

Platinum Home Care (South Coast) Limited

Auburn Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 14 August 2018 and was unannounced.

Auburn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Auburn Lodge accommodates 12 people in one adapted building. At the time of this inspection the home was full and 12 people lived there. The service supported older people. People's needs varied and we saw that people were able to live independently with staff support while one person was cared for in bed.

Following the last inspection in June 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) of Safe, Effective, Responsive and Well-led to at least 'Good.' The Caring key question was previously rated as 'Good.' There were four breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in person centred care, consent, safe care and treatment and governance systems. We also found a breach of Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found that the service had improved the rating of all key questions to 'Good' and there were no breaches of Regulations.

There was 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.

The management team and staff had worked well to improve the service following the previous inspection. Records had improved and risks to people were now more clearly assessed and actions taken to reduce and mitigate risks had been taken. People were asked for their consent appropriately and at the time of this inspection did not lack mental capacity to make decisions about the day to day care and support they received from the staff and management team. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed and they were involved in the reviews of and any decisions about their care. Staff were kind and they supported people to access healthcare services as they needed them. Systems and processes ensured that people and staff views of the service were captured and accident and incidents were analysed and acted upon by the management team when required to reduce risks for people. People were safeguarded from abuse by staff who understood how to raise any concerns they may have appropriately. We received notifications from the registered manager when they were required to send these to us in law.

People and staff were happy in each other's company and healthcare professionals spoke highly of the service and abilities of the staff and management team to meet people's needs safely and compassionately. People were cared for at the end of their lives by a very kind and caring staff and management team.

People were given their medicines safely and were supported by appropriately skilled staff when specialist medicines techniques were required.

The home was clean and well maintained with a pleasant and relaxed atmosphere and a 'homely' environment. People were protected from the risks of infection by safe infection control measures. This included the appropriate use of protective equipment such as gloves and aprons by care staff.

People's rooms were personalised with their own belongings and people were supported to take part in activities that they enjoyed. This included gardening and quizzes as well as other one to one activities for people at the end of their lives. Relationships that were important to people were supported and maintained by the caring staff team who helped people's loved ones to visit the home to share meal times with their relative.

The service was well managed by a professional and dedicated management team who looked to improve the service received for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

People were safeguarded from abuse by a kind staff and management team who understood how to raise concerns about people's welfare to the correct external agencies.

Risks to people were assessed and appropriate measures were taken to mitigate against risks occurring.

People received their medicines safely.

Measures were in place to protect people from the risks of infection.

Lessons were learned when things went wrong and systems were implemented which aimed to avoid risks of reoccurrence.

Is the service effective?

Good ●

The service was Effective.

People's needs were assessed in line with their desired outcomes and appropriate support was provided to them which involved healthcare professionals when required.

The principles of the Mental Capacity Act 2005 were understood and staff sought consent appropriately from people.

Staff were well trained and appropriate support was provided to them by the management team.

People had a choice of foods. There was enough to eat and drink to maintain nutrition required for people.

Is the service caring?

Good ●

The service remained Caring.

People were treated with dignity and respect and confidentiality was maintained in line with legal requirements.

People were actively supported to be involved in decisions about their care.

Independence was promoted and people's privacy respected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were reviewed and they were involved in decisions about their care and quality of life. People were supported to take part in meaningful activities.

People and their relatives had access to a complaints policy and felt confident discussing any concerns they had with the staff and management team.

People received compassionate end of life care from dedicated and empathetic staff.

Is the service well-led?

Good ●

The service was Well-led.

Aims and objectives of the service were clear and the management team were dedicated and driven to provide a service that met people's individual needs.

The management and staff team were open and transparent and worked in partnership with other organisations.

Systems and processes supported the service to maintain quality and safety for people.

Auburn Lodge Residential Home

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 14 August 2018 and was unannounced.

The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke to six people and three of their relatives. We also spoke with the registered manager, the deputy manager, the cook, two care staff, a community matron, a community specialist multiple sclerosis (MS) nurse and a palliative care consultant.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other records which included notifications received from the provider.

We reviewed the care records for four people. We also reviewed risk assessments, staff training and recruitment records for three staff, quality assurance systems and policies and procedures within the home.

Is the service safe?

Our findings

At our last inspection the service was rated as 'Requires improvement' in this key question of 'Safe.' Risks to people had not always clearly been assessed and actions had not always been taken to adequately mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken measures to assess risks to people appropriately and was now 'Safe.' We rated this key question as 'Good.'

People's records contained various risk assessments, which included dehydration, falls, medication management, manual handling, nutrition and risks to be considered when people accessed the local community and entry and exit from the home. Environmental risk assessments were completed and reviews of these were current. Safety checks were also completed on lifting equipment, the fire system and gas and electrical equipment used. People and their relatives felt the home was safe. One relative said, "Everything feels safe."

Behaviours that may challenge were supported positively and sensitively by the staff. A relative told us that, "Mum is angry at the family but is easily diverted." They also said, which was also confirmed by a member of staff, that the home supported the family to manage the person's "anger."

The registered manager monitored and analysed accidents and incidents for trends monthly. Changes were made when they were required. For example, for one person who was at risk of falling, a sensor mat had been sourced from the appropriate community falls prevention team. We heard the sensor mat sound during the inspection when the person had gone to their room in the afternoon. Staff responded promptly to this. No fall had occurred. The equipment helped to minimise risk to the person from falling.

Medicines continued to be managed safely. At our previous inspection we found that medicines were managed safely although medication assessments were not in place for people within the records that we viewed. At this inspection people's files contained 'medication management assessments.' A staff member was observed giving medicines to a person which used a specialist technique called 'Percutaneous endoscopic gastrostomy (PEG)'. A PEG is a tube which is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding or to give medicines when a person is not able to swallow. The member of staff had received appropriate training from a community dietician to be able to give medicines to the person safely. We were told by the registered manager how the community matron had supported the home to enable the person to live at Auburn Lodge which was the person's wishes. We saw that the person was spoken to throughout the procedure and that the staff member asked the person for consent to perform the procedure and talked through their actions, clearly explaining to the person what they were doing. The person smiled throughout and evidently had a positive relationship with the staff member. Their dignity was upheld, with their bedroom curtains being closed during the procedure as their room window was open to a communal area of the home. Appropriate records were completed by the staff member to show that the medicines had been given as prescribed. People's records contained appropriate protocols for medicines that were to be given on an 'As required' (PRN) basis.

Staff were vigilant with people's medicines. A person who had recently moved into the home told us they were, "waiting for a new puffer" (inhaler) to treat her asthma. The inhaler they had come to the home with was out of date. The staff had identified this when they checked the person's medicines into the home. This demonstrated that the staff thoroughly checked that medication brought in by new people was safe to use.

People were safeguarded from abuse. People told us that they felt able to speak to the staff and management team about any concerns they may have on a day to day basis. This showed an open and transparent culture in the home. We observed very open communication between people and the staff and management team at the home. The registered manager had also placed a box on the wall in the foyer of the home for people to raise any concerns they may have anonymously. People were asked at resident's meetings about any concerns they may have and during care plan reviews.

Staff received safeguarding training and when asked were able to tell us of appropriate measures they would take if they had concerns about a person's safety. Their comments included that they would "tell the manager" and if the concerns were about the manager that they would contact "social services" or "CQC."

There were enough staff to support people as they required during the inspection. Staff responded quickly when the call bell system was used by people. Staff had time to care for people. Positive interactions took place between staff and people and staff did not appear to be rushed or under pressure to complete a 'task.'

Infection control procedures protected people from the risk of infections. There were two infection control 'champions' who had completed relevant training with West Sussex County Council to support them in their roles. Cleaning schedules had been implemented which the housekeeping staff told us ensured that "bathrooms, sinks and toilets were cleaned daily and door handles every other day." The home was clean and tidy and free from any unpleasant odours during the inspection.

Lessons were learned when things went wrong. The registered manager told us that the medicines procedures within the home had been updated and improved following a medicines error which they had referred as a safeguarding concern to the local social services. No harm had occurred to a person and social services were satisfied with the appropriate actions taken. The registered manager told us that they had "increased staffing levels at the times of drug rounds." They also said, "We found that night staff were tired doing medicines in the morning so we got 7am staff to do morning meds as we had seen from analysis that the errors (medicines) happened in the mornings. Staff also had additional medicines training. We talked to the relatives and the staff and the staff suggested this change would help them which it has." This demonstrated that the registered provider took appropriate actions to review their safe systems of practice when errors happened to reduce the likelihood of them happening again.

Is the service effective?

Our findings

At our previous inspection in June 2017 we found the provider was not always 'Effective' and this key question was rated as 'Requires improvement.' We had found that the service was not consistently 'Effective' because the principles of the Mental Capacity Act 2005 (MCA) were not always followed to ensure people's rights were upheld. The failure to consider people's capacity appropriately and to act in accordance with the requirements of the MCA was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people received effective care and treatment and mental capacity was assessed, when required. People who lived at Auburn House did not lack mental capacity to consent to day to day decisions about their care and treatment. The registered manager told us of an example when a person's mental capacity had been reviewed because they required a change to their diet to enable their weight to be managed to maintain their mobility. There had been a concern that the person may not have been able to weigh up information about risks to themselves. When the registered manager went through the assessment they realised when they gave the person the correct information they were able to make an informed decision. They had retained essential information about the specific decision. We reviewed the records for this which showed that the person could retain and weigh up information regarding their diet choices despite their diagnosis of Alzheimer's disease. This demonstrated that the registered manager understood the principles of the MCA and supported people in the least restrictive ways while they worked positively with them to maintain and improve health and wellbeing.

New consent forms were also used for people to consent to their care and treatment and when they were happy to share information with other organisations. This was appropriate and in line with the MCA code of practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection people did not require DoLS authorisations as people did not lack mental capacity.

People's care needs were assessed and records contained personalised details about their preferences and past social interests. People were involved with decisions about their care. People had access to regular healthcare with positive communication between staff, the management team and healthcare professionals. Systems in place supported communication. We saw that staff were given a 'handover' between shift changes which ensured that they received verbal updates of people's wellbeing. A 'communications' book was also completed on a daily basis which kept a record of any appointments that people may have and any queries or questions that staff may have raised with the management team. We

saw that a query had been raised by a member of staff regarding some emergency rescue medication for a person to be used for seizures. We saw the deputy manager followed this up with the community matron to check the protocol for staff to follow. Records were updated to reflect this. A community matron told us that, "They (staff) work really well with us they're good at asking questions." We also spoke to a palliative care consultant about the care and support provided to this person at Auburn Lodge. They said, "They're (staff and management team) amazing. We've (healthcare professionals) been really impressed with their ability to take on new information and provide very individual care for (person name) and for her husband as well."

Another person told us that they had "a swollen and infected foot" and that "despite only being at (Auburn Lodge) a short time the swelling had reduced." We observed that they had been provided with a footrest to elevate their foot. This showed that staff provided effective support to the person's needs.

People were supported by appropriately trained and skilled staff and staff were well supported in their roles. Staff received regular supervision and annual appraisals. Staff also received 'spot checks' and other general observations of their practice. This ensured there were systems to continually monitor the competence of staff. Staff received training that the provider classed as 'mandatory' in various areas. This included, client personal hygiene, MCA/DoLS, dementia, moving and handling and other courses specific to their roles and the needs of people at the home. We observed that staff responded appropriately to people's individual needs throughout the inspection and that they demonstrated suitable skills when providing specific care and support to people.

There was enough food and drink and people were supported to live healthier lives with fresh fruit provided daily, fresh vegetables and homemade foods. All people had a malnutrition universal screening tool (MUST) completed for them to closely monitor any weight changes. For one person who had lost weight recently, we saw that they were weighed on a weekly basis in line with the MUST national best practice guidance. People were asked for their preference and choice of foods at 'residents meetings.' We were told by the registered manager how one person had moved into the service with a diagnosis of diabetes and that they no longer had diabetes since their diet was managed for them by the home.

People were able to choose the foods they wanted. We observed the meal time experience for people. One person was given chicken kiev said, "I asked for fish pie and got the kiev." They were encouraged by another person to ask staff to change their meal to their chosen option. They asked staff and were supported to have the meal they chose. The staff member called through to the kitchen, "[person's first name] asked for fish pie." The staff member then said to the person, "it is just coming [person's first name]". We observed the meal being replaced. This demonstrated the ability of people to communicate and collaborate with each other and their confidence to correct minor errors. It also showed that the care team respond quickly to people's requests without judgement. During the meal time experience some people chose glasses of wine or sherry to accompany their meals. One person asked for a cup of tea which was delivered quickly. People who had specific meal requirements and needs such as those who needed staff support to cut up foods for them or those who required support for specialist diets which included a 'PEG', appropriate support was given to them by experienced and suitably trained staff.

The home was adapted for the people who lived there. A person who used a motorised wheelchair was able to access the communal areas inside the home and in the outside garden areas of the home independently via purpose built ramps. People's rooms were very personalised, with individual items of furniture and decoration seen. Each room downstairs had a view of the garden which was also adapted with ramps from each room so that people could safely access it. The accessible design of the communal areas meant that people were enabled to take part in meaningful activities in the communal lounge and the garden. We observed a person who lived with Parkinson's disease access the garden independently via the ramps to

tend to the flower beds.

Is the service caring?

Our findings

People received a very caring service. Staff were very welcoming and friendly and there was a pleasant and relaxed atmosphere in the home. People seemed 'at home' during our observations and healthcare professionals spoke very highly of the caring support provided by the dedicated staff team. A community matron said, "They're one of the best" (care homes) and described the kindness that care staff showed to people who lived at Auburn Lodge.

People and their relatives told us that staff were caring. One person's relative said, "This is the best place for her because she gets TLC here which we could not provide at home." A person said, "I like it here. The people (including staff) here are very nice." Another person said, "This really is a home from home. The girls (staff) are really nice."

The provider welcomed friends and relatives to visit people when they chose. People were able to access private areas in the home, which included their bedrooms, if they wished to have private conversations with loved ones. One person's relative told us, "I come in whenever I choose. I am always made to feel very welcome. There is an informality about the place, but it is very professional." Another visitor said, "The home comes across as a big family. Often residents and staff knew each other before they arrive." This was because the registered provider also ran a domiciliary care agency that provided care to people in their own homes before they required additional support in Auburn Lodge.

Staff developed meaningful relationships with people that were important to the people they supported. Staff demonstrated that they took the time to get to know people's individual needs, choices and preferences very well. People were supported to express their views and were supported by staff to do so. There was a policy for 'advocacy.' We also saw information was provided in an accessible format within the 'welcome pack' that people received when they moved into the service. This stated that, "We (Auburn Lodge) believe that residents should be enabled to express their views both to the home and other bodies and feel their views are understood and respected" and "We will seek to make advocacy available to any resident who needs help in presenting their views." The registered provider understood that people may at times benefit from support from outside of the service. Advocates provide independent support and advice to people. We observed that the provider worked to support people to access service to support them.

Carer support was provided by the staff and management team. Independent 'befriending' services were invited into the home by the registered provider. 'Befriending' services provide people who act as or become a friend to someone, especially when they are in need of help or support and have no family or relationships outside of the home. The registered manager told us how a local befriending service visits the service when required. Carers support is also offered by them. The staff provided exceptionally sensitive and tailored support to the relatives and carers of people, as well as to the people who lived at the home. We saw people's loved ones attended a day service also provided at the home. This enabled them to spend time together which the registered manager told us aimed to "tackle loneliness" of the partner who was waiting to move into the service to be with their spouse. There was a genuine depth of compassion and empathy shown by the staff and management team throughout the inspection.

People were encouraged to maintain their independence by dedicated, caring staff who showed a genuine desire to want to support people to live meaningful lives. People were supported to maintain relationships with those who were important to them in their lives. We saw a husband and wife had been facilitated to continue to live together at the home. They were able to take part in daily activities to maintain their independence. For example, one person was seen maintaining the flower beds in the garden while their partner joined in with a quiz inside the service.

People's privacy was protected by staff and a registered manager who ensured that all data for people was held in accordance with new legislative requirements in a secure way. New legislation was to become effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

At our previous inspection in June 2017 the service was not consistently 'Responsive' and we rated this key question as 'Requires improvement.' People's needs were not always assessed or planned in response to their individual needs and preferences and that people were supported to express their views but were not always involved in making decisions about their care and support. We found that the lack of robust care planning meant that people were at risk of receiving inappropriate person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that people received person-centred care that was responsive to their individual needs and preferences and that people contributed and were involved in decisions about their care.

People were involved in decisions about their care. For example, we observed for one person that a multidisciplinary (MDT) meeting took place during the inspection. This was a meeting that involved the person, their husband and specialist healthcare professionals as well as the staff at the home. A community matron, community specialist multiple sclerosis (MS) nurse and palliative care consultant all visited the person at the home to discuss their wishes and the care needs of both the person and their loved one. The person was able to express their views and choices about things that were important to them and their relative. This demonstrated that the home supported people to maintain relationships that were important to them which also reduced social isolation for their loved one. The home supported the person's husband to have meals at the service with the person daily. Staff went over and above to collect the person's relative from their home and take them to Auburn Lodge to share daily meals with them. We spoke with the healthcare professionals who visited the person. The community matron spoke of how the staff at the home had worked so well with them to support the person to move into Auburn Lodge and how they went out of their way to also support the person's relative who still lived in the community. The community matron said, "they're excellent." This was also the view of the community specialist (MS) nurse and the palliative care consultant.

People were listened to and supported to follow their interests and be involved with activities that had a positive impact on the wider community. For example, there was a letter of 'thanks' from a local children's charity. The registered manager told us that people at the service had been involved and had chosen the specific children's hospice that they wanted to raise funds for during their discussions at a "residents meeting." The registered manager told us how the staff had supported people to have a "garden party" with "cream tea's" and that they had raised "£150" for the charity. The staff at the service wrote to the friends and family to invite them to the event and posters had been displayed in the wider community for others to also come along. The registered manager said that the "neighbours" came to the party and stated that people had been able to "help with the tombola."

People's specific communication needs were identified and supported by staff at the service. One person had a visual impairment. The staff had helped them to access "talking books" which had enabled them to continue to enjoy listening to their favourite books despite being unable to read them due to their poor eyesight. For another person, we were told how they weren't able to hear properly when they came from another care home. The deputy manager supported them to access the doctors where they were referred for

hearing aids which they now use. Staff were aware of and provided appropriate support to help people communicate for those who had a visual or hearing impairment or who lived with a disability. Staff worked in line with the best practice legislation, namely the Accessible Information Standard (AIS). This legal standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand.

Technology was used to support people to understand how they were able to communicate with loved ones using different methods. The deputy manager told us how a group of "four teenagers had visited to do some electronic tablet 'skill swapping" through a local organisation for "youth leaders." The deputy said that "(person name) really enjoyed it." We saw that the service had an electronic tablet for people to use. The deputy manager told us how "(persons name) thought it was incredible" to see people's faces on the device as they spoke and described how they had talked to the person from other side of the building" which they had found "incredible."

People understood how to complain if they needed to and complaints were handled well. There was a complaints policy which people were given a copy of within their 'welcome pack' when they moved into Auburn Lodge. This was written in larger than standard sized print so that people could clearly read it. The complaints policy said that "the home believes that if a resident wishes to make a complaint or register a concern then they should find it easy to do so." Contact details for the Care Quality Commission (CQC) were provided for people as well as the local Ombudsman for any complaints that people were not happy with outcomes. Records showed that one complaint had been received by the registered manager from a relative of a person. This had been responded to appropriately and promptly by the registered manager. The complainant was satisfied with the outcomes.

People and their relatives and visitors told us that they would all be able to complain to the staff team or managers if they had a complaint. No one we spoke with had any complaints at the time of this inspection. There was a good relationship between the staff, people and their relatives. One person said, "I have no complaints but if I did I would complain to one of the managers." Another person was able to name the registered manager by their first name as a person that they "could complain to." We also spoke to two other people at the home who told us that they had never had to complain. We asked who they would complain to, if they needed to. They said, "We would talk to [registered manager's first name] or any of the girls". This demonstrated the openness at the home and the positive relationships between the staff and people who lived at Auburn Lodge.

People received compassionate end of life care from a dedicated and caring staff team. We saw records and photographs for one person's end of life experience. A community matron told us of how well the staff at the home had supported the person to have a good pain free death. The person's relative had been involved in the person's care despite not living in the country. They had relayed their gratitude for the care and support provided to their loved one at the end of their lives. They said, "Thank you so much for all you have done for (person's name). I know he was happy to be with you all in the end." We saw photographs of the person when staff had helped them to enjoy the seasons outside of the home, despite being cared for in bed. Photographs evidenced the person smiling happily whilst holding some bright yellow daffodils picked from the garden for them by staff at the home. Another photo showed them laughing while holding a snowball that staff had given to them to hold. The relationship with staff was clearly very positive. The deputy manager told us how they had ensured that a staff member who had a close relationship with the person was on duty so that they could be with the person when they died so that they weren't alone. Extra staff had also been put on duty so that this staff member was not called away. This enabled the person to die well with dignity and compassion.

Is the service well-led?

Our findings

At our last inspection in June 2017 the service was rated as 'Requires improvement' for this key question. We had found that quality systems which included audits completed by the registered manager had not identified shortfalls in some of the records at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found at the previous inspection that the registered manager had not ensured statutory notifications were submitted to CQC for serious injuries in line with legal requirements. For example, when people had sustained injuries that resulted in medical attention from emergency services and at a hospital's accident and emergency department. Members of the management team confirmed none had been submitted. This meant that CQC were not aware of serious incidents and were not able to check that the provider had taken appropriate actions to keep people safe. The failure to notify CQC about serious injuries was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection the registered manager had completed records appropriately for people and that quality systems and processes were in place and analysed for trends. The registered manager had submitted notifications to us appropriately. We did not find any breaches of Regulation at this time.

Auburn Lodge was a family run business. The registered manager and deputy manager were open and approachable and demonstrated passion and kindness towards the people they supported. The registered manager told us, "I try to make this a comfortable, relaxed, friendly open environment. The residents and staff have a close working relationship that allows people to be who they are."

The aims and objectives of the service were clearly displayed within the 'welcome pack' that people received when they moved into the service. The aims included how the service would meet people's individual needs in personalised ways. We observed a professional and caring staff and management team who delivered the aims and objectives of the service for people and their loved ones.

People who used the service were engaged and involved and their views of the service were captured by the home. Surveys were completed by people on a six monthly basis. Meetings were also held with people and action plans were completed after each meeting. The deputy manager told us that, "at the start of each meeting the previous actions are discussed and people are updated with what we have managed to get done." They also said that, "the list of actions is getting shorter now" and that "it's rewarding to see."

The management team looked to improve and develop the service and told us how they aimed to extend the service by including an additional two bedrooms for people. The registered manager told us how they wanted to do this to support the spouse of person who already lived at Auburn Lodge to be able to live with them. This was the couples expressed wishes. The registered manager demonstrated a clear depth of genuine concern and a desire to improve the lives of people at Auburn Lodge.

The deputy manager told us how they planned to become the registered manager in due course and were in the process of completing an appropriate nationally recognised leadership and management qualification

which would enable them to apply for this position. The registered manager actively supported the positive development and career progression of their staff. The deputy manager also attended 'registered manager forums' in the local area to keep up to date with best practice guidance and information. The deputy manager said that, "it was good to network with other managers."

The staff were well supported by the management team. Staff meetings were held with clear actions from meetings being followed up at the next meeting which ensured that actions were addressed and that staff were kept up to date and informed. One set of minutes from a staff meeting showed that 'gaps' had been discussed in the daily handover form for people. The deputy had revised the form which had improved "prompts" for staff to complete the form more effectively. This had been done.

Staff and healthcare professionals spoke highly of the management at the service and staff were evidently happy in their work. We heard staff singing and laughing with people throughout the inspection. Staff were well supported by the management team. We saw that staff needs and wellbeing were also considered. A 'diabetic care plan' had been created by the management team for a staff member. This held information about how their colleagues would support them if they became unwell with diabetes while at work. Confidentiality was respected and maintained for staff with 'GDPR' privacy policy in their files.