MPS Care Homes Limited

Lound Hall

Inspection report

Town Street
Lound
Retford
Nottinghamshire
DN22 8RS

Tel: 01777818082
Website: www.mpscaregroup.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 October 2016 and was unannounced.

Lound Hall provides accommodation, nursing and personal care for up to 30 people with or without dementia. On the day of our inspection 17 people were using the service. The service is provided across three floors; with a passenger lift connecting the floors.

The service did not have a registered manager, but a new manager had been appointed and was due to start shortly after our inspection. 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.

People could not be sure that they received their medicines as prescribed as medicines were not stored safely and there was insufficient guidance as to when a person may require an 'as needed' medicine'. There were not enough staff deployed to meet people's needs. People who used the service and those supporting them knew who to report any concerns to if they felt that they or others had been the victim of abuse. Risks to people's safety were assessed and plans were in place to minimise identified risks.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), had not been fully applied which meant that people's rights were not protected. Staff had received training relevant to their role but were not fully supported as supervision meetings took place infrequently. People spoke positively about the food, choosing what they ate, and being supported to maintain a healthy diet when needed, people received support from healthcare professionals, such as their GP, and staff followed the guidance provided by healthcare professionals.

People were not always able to be involved in the planning and reviewing of their care but were supported to make day to day decisions. People were supported by staff who were caring and treated them with kindness, respect and dignity. There were no restrictions on friends and relatives visiting their family members.

People and their relatives were involved with the initial planning of their care and support provided, but not in subsequent review or updating of the care plans. People were not able to access the activities and hobbies that interested them. A complaints procedure was in place, although not all complaints had been recorded and details of how a complaint had been resolved was not recorded for all complaints.

Auditing and quality monitoring processes were in place, but these were not regular or robust. People's views on how the service was run was not sought. However, there was a positive atmosphere within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not stored, managed and handled safely.

There were not enough staff deployed to meet people's needs.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and plans put in place to minimise any risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked the capacity to provide consent their rights were not protected.

People received support from staff who had the appropriate skills, training and experience to carry out their role effectively.

People were supported to eat and drink enough to maintain a healthy diet.

People had access to healthcare services when they needed them.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always involved in making decisions about their care.

People were supported by staff in a respectful, kind and caring way.

People were treated with dignity and compassion and their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not involved in the review of their care plans. There were not enough stimulating activities for people.

Not all complaints had been recorded and details of how a complaint had been resolved was not recorded for all complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The conditions of registration were not being met. CQC had not been notified of incidents which had occurred in the home.

There was a quality monitoring system in place however this had not been fully utilised.

There was a positive, friendly atmosphere at the service.

Lound Hall

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 5 October 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with four people who were using the service, two visitors to Lound Hall, three relatives, eight members of the staff team, (including two nurses, the cook and the maintenance man) and the provider. We also observed the way staff cared for people in the communal areas of the building.

We looked at all or parts of the care records of four people who used the service, as well as a range of records relating to the running of the service including three staff files, and records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always stored and handled safely. On the first day of our inspection we found a considerable amount of medicine in an open communal area awaiting collection by the pharmacist. It was not stored securely and medicines could have been removed or taken by anyone passing. We spoke to the nurse on duty about the storage arrangements for disused medicines and they identified a more secure place to store them. We also found the refrigerator that was used for storing medicines in was not locked. The refrigerator is located in a communal area and again, medicines could have been removed or taken by anyone passing.

Some people held medicines in their room so that they could take them independently. Where people did this there was no lockable storage facility for the medicines to be held safely within. This meant that a person entering the room could have access to medicine that was not theirs.

Some people were prescribed medicine that they took 'as needed.' 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were no clear protocols in place for staff to follow before they administered these medicines which meant that people may not be receiving them at the correct time for the medicine to be beneficial to the person. Additionally, there were consistently no clear records that topical creams were being applied as prescribed.

We noted that body charts were not in use to ensure that transdermal patches prescribed for pain relief were being applied to the correct part of the body each time they were reapplied. This meant that patches may not be consistently applied to the correct part of the body. There was also a risk that a patch which needed to move location each time it was applied could be repeated applied to the same area which may cause damage to the people's skin.

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

The people we spoke with affirmed that they received their medicines as prescribed and in a timely fashion. One person answered, "Yes," when asked if they were given their medicines on time. Another person said, "Oh yes, the staff always give me my tablets, there's no worries there." Relatives we spoke with were confident that people were supported to take their medicines as prescribed. They also told us how arrangements were made by the nurse to ensure that their family members received the pain relief they needed.

Staff told us they were confident that people received their medicines as prescribed. One staff member told us how the nurses had responsibility to give everyone their medicines. We spoke to the nurse on duty. They described how they gave each person their medicine in a planned way, focussing on one person at a time to minimise the risk of errors being made. The nurse told us how they worked in a routine with the care staff so that no one was missed. The nurse also said they attended to no other task while they were giving

medicines, which prevented them being distracted and making an error. They told us "If someone wants anything, I'll say to the staff they'll have to wait, I have to concentrate on the medicines first."

Medicines were stored securely in a locked trolley and kept at an appropriate temperature. In the clinic room the temperature was in the upper limits of the parameters published and care needed to be taken to ensure that this safe temperature was not exceeded which may hamper the effectiveness of the medicine.

We observed staff administer medicines in a safe way. Staff were patient when required and ensured people had the time they needed to take all of their medicines. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record whether people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including the name of their GP.

There were not always sufficient staff to ensure that people received the support they needed in a timely way. On the days we visited Lound Hall the staff that were rostered to support with activities and also the domestic staff were not at work as they were sick. This meant that their tasks had to either be shared among other staff on duty or were left without being done. While people told us they felt there were enough staff to meet their care needs, those who wished to participate in activities reflected that there was not much to do. Visitors to the service echoed this view, that there was enough staff to keep people safe and to meet their immediate care needs, but not always enough for them to pursue any hobbies or interests. One relative we spoke with told us, "They are sometimes short of staff but they all rally around to cover the shifts."

Staff also told us they thought there were not always enough staff available at Lound Hall, especially during the afternoon or if staff called in sick. They explained that if the two care staff on duty in the afternoon were supporting someone that needed both staff to support them, only the Nurse was left to respond to the other people in the home in addition to the tasks they were undertaking. Records we saw showed that some staff had raised their concerns about staffing levels. We also heard from staff, however, that effort had recently been made to recruit a 'bank' of Nurses who worked at the service regularly. This had reduced the use of agency nurses which ensured that people received support from nurses who were familiar to them and had a better understanding of their needs. All staff felt that this had had a positive impact on the quality of life for people living at Lound Hall.

We saw that interaction between people and staff was friendly and unhurried but maybe best described as functional interaction to meet their needs. There was precious little time for friendly conversation outside of this. Staff were rostered to work 'long days' so that people could be supported without the need for a changeover of staff in the middle of the day. Staff told us that this worked well, they enjoyed this working pattern and said that sufficient breaks could be planned in during the day to prevent exhaustion.

The provider had sent us details of how they ensured that people's needs were identified and monitored each month in an effort to ensure there were sufficient staff available. On the day of our inspection the identified number of staff were on duty. When we spoke about staffing levels, the provider was firm in their belief that there were sufficient staff. However, we saw that staff would regularly break off from a task that they were undertaking to answer a call bell.

The records we looked at showed that several staff members were related to each other. There was no policy in place to provide guidance as to any considerations that should be in place around line management arrangements in such situations. People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care

and support. The provider had taken steps to protect people from staff who may not be fit and safe to support them. For example, before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People were not always protected with their freedom being supported and respected because while risks were assessed staff did not always follow the guidance set out. The care records that we looked at showed that risks to people's safety had been appropriately assessed and plans had been put in place for staff to follow to assist them in maintaining people's safety. These risk assessments had been regularly updated. However, we also saw that staff did not always work in line with these risk assessments. For example we saw one person being supported into the dining room in their wheelchair, the foot plates were not in the correct position and the persons feet caught on the carpet as they came to the table. We also saw that some combustible materials were being stored in a recess in a corridor, which may present a fire hazard.

Staff explained to us how there were risk assessments in place and following the guidelines set minimised the risks to people, giving the example of the precautions that they would take to help prevent the spread of infection. Another staff member told us, "It is important that the home is clean and tidy and there are no trip hazards or trailing wires." They also explained the steps they took to ensure that cleaning products were used correctly and the importance of not mixing products. Staff explained how regular fire drills were held so that people would know how to act and where to go in the event of fire.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. There was a dedicated maintenance team who worked for the provider and responded quickly to make any repairs needed so that the building remained a safe place to live and work. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed. Our observations of the equipment used within the home supported this. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People were protected from abuse and avoidable harm and told us they felt safe living at Lound Hall. One person told us, "I'm safe here, the staff make sure of that." Another person said, "They [the staff] make sure I am safe, and I can always press my buzzer if I am worried and the staff will come to me." Relatives we spoke with also said that they their family member was safe living at the home.

Staff we spoke with were confident that people were protected from harm and abuse. They could describe the different types of abuse which people maybe subject to and told us how they would act to protect people if they suspected any abuse had occurred. One staff member told us, "If I saw any sign that someone had been abused I would report it." Another staff member described how, "Even talking to someone in an unpleasant way is an abuse," and went on to describe who they would report it to in order to protect the person. We heard from staff that they were confident actions would be taken by a senior member of staff if they reported an untoward occurrence. They also told us who they would make a report to outside of the home if they felt that no action was being taken to protect people. For example, they knew how to contact the Local Authority Safeguarding Team or CQC.

We saw that information had not been shared with the local authority about incidents which had occurred in the home. This could have placed people at risk as failure to inform the Local Safeguarding team about incidents prevented them from having oversight of untoward incidents at Lound Hall and did not enable them to provide support to people had they felt it necessary. Staff were, however, able to describe to us the actions they would take if an incident occurred between two people living at Lound Hall to make sure that

both parties were protected and well supported.

The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of. Information about safeguarding was available in the home and a safeguarding adults' policy was in place.

Requires Improvement

Is the service effective?

Our findings

People made decisions about their own care and were given the opportunity to provide consent where possible. We spoke to one person who told us, "I was too ill when I came here to talk about the care I needed so they [the staff] went through it all with my family and they got it right." Another we spoke with nodded in agreement when we asked if they had helped to put together and agree their care plan. They also added that their family had been involved. Relatives told us how they had been involved in the initial writing of their family member's care plans, but not in subsequent updates.

Staff we spoke with told us about the importance of asking people for their consent before providing any care and support. One staff member told us about the importance of considering whether the person had the capacity to make the decision they were making at the time they were making it. They also referred to documents in peoples support plans that contained this information. However, this level of understanding may not be consistent across the whole staff team as a visiting professional told us they felt staff did not fully understand the Mental Capacity Act and how this should inform the way that they provide support to people.

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. Records confirmed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about each aspect of their care. The support plans we looked at had taken into account people's capacity in each aspect of their lives. However, these assessments were not always specific and we saw an incidence of two conflicting documents for the same assessment. This meant that staff may not be providing the person with the right level of support to make decisions for themselves.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At our last inspection, the Area Manager had agreed that there was a need for applications to be made as people may be being restricted. These applications had not been made. This meant that may be being unlawfully restricted as authorisations under DoLS were not being applied for. Therefore, we found that the registered person had not acted in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The staff look after us very well." We also spoke with visitors who told us that they had always thought the staff were competent in the way they completed their duties. Relatives told us that they felt the staff had the

skills they needed to look after their family members well.

We spoke with both newer and longer standing staff at Lound Hall. The staff we spoke with told us about the range of training that had been made available to them and felt that this had equipped them to support people well. One staff member said, "Some of the training is done by distance learning packs, and for other things we go on a course." Another staff member told us about their induction when they first joined the staff team and the ongoing training covering subject such as infection control and diabetes that they had subsequently completed. We also heard from a staff member who had just been appointed to a more senior post who told us how they had been provided with the learning resources to equip them for their new role. During our inspection staff became concerned that someone was not well; they reflected on some training that they had received and discussed how they might best support the person with the nurse on duty.

New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues as well as completing various training courses. We looked at the training matrix which showed that staff had received the training that they required and that any training which needed updating had been refreshed in a timely fashion. The staff told us how they could request additional training should they feel staff required it and this was arranged by the provider.

While we heard from staff that they received infrequent supervision, the staff we spoke with told us that they felt well supported by the nurses on duty. They were able to request any support they needed and said that this was always forthcoming. The nurses in turn said that they received good support from the provider. The nurses we spoke to took personal initiative to ensure that their skills were up to date and they were keeping abreast of new practice.

People were supported to eat and drink enough to keep them healthy. One person told us, "The food here is beautiful – absolutely lovely." Another person told us that there was always a choice and always something they liked to eat. A third person told us how they particularly liked bacon sandwiches and the cook would occasionally make one for them when they had time. People also told us that they were able to choose something different if they did not like either of the choices on offer each day. On the day of our inspection one person had asked for an omelette and this was being prepared for their dinner.

We heard from the cook how the menu had been planned to cover a good range of different meals and that any specific preferences or dietary requirements were met. Records of any allergies people had were maintained so that they could be advised when they made their food choices. We saw that plenty of fresh produce was used in the preparation of food. The cook had recently received an award from local Healthcare professionals for the effort that they made in ensuring that soft or pureed food was presented in an appealing way which helped people maintain good health. During the mealtime the cook spoke to people to make sure that they were enjoying their meal and making sure that their food was presented to them so it could be eaten easily.

Staff were able to tell us about each person's likes and preferences as well as the support that they might need to eat and drink. At lunchtime food was presented in an appetising way and presented to people in accord with their support plan if required. We saw that people enjoyed their meals and ate good size portions. People could also choose to eat in the dining room to enjoy their meal with a small group of people of their choosing, or could eat in their room if they preferred. Adapted crockery and cutlery were available to people where this was needed.

People had access to the healthcare professionals they needed at the right time. One person said, "If I feel ill, I'll tell the staff and they call the doctors straight away." Another person told us how they had recently had to

change GP due to a retirement. They told us how staff had informed them of this and confirmed that they were happy with their new doctor. Relatives told us that staff at Lound Hall did not always share with them when their family member had been to see a medical practitioner. They also told us that while they were confident that their family members attended appointments with the hospital or their GP they could not be sure that they saw other professionals (for example the dentist) as often as they may need for routine check-ups.

Staff told us how they used their knowledge of people to observe if they might be unwell, telling us how the nurses on site were the first 'port of call' where they had a concern around someone's health. Arrangements were made by the nurse for appointments with medical professionals should they be needed to ensure that people remained in good physical and mental health and a range of healthcare professionals visited the home. We spoke with staff about some of the specific medical conditions that people had and staff were clear as to the extent of the support that they could provide and that the nurse could provide before external support was requested.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans. We saw that the work to minimise pressure areas had recently been acknowledged with an award from local healthcare professionals.

Requires Improvement

Is the service caring?

Our findings

The people we spoke with confirmed they were asked about their needs prior to arriving at the home. Parts of some care plans confirmed that people, or their family, had also been involved in planning their care on arrival at the home. However, neither people, nor the relatives we spoke with could recall being involved in planning their care after admission to the home. The staff we spoke with told us that people were not routinely involved in planning their care and we did not see evidence of people being involved in reviews of their care. People had not always signed their care plans to confirm their involvement in making decisions.

However, people were supported to make day to day choices such as where they wanted to sit. One person told us, "I sit here so I can watch my TV programs and see the garden." Another person told us how they enjoyed the garden and went outside whenever they could. We saw them, with their coat on, looking around the garden during our Inspection. Staff told us how they always gave people choices and asked them for their preferences. They told us how not everyone responded to a question when asked, so they would use different methods of presenting options and choices to enable the person to make their choice.

During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. For example, people were encouraged to walk independently using their walking frame to maintain their mobility. Staff told us that it was important to involve people as much as possible so that they could retain their independence. Although neither people nor staff were sure that people were involved when their care plans were reviewed and updated, we heard that people and their families were involved when care plans were written initially so that people's wishes were documented and taken into account in the way that their care was provided.

People who used the service and their friends and relatives were very positive about the care and support staff gave. We heard that staff were kind and caring and had formed positive relationships with people. One person told us, "I am happy here, the staff are friendly and sociable and nowt is too much trouble." Visitors told us they always found the staff to be compassionate towards those they supported. One visitor was reassured that each time they arrived, the staff were always able to tell them how the person they were visiting was and if they were feeling poorly. We spoke with relatives and visitors who told us how they were always welcomed to the home and were made to feel at ease by staff when visiting their loved one. One relative told us, "Lound Hall is a very caring place."

One staff member told us, "All of the staff here are very friendly," and reflected on how this had a positive impact on those they were supporting. Staff were keen to tell us which people might appreciate talking to us and who might not welcome an unfamiliar visitor. We also heard from staff how they were concerned about someone whose presentation had changed quite suddenly and the steps they were taking to get them the help and support they may need.

We observed there was a happy and relaxed atmosphere in the home. We saw staff give reassurance to people and there was also friendly banter between staff and people who were being supported. During our inspection, people were made aware of who the inspector was and why they were there by the staff that

were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully.

People were treated in a dignified and respectful manner by staff. People we spoke with described how staff treated them with regard to their rights to dignity and privacy. One person said, "Even though I am not bothered, the staff always close the curtains when they see to you." Another person told us that they had, "Expected to have had to leave their dignity at the door when they came to Lound Hall," but said they had found this not to be the case as staff always treated them with dignity and respect. We observed people were treated as individuals with staff being mindful of people's needs and preferences when they provided support. Visitors we spoke to told us that people were never found in an unkempt state and bedding and clothing was always clean whatever the time of day they visited.

Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and ensured that any information passed to the inspector was done with due regard and respect for the person. Staff also described how they supported people to maintain their independence, giving examples to us for those who moved around the home as well as those who were cared for in their bed. Another staff member showed us how a double bed had been purchased for someone to prevent them from rolling out of bed onto the floor in their sleep as this maintained their independence and dignity.

One of the nurses reflected that answering call bells quickly was also an element of maintaining people's dignity. They told us how they ensured that the staff working on each shift planned their work well so that people could receive the support they needed as quickly as possible, for example if they needed assistance to use the toilet, which helped to maintain their dignity.

We heard from people that some bedrooms at Lound Hall had a toilet within the bedroom, (usually surrounded by a privacy curtain), rather than in a separate en-suite facility. They told us that this did not feel dignified nor did it lend towards maintaining good infection control standards.

Personal details for people were kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Requires Improvement

Is the service responsive?

Our findings

People did not always feel that they received the care and support they required or that the care they received was responsive to their needs. One person told us, "There is not much to do, I am quite bored really." Another person told us, "They top and tail me well, but there's no time for my hobbies." We spoke with visitors and relatives who told us that it was not unusual for there to be no planned activities taking place at Lound Hall. However, they were also firm in their views that people were treated as individuals saying, "All of the staff know people really well and respond to their individual needs."

Staff told us how the service that was provided at Lound Hall, "Wrapped around," each person to make it person centred as the staff team knew each person and how they wanted to be cared for well. We heard how the staff member who ran activities was off sick which meant that no planned activities could take place, but staff described to us how they occasionally played games with people or made table top activities available when time allowed. However, we saw no evidence of any activities that had taken place and no equipment, board games or materials to facilitate activities were seen during our inspection.

People told us that they were supported to, "Put their own stamp," on their room if they wished and staff described how people chose the colours their room was painted when any redecoration was undertaken. Some people had chosen to personalise their room, having photographs, personal possessions and 'nick-knacks' on display. We heard how some people liked to sit in the same place each day and where this was the case, they had the things that they wanted close to hand, for example, some sweets, or magazines that they liked to read on a table by their chair. One person showed us a plant that was on the table next to them and told us how they took particular care of it to maintain the bloom.

It was evident that staff had an understanding of people's care needs and how they had changed over time. Information about people's care needs was provided to staff in records and care plans. In several care plans we saw, a section had not been fully completed which meant that staff may not have full guidance they needed to support people. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. We saw staff referring to the care plans and making detailed notes in the care records during our inspection.

The service was not routinely listening and learning from people's experiences, concerns and complaints. We reviewed the records of the complaints received since our last inspection. There were several complaints on file. Some had no detail of any actions taken. Others had been resolved and there were details of the actions taken to investigate the matter and make a resolution. We had also heard about other complaints being made to the home which we did not see recorded. This demonstrated to us that the provider did not have a constant and effective system in place for recording and responding to complaints. In addition, our records showed that there were additional complaints which had not been recorded. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they had no complaints but would have no hesitation in raising any concerns with the

manager or a staff member. One person said, "I would see the boss if I wanted to complain – but I have never needed to." Visitors and relatives told us that they had never had any concerns but would have no hesitation in speaking to, "The person in charge," if they felt the need. They told us they were confident that actions would be taken to put things right.

So that people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed at Lound Hall. Staff we spoke with were aware of the procedures and protocols to follow in the event that they wished to raise a concern or make a complaint. One staff member told us, "If anyone complained to me I would try to put it right first, and if not tell the nurse on duty". We also heard how staff would always offer an apology if the home was at fault so that it may be easier to move forward positively once the issue had been resolved. Another member of the staff team described how they would document a complaint to ensure that it was resolved and told us how they would escalate any concerns which were not being resolved to the Local Authority or CQC.

Requires Improvement

Is the service well-led?

Our findings

The conditions of registration with CQC were not met. At the time of our inspection the service did not have a registered manager. The previous post holder had recently left and a new manager had been appointed from among the team of nurses who was due to step up to the registered manager role shortly after our visit. In the interim, there was clear delegation of tasks between the nurse, the care staff and the administrate assistant with each person knowing what was required of them, and staff knowing who was responsible for what. Staff also knew when an issue needed to be escalated to the provider.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had not always received required notifications in a timely way. This meant that we could not be assured of whether incidents were being responded to appropriately. This was a breach of Regulations 18 of the Care Quality Commission (Registration) Regulations 2009.

There were a number of systems and audits which were used to monitor the service and identify areas for improvement. These covered areas such as care planning, medicines and infection control to ensure that the service complied with legislative requirements and promoted best practice. We found that these had not been used routinely. This had led to issues, such as those identified in this report, being unnoticed by the provider. This meant that corrective action was not taken to address the shortfalls. This lack of oversight constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to enable people to give feedback on the quality of the service provided although these had lapsed with the recent change in manager. However, people who used the service and their relatives told us about the changes in the leadership at Lound Hall. They said that they felt there was a positive and open culture in the home although this had not always been the case. We heard that people and staff had felt comfortable and confident to speak with the provider about their concerns. These had been taken seriously and measures had been put in place to resolve concerns and improve the service.

There had been no regular staff meetings held to discuss pertinent issues within the service. However, staff we spoke with told us that they felt well informed by the Provider who delivered clear and consistent messages to staff keeping them informed of changes being made. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good. Visitors and relatives we spoke to echoed this view.

Staff told us that they felt well supported by the nurses and in turn the nurses told us that they felt well supported by the provider. Staff told us, "We see [provider] most days, they are here making sure everything is running OK and sorting any problems out." They went on to say that they felt that there was strong teamwork and everyone also pulled together to resolve problems.

The position of the office within the service meant that the leadership was visible and accessible to those using, visiting or working in the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications have not been sent to CQC as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The applications which needed to be made under the Deprivation of Liberty Safeguards (DoLS) following our last inspection have not been made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine due to be returned to the pharmacy was left in the dining area where it could have been taken by those living, visiting or working at Lound Hall. The medicines refrigerator was not locked meaning that medicines could be removed by those living, visiting or working at Lound Hall. Where people stored their medicines in their own room, these medicines were not stored securely. The Medicine Administration Records, (MAR) did not record details of any allergies a person may have Guidance was not available for medicines which were to be taken 'as needed' (PRN)

Transdermal patch maps were not in use which meant that damage to skin may occur through the incorrect siting of medicine patches

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Not all complaints were recorded and not all complaints were investigated

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance We found that the systems and audits which were to be used to monitor the service and identify areas for improvement had not been used routinely. This had led to issues being unnoticed by the provider meaning that corrective action was not taken to address the shortfalls