relatives we spoke with were satisfied with how often people were supported to be involved in the community. However, the staff we spoke with told us they felt that people living at the service did not go out often enough. They told us there was lots that people could do in the community and that people enjoyed being out.

The provider did not have suitable arrangements in place to support people to be involved in their community. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this issue with the registered manager and the operations director at the end of our inspection. Both

gave assurances that arrangements would be made and staff would be made available, for people to be supported to be involved in the community more regularly. However, our previous inspection in April 2015 had identified this as an area that required improvement and the necessary improvements had not been made.

We saw evidence that people's needs had been assessed prior to them coming to live at Le Moors, to ensure that that the service could meet their needs.

Each person living at the home was allocated a key worker, which would help to ensure that the care provided was consistent and that staff remained up to date with people's needs.

During our previous inspection we found that the provider did not have suitable arrangements in place for planning people's care and support. During this inspection, we found that the care plans and risk assessments we reviewed were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included and goals and aspirations for people were documented. Care plans and risk assessments were completed by the person's key worker and were reviewed monthly.

We saw that where possible people had signed to demonstrate their involvement in their care plan and the monthly reviews. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and this was confirmed by the relatives we spoke with.

During our inspection we observed that staff provided support to people where and when they needed it. Support with tasks such as moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounge and at mealtimes. We saw that staff were able to communicate effectively with people. People were given the time they needed to answer questions and staff explained information when necessary.

Records showed that people living at the service took part in a variety of activities daily including board games, cards, quizzes and crafts and this was confirmed by the staff we spoke with. We saw evidence that people were supported to develop their life skills regularly by taking part in

Is the service responsive?

activities such as making tea and coffee, washing up and helping staff with the laundry. During the second day of our inspection we saw a staff member supporting a person to write Christmas cards to their friends and relatives. We also observed a game of dominoes. During our visits the television or radio was usually on and magazines were available for people to read or look at. The relatives we spoke with were happy with the activities available to people living at the service.

A complaints policy was available and included timescales for investigation and providing a response. Information about the Local Government Ombudsman and contact details for the Commission was included. We noted that no complaints had been recorded in the previous 12 months and the registered manager informed us that the service had not received any formal complaints. The relatives we spoke told us they had not raised any concerns or complained about the service. They told us they would feel able to raise concerns and they would speak to staff or the registered manager if they were unhappy about anything. The registered manager showed us a collection of thank you cards and letters received by the service.

We looked at how Le Moors sought feedback about the care and support being provided by the service and saw that where appropriate, people were asked for feedback about their care during their care plan reviews. The registered manager told us that satisfaction questionnaires were given to relatives every 12 months. We reviewed the results of the questionnaires issued in 2014 and saw that four relatives had responded. We noted that a high level of satisfaction was expressed about issues including the quality of support being provided, staff approach and friendliness, the cleanliness of the home, the service's response to queries and complaints and the overall impression of the service. Comments made included, "I couldn't wish for my relative to be in a better place", "I have never met staff so caring and dedicated", "We are satisfied with all aspects of the care. The standard of care is outstanding" and "I would recommend Le Moors and its staff". No suggestions for improving the service had been made. The registered manager told us that Christmas cards were due to be posted to relatives shortly and the satisfaction questionnaires for 2015 would be included with them.

Is the service well-led?

Our findings

Relatives told us they felt the service was well managed and that the staff and the registered manager were approachable. They told us, “The manager and staff are great” and “We’re exceptionally happy with how the manager runs things”.

During our previous inspection we found that the provider did not have suitable arrangements in place for assessing and monitoring the quality of the service. During this inspection, we found that further improvements were required.

Following our previous inspection, the provider sent us an action plan detailing the improvements they would make, which stated that all actions would be completed by 31 October 2015. During this inspection we found that many of the improvements outlined in the action plan had not been made. Staffing levels had not been addressed and during the night did not reflect the needs of the people living at the service. It was only when we raised this concern again during this inspection that action was taken to increase staffing levels at night, to ensure that people’s needs were met and they were kept safe. Medication charts had not been checked following every medication round to ensure that they had been completed appropriately. Arrangements had not been made for people to be involved in the community and protected from unnecessary isolation. This meant that the provider had failed to implement the improvements they had documented in their action plan, which were necessary for the service to meet legal requirements.

During this inspection we noted that audits had been implemented at the service and were completed by the registered manager. The areas audited included care documentation, medicines, dignity and respect and the service environment. Once completed, the audits provided a compliance percentage score and highlighted any areas of non-compliance which required action. We noted that the audits completed in December 2015 had not been effective in identifying the issues relating to medicines management and the safety of the environment that we found during our inspection. We reviewed the records of a visit by the service’s area manager on 8 December 2015, when an audit of the service had been completed. We noted that this had also failed to identify many of the issues we found during our inspection. The fact that the

temperature in the medicines room had not been recorded since 27 October 2015 been identified. However, at the time of our inspection eight days later, the temperature was still not being recorded.

The provider had failed to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that there was a statement of purpose in place which stated that the service’s care philosophy is, ‘to look after the residents in a caring and compassionate way, so that their privacy and dignity are respected at all times and to encourage active independence and freedom of choice wherever possible’. The registered manager informed us she felt supported by the service provider and felt the necessary resources were being made available to achieve and maintain appropriate standards of care at the home. This included a programme of refurbishment and redecoration at the service. The operations director advised that the service provider planned to review how care and support were provided at the service, with a view to making improvements.

We saw evidence that staff meetings had taken place. The meetings were used to address issues relating to care standards, processes and performance. The staff we spoke with confirmed that staff meetings took place and they were able to raise any concerns.

A staff supervision policy was available which specified that supervision should take place at least four times each year. Issues to be addressed should include staff performance, attitudes, behaviours and any concerns. We saw evidence that supervision took place on a one to one or group basis with staff in line with the policy. Issues including performance, training and the dependency levels of people living at the service had been addressed. We noted that the outcome of the previous inspection by the Commission had been discussed with staff during a group supervision session earlier in the year. The staff we spoke with confirmed that they received regular supervision and they felt able to raise any concerns. They told us they received appropriate support from the registered manager.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager of

Is the service well-led?

concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was polite and respectful towards them.

Our records showed that the service had submitted statutory notifications to the Commission, in line with the current regulations. The manager was also aware that she is required to notify us of the outcomes of DoLS applications when these are received from the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider had failed to ensure that the service premises were safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The provider did not have suitable arrangements in place to support people to be involved in their community.

This was a continued breach from the last inspection of 15 and 16 April 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure that people received their medicines safely. This was a continued breach from the last inspection of 15 and 16 April 2015.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided.</p> <p>This was a continued breach from the last inspection of 15 and 16 April 2015.</p>

The enforcement action we took:

We have sent the provider a warning notice and have asked them to achieve compliance by 14 March 2016.