

Derby Lodge (Preston) Limited

Derby Lodge

Inspection report

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Tel: 01772718811

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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 ●

Summary of findings

Overall summary

We inspected this service on 16 August 2018 and it was unannounced. This meant that the service did not know we were coming. We last inspected the service on 17 May 2017 where it was rated as requires improvement in safe effective, responsive and well led and 'good in caring. This meant it was 'requires improvement overall. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regulations 12 safe care and treatment, 13 Safeguarding service users from abuse and improper treatment and 17 Good governance. This was because the provider had failed to ensure systems were in place for the proper and safe management of medicines. The provider failed to ensure systems for assessing the risks to the health and safety of people who used the service. The provider failed to ensure systems and processes were operated effectively to prevent abuse and to investigate allegations of abuse. The provider failed to ensure care records were accurate, complete and contemporaneous. The provider failed to ensure systems and processes were established and operated effectively.

Following our last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. During this inspection, we found improvements in how the service investigated and acted on allegations of abuse and the operation of systems and processes to audit and monitor the service. Whilst we saw some improvements in the management of medicines we identified that work was still required for the service to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at training, supervisions and appraisals provided for the staff team. Whilst we saw some improvements in the auditing and monitoring of the service, we identified that work was still required for the service to meet the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that action was required to ensure staff had access to appropriate training and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. You can see what action we told the provider to take at the back of the full version of the report.

Whilst we saw improvements in assessing and monitoring risks for people improvements were still required. We made recommendations in relation to individual and environmental risk assessments. Whilst we saw some improvements had been made in relation to the care records for people who used the service further work was required. We made recommendations in relation to care records.

Derby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection three people

with a learning disability lived at the service.

Derby Lodge accommodates up to 23 people who require support with personal care in one building. There were 17 single occupancy bedrooms, of which seven were ensuite, as well as six flats, which consisted of a lounge and kitchenette area, bedroom and bathroom. At the time of the inspection 22 people were in receipt of care.

The service had a registered manager in post at the time of 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 was run.

Medicines were not given to people safely because staff did not always check medicines against the records properly before administering them. Topical medicines such as creams and medicines prescribed 'when required' were not handled safely. Storage of medicines was not always safe and medicines requiring disposal were not safely handled.

We saw improvements had been made in relation to risk assessments in the home. However not all environmental, and individual risk assessments were seen in relation to the needs of people. The provider took action to address this as part of the inspection.

Improvements in the environment was noted and checks and servicing was taking place in the home. The home was clean and tidy and personal protective equipment was available to reduce the risk of infection.

People told us they were happy with the staffing levels in the home and felt these met their needs. Duty rotas were adapted when changes were required, such as for staff sickness. A safe recruitment programme was in place that ensured only staff suitable to work in the home were recruited. Staff told us they had received training to support the delivery of care to people. People told us they felt safe living in the home and staff had received training in safeguarding. However, not all of the staff team had received regular and up to date training and supervision.

The home was operating under the principle of Registering the Right Support. People were clearly involved in choice in respect of their care and were encouraged to be independent. Where required a variety of professionals were involved in maintaining people's individual health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager told us no one living in the home was subject to Deprivation of Liberty Safeguards (DoLS). Care files we looked at considered restrictive practice and capacity assessments had been completed where appropriate.

We received very positive feedback about the care people received in the home. We observed staff treating people with dignity and respect engaging in light hearted chatter. Care was delivered to people in the privacy of their own bedrooms or bathrooms. Staff were seen knocking on people's doors and waiting to be invited in. Advocacy services were available to people to support them in important decisions.

The care records we checked identified some areas of improvement in their content. However, further improvements were required to ensure they reflected people's current needs.

Policies were in place to guide people and staff on how to deal with complaints. People raised no concerns and positive feedback had been received by the home.

We saw activities were being provided by the home and people taking part during our inspection. The registered manager told us the records for activities would be developed to provide more detail. Technology was being used effectively.

Whilst we saw some improvements since our last inspection further improvements were required to meet the requirements of regulation. Audits were seen however these were basic and lacked details of the actions taken or any lessons learned as a result of the findings.

Team meetings were taking place. Notes from minutes were seen which identified the topics discussed. People told us the provider asked their views and we saw positive feedback from surveys.

All people we spoke with and staff were complimentary about the management team. We saw the registered manager and nominated individual were visible throughout all areas of 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 consistently safe.

We identified concerns about the safe handling of medicines.

Individual risk assessments were seen however we saw one person had a medical condition and no risk assessment had been completed to manage this risk safely. The provider took action to complete an environmental risk assessment following our inspection.

During our walkarounds we saw improvements in the environment had taken place. People who used the service had personalised bedrooms and we were told all people were involved in the refurbishments of their rooms.

A safe recruitment programme was in place that ensured only staff suitable to work in the home were recruited. People told us they felt there was enough staff to deliver their care. However, one staff member said they sometimes felt, 'pushed' when undertaking their duties.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training and supervision staff received required improvement. Gaps in the records confirmed not all staff were received regular and up to date training and supervision.

People were supported to be involved in choices with their care and were enabled to access relevant professionals to maintain optimum health outcomes for them.

Consent had been recorded in people's care files and staff told us they sought people's permission before undertaking any activity. None of the people who used the service had a DoLS in place, however mental capacity assessments had been completed where required.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received. It was clear from our observations that staff knew people's needs well and there was a mutual respect between staff and people who used the service.

People's diverse needs were taken into account as part of their care planning. Care was delivered in the privacy of their bedrooms and bathrooms.

Is the service responsive?

The service was not always responsive.

Some improvements were seen in the care records, however further improvement were still required.

Systems to act on complaints were in place and people told us they were happy in the home.

Activities were provided. People told us they enjoyed their activities. There was effective use of technology in the home.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was some evidence of audits and monitoring in the home. However, these lacked details about the actions taken as a result of the findings.

Staff told us and records confirmed team meetings had taken place. Minutes from these confirmed topics discussed and staff in attendance. People told us they had completed survey feedback about the home. Evidence from these was complementary.

We received positive feedback about the registered manager and nominated individual. Our observations confirmed people knew them well.

Requires Improvement ●

Derby Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was undertaken on 16 August 2018 and it was unannounced. This inspection was undertaken by two adult social care inspectors, a pharmacy 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. This expert-by-experience had experience in older people, family carers of people with dementia, family carers of older people and physical/sensory impairment.

Prior to the inspection we looked at all of the information we held about the service. This included statutory notifications the provider is required to send to us by law. We checked any incidents, accidents and investigations into abuse allegations. We also looked at 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 took this into account when we inspected the home and made the judgements in this report. We also asked for feedback from visiting professionals to the home. We used a planning tool to collate all this evidence and information prior to visiting the home.

During our inspection we spoke with six people who used the service, one visiting relative and one visiting professional. We also spoke with six members of staff. This included the registered manager, the nominated individual, housekeeping, the chef and care staff. This helped us understand the care people received in the home.

Is the service safe?

Our findings

Those who used the service did not raise any concerns about the management of their medicines. Comments received included, "I always get my medication on time, and I take a lot", "It is always on time, sometimes early" and "They are usually on time, but if I need it early I can have it early." We saw training records that confirmed staff had received relevant training to enable them to deliver medicines safely.

We looked at the medicine administration records (MARs) for 13 people across the home. We observed medication being administered to people but this was not always carried out safely. Cover sheets were in place but seven did not contain photographs. None of the MAR charts had a completed allergy status. Medicine cassettes did not contain up to date information sheets; one was dated 2016 and one was dated 2017 and did not match the MAR so it was not possible for staff to be certain of the contents. We saw a person's medicines prepared from the medicine cassettes without checking the MAR charts, this meant that staff could not be sure that the medicine administered was the same as that prescribed. We asked the member of staff to stop and check the MAR for this person and the medicines were rectified accordingly and safely administered.

We saw items listed on the MAR that had blank administration records, it was not possible to be certain if the item had been discontinued or if it had been missed.

Creams and ointments had been prescribed for nine of the 13 people we checked. There were 24 separate creams and ointments on the charts but only two items had administration records and the remaining records were incomplete. This meant it was impossible to know if people had received their medication.

Three people were prescribed thickeners (used to thicken fluids for people with swallowing difficulties); these were not stored securely and we found there was only stock for two people which meant stocks were being shared.

Some medicines were prescribed to be used when required, there was no additional guidance for these medicines to advise when they should be used and there was no record of the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

Medicines were not stored safely. On our last inspection we found that the medication trolley was not secured to the wall and cupboards were left unlocked. On this inspection this had been rectified however access was not restricted to authorised staff. Temperature monitoring was being documented however the minimum and maximum temperature was not being recorded. The fridge being used was not a medical fridge and it contained a freezer compartment, though this had been regularly defrosted there was still a risk that medicines could be subjected to inappropriate temperatures.

Stock balances were not carried forward so it was not possible to correctly reconcile stock balances and show that medicines were being administered safely.

On our last inspection we were told unused medicines were returned to the supplying pharmacy but there was no record of these, on this inspection we saw that there were some entries made in a medicine returns log book. Not all items were being promptly returned to the pharmacy as we identified 15 out of date items that had been discontinued and not returned including injections and inhalers from 2014.

The home had completed three medicines audits this year however the audit was not sufficient to identify any of the problems identified on the inspection.

The training matrix showed that most staff had completed a medication refresher course and two staff had the course booked for later this year.

The home had a set of policies that were signed annually for review, the medicines policy was prepared in 2010 but there was no evidence that new national guidance had been incorporated to update the policy.

This was a breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we identified some concerns in relation to the emergency evacuation assessments for people who lived in the home, as well as personal risk assessments in relation to mobility equipment and support during mealtimes. Whilst we saw actions had been taken to address the areas of concern at our last inspection we identified further improvement was required. We looked at the risk assessments in place to ensure the home was safe for people, visitors and staff. Whilst some were seen to guide staff about how to meet people's individual needs and reduce any risks, not all care files had detailed information and guidance that would support their care delivery. One person's risk assessment about how to support their individual risks and needs was basic and lacked detail about how to manage specific medical conditions safely. We discussed this with the registered manager and nominated individual, who confirmed they would ensure risk assessments were in place and detailed for all people who used the service. Following our inspection, the registered manager provided a copy of a blank risk assessment template they were planning to implement into people's care files. This would ensure measures were in place to protect people and support staff in the delivery of their care.

We asked about environmental risk assessments. We saw records relating to the environment however there was no comprehensive risks assessment that covered all areas of the home or what actions to take to reduce any risk and protect people who used the service, family and visitors from harm. We discussed these findings with the registered manager and nominated individual. They gave assurances that immediate action would be taken to address this. Following our inspection, the nominated individual provided a copy of the completed environmental risk assessment that identified any areas of concern and actions that would prevent any future risks for people.

We recommend the provider seeks nationally recognised guidance to ensure environmental and individual risk assessments are detailed and reflect up to date risks.

We saw evidence of regular servicing and checks that confirmed the home was being appropriately monitored. These included, gas and electrical safety, boiler servicing, lift checks, hoist checks and profiling bed checks. Essential checks in relation to legionella testing and shower head cleaning had been undertaken recently. We saw any maintenance jobs that were required to be completed were recorded on a jobs list which had been signed and dated once completed. This promoted a safe and monitored environment for people to live in. During our walk around, we saw all areas were generally clean and tidy and people's bedrooms had been personalised with mementos of their choosing. There was an ongoing

refurbishment programme in place. We saw evidence of improvements to a number of areas in the home. These included people's bedrooms, games room and dining room. The nominated individual told us all people were supported to make choices in relation to how their individual rooms were decorated. This was confirmed by people who used the service who told us, "I love it, I really do! I even chose the carpet myself", "I have just had it decorated" and "I can decorate it anyway I want."

Since our last inspection Personal Emergency Evacuation Plans (PEEPs) had been completed for all people who lived in the home. This provided the emergency services with information about how to safely evacuate people from the building if required. Essential fire safety servicing and checks had been completed recently. These included, fire detection, emergency lighting and fire extinguishers.

Where incident and accidents had occurred, records had been completed, which included details surrounding the incident as well as the actions taken by the home. This would support analysis of the incidents and promote lessons learned with the staff team to reduce any future risk.

Records were seen that demonstrated a regular cleaning programme was ongoing in the home. Completed audits included all areas of the home and actions required as a result of the audit was recorded. This would ensure required improvements were completed. Cleaning schedules were in place which guided staff on their duties to ensure the home was clean and safe for people to live in. These had been signed once they had been completed. This would provide the management with evidence that essential cleaning had taken place. During our inspection we saw dedicated staff undertaking cleaning duties, staff were observed wearing appropriate personal protective equipment such as gloves and aprons. Hand wash facilities were available with liquid soap and paper towels. Up to date infection control policies were in place. This supported safe infection control measures that would reduce the risks of infection.

During our last inspection we identified a breach in relation to safeguarding people from abuse. During this inspection we found improvements had been made.

All people who used the service we spoke with told us they felt safe living in the home. Examples of comments included, "Yes I do! They put an alarm on at night on all the doors and I have an emergency button", "Very safe" and "Yes very." Staff we spoke with told us they had undertaken safeguarding training and would be confident to raise any concerns to the management if they suspected abuse. One staff member said, "I would go straight to whoever was in charge." Staff told us and the training records we looked at confirmed safeguarding training had been undertaken by relevant staff member. This would ensure staff had the required knowledge and skills to recognise and act on any allegations of abuse.

We checked the safeguarding records. Whilst some improvements had been noted the records remained disorganised and difficult to follow. The registered manager agreed and gave assurance that the present system would be reviewed to aid monitoring and auditing of the records. Where one investigation had been completed records were in place. However, when we asked the registered manager about their investigation they told us they had worked through the local authority guidance and the outcome was not a safeguarding concern. The registered manager agreed that for future investigations detailed evidence would be maintained that demonstrated local guidance had been followed.

All people we spoke with told us they were happy with the staffing levels in the home. Comments included, "There is [enough staff] and the night staff check on me at least two to three times a night" and "I think there is [enough staff]. There are only two night staff, but they are very good. "They always introduce new staff 'one to one' in our rooms." People told us staff responded in a timely manner to their call bells when required. One person said, "Usually they are here straight away but no longer than 30 seconds." However,

one staff member told us they sometimes, 'felt pushed' with their daily workload. A visiting professional said that there was a, "Low turnover of staff and a good consistency of staff and continuity of care."

The management told us in their PIR, 'We have a designated senior staff who is responsible for ensuring that the rotas are completed in advance. There is good communication within the staff to facilitate extra cover when required.'

Duty rotas were in place. These identified the staffing allocation for each shift as well and any amendments made as result of changes to the staff team, such as sickness or leave. There was an ongoing recruitment programme in the home that would ensure sufficient numbers of suitably qualified staff were able to provide appropriate and timely care when people required it.

Systems to ensure staff were safely recruited to the home were in place. Staff records we looked at confirmed appropriate checks had taken place. These included proof of identity and Disclosure and Barring Service (DBS) verification. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Application forms were seen as well as information from references and completed interview questioning. This confirmed staff recruited were competent and suitable for the role in which they were employed. Newly recruited staff told us and staff files we looked at had evidence of a completed induction programme on commencement to their role. One staff member told us, "I have done a thorough induction." This ensured all staff had the knowledge and skills to undertake their role safely.

Is the service effective?

Our findings

All the people who used the service spoke with confidence in the knowledge and skills of the staff team. They told, "Yes they are [trained]. They get to know you and they are very helpful" and "Yes I do, they are like family." Staff told us they had received a variety of training to enable them to undertake their role. Comments included, "Yes I do feel fully trained" and "I have done enough training" and "We have paid training, which is face to face with a qualified instructor." Staff told us they had completed a nationally recognised qualification in care.

At our last inspection we made a recommendation to the provider to ensure staff received appropriate and timely training that was relevant to their role. During this inspection we found improvements were still required to ensure the provider was meeting the requirements of the regulation.

A visiting professional confirmed that their team had delivered training in tissue viability, cerebral palsy and epilepsy. This would enable staff to have the required knowledge and skills to deliver effective care to people. However, we looked at a training matrix which detailed the training provided to the staff team. Topics included, first aid, tissue viability, fire safety, infection control, food, medicines, challenging behaviour moving and handling and choking. Whilst some staff had received training not all staff had undertaken essential training to equip them with the knowledge and skills to deliver effective care. For example, 13 staff had not completed fire safety, nine staff had not completed infection prevention and control and seven staff had not completed moving and handling. Training records we looked at also identified staff training was not always up to date. For example, one record we looked at had no record of any training undertaken since the beginning of 2017.

At our last inspection we made a recommendation to the provider to ensure a planned programme of supervision was in place to ensure staff received regular and timely support and guidance from the management. During this inspection we found that further work was required to meet the requirements of the regulation. Not all of the staff records we looked at confirmed supervisions have been undertaken to ensure they were supported and monitored in their role. The records we saw consisted of a tick box scoring system and included basic notes from the meetings as well as some actions to be taken following the supervision. Not all staff files had evidence of annual appraisals in place. This meant staff were not adequately monitored, supported and supervised as part of their role. However, staff told us, "As far as I can [I have supervision]", "I have two discussions a week with the manager" and "Yes."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

People told us they enjoyed the food offered to them. Comments included, "The meals are alright, I don't turn food down", "The meals are not too bad, sometimes they can be really tasty but there is too much at times" and "Oh yes [I like the meals]." Meals were prepared by a dedicated staff team who told us they had access to plenty of supplies that enabled a wide variety of food to be offered. The home had been awarded a five-star food hygiene rating by the Food Standards Agency in October 2017. This was the highest rating that

can be achieved and demonstrated the standard was 'very good.' A wide choice of meals were offered to people who used the service and the menu of the day was on display in the dining area of the home. Where people requested an alternative meal, this was provided for them. There was a plentiful supply of hot and cold drinks available to people, staff and visitors. Staff were seen supporting people during the meal time engaging in meaningful light-hearted conversation. The lunchtime experience was relaxed and unhurried all staff members ate with people who used the service in the dining room. This promoted positive relationships between staff and people who used the service.

Records we looked at identified professional reviews had taken place in relation to the support people required with their meals and fluids. These included speech and language therapy and dieticians. Guidance as a result of these assessments was in place that would support the safe delivery of food and fluids to people. Staff clearly understood people's need and where to access specific prescribed medications to aide people's nutritional needs. Staff we spoke with told us, "We have nutritionists come in regularly." Weight records were seen however we saw that not all people had their weight recorded each month. However, the records demonstrated people's weights were either maintained adequately or their weight had increased

We saw that the home was working in line with Registering the Right Support guidance. People told us they had been included in decisions about their care and were promoted to be as independent as they were able. They told us, "They [staff] help you start to do things but when you can do things yourself they leave you to it. They help build your confidence", "They encourage me to [be independent]. If I know I can do it I will do it", "More than likely I have" and "We have discussed it and I think I have signed it". One person told us, "I am not aware of my care plan." During our observation it was clear people were supported and encouraged to be independent and to make decisions in their everyday life. Doors were open and where able people were supported to access the outside grounds and the wider community.

The home had been adapted and was suitable for the needs of people who lived there. Bedrooms were over two floors with lift access for people with limited mobility. Corridors were wide and clearly accessible to people to move around the home freely. The dining area had accessible tables for all people to access to enjoy an inclusive dining experience. Ensuites in people bedrooms had level access to showers. An ongoing refurbishment programme was in progress which enabled people to live in an environment of their choosing.

People who used the service and relatives told us they felt confident that staff would respond appropriately if they were unwell. They said, "They [staff] noticed that I had [a medical condition] and sorted it out with a doctor", "It was the staff who noticed I had a couple of blisters on my leg so they rang the doctor. The doctor sent me to get them dressed and put me on antibiotics" and "They have noticed [when I was unwell] and they called the doctor out for me." A relative told us, "[Person who used the service] has not been well lately but they keep me informed and they called the doctor."

Staff told us they knew people well and would respond appropriately to any changes in their condition. One told us, "We would notice if anyone was unwell as we see them every day." People's physical health needs were reflected in the care files we examined and they demonstrated that professionals visited the home. People were supported to access professional appointments to support the care they received. During our inspection we saw professionals visiting the home to undertake individual care tasks for some people in the home. They told us they were regular visitors to the home and that, "Staff know who we are. We visit daily and staff help prepare people for our visits." The provider told us of working with the wider professional team, 'We work well with district nurses who are attending service users [People who used the service]. We will refer service users to [relevant professionals] if we have concerns.'

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).

We looked at how the service was meeting the requirements of the MCA and DoLS regulations. During the inspection, we checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us none of the people living in the home were subject to a DoLS. The care files had evidence that any restrictive practice was considered and care plans implemented to support people's individual needs.

Mental capacity assessments had been completed recently where required. These demonstrated people had been protected from unlawful restrictions and that they were supported to make decisions in regard to all aspects of their life. Where decisions had been made we saw relevant people had been involved in best interest's meetings. These included, therapists, nurses, family and people who used the service. Care records confirmed that people's care needs had been discussed and agreed with them. This ensured people were happy with and agreed to the care they received. Staff told us they sought consent from people as part of their daily routines. They said, "I would ask them what they wanted."

Is the service caring?

Our findings

All of the people and relative we spoke with told us they were very happy with the care they received in the home. They told us, "Of course they are [caring]", "They are brilliant. If I am having an off day, it would not last long as they would come into my room and have me in hysterics. I love them", "If I need something I will ask and they will do it" and "Brilliant, this is the best place I have been in." However, one person told us they were not happy living in the home. Professionals told us, "It is a home to them [people who used the service]. It's a home to them.

We observed staff interacting with people in a kind and caring manner, offering positive encouragement whilst providing support where it was required. It was clear from our observations that staff and people who used the service had a mutual respect for each other and light-hearted banter was heard. Staff told us they knew the people well that they cared for, that their relationships were meaningful and positive and that people were encouraged to voice their own opinions. People were noted to be nicely presented with their hair done, nails clean and nicely presented clothing appropriate for the time of the year. It was clear from our observations that staff knew people needs well and understood how to provide good care to them.

Staff told us people who used the service were always treated with dignity and respect and that their privacy was maintained at all times. They said, "Yes I do! I always knock and ask permission before entering someone's room" and "Yes I do." People told us that the staff were very polite willing to listen and help with any support required. One comment included, "They are very good like that." People told us staff always knocked of their door and waited to be invited in. One person said, "Of course they do." Staff we spoke with confirmed this.

During our observation we saw staff knocking on people's bedroom doors and waiting to be invited before they entered. Care was provided in the privacy of people's bedrooms or bathrooms. The provider had up to date policies in place to provide staff with guidance about how to ensure people's values, privacy, dignity and choice were upheld. This would ensure staff had access about how to ensure people's privacy and dignity were maintained.

Records we looked at demonstrated the home's responsibility to ensure people's personal information was held confidentiality and that the principles of The General Data Protection Regulation (GDPR) was shared with the staff team. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

At our last inspection we made a recommendation to ensure people's care files reflected their diverse needs. During this inspection we noted improvements had been made that ensured people's individual and diverse needs were met and people's human rights were protected. The provider told us in their PIR of the importance of ensuring people were supported to express their sexuality, access to religious services and access of activities of their choosing. Care files we looked at contained basic guidance about how to ensure people's individual communication needs were met. One person's record read, 'Develop positive communication strategies. Recognition of communication styles and their impact.' However, we saw limited

information about what these strategies were and how these would improve communication with the person. Records included information about what was important to people. These included their likes and dislikes, 'how do you know I am... sad, happy, cold, hot' and meal preferences. This would ensure staff had access to important individualised information about people's choices and needs.

We saw regular visitors to the home during our inspection and the provider confirmed visitors and family were welcomed into the home. They said, 'We operate an open visiting policy so the visiting arrangements are made between the service user [people who used the service] and the visitor. For those who live some distance away and need to make overnight accommodation arrangements elsewhere, we will offer them refreshments during the visit, no restriction on visiting.' People who used the service and relatives told us of visiting the home, "There are no restrictions on anyone visiting at any time", "Yes of course they can come when they want, they can even make themselves a drink" and "I come on the train so I could be here at any time."

We asked about how the home ensured people had access to advocacy services where people required support to make important decisions. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them. During our inspection the registered manager ensured up to date information was on display in the public areas of the home in relation to advocacy services. The registered manager told us they had made use of advocacy services to support people's decision making. Records we looked at confirmed this.

Is the service responsive?

Our findings

Most people we spoke with confirmed they were aware of the care plans developed by the home. The provider told us that since our last inspection they had, 'Introduced a new care operating system called care docs. This was for the evaluation, monitoring and recording all aspects of a person's care, needs and choice. It is intended that once the system will allow more detailed assessments and comprehensive monitoring.' Staff we spoke with told us of care plans, "Care plans have the involvement of service users and family."

During our last inspection we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to records. This was because gaps in people's records were seen and they failed to reflect people's current needs. During this inspection we identified some improvements had been made, however further improvements in the care records were still required.

The care files we looked at contained assessments in relations to people's needs that had been completed by the local authority. Individual assessments had been completed, however the content of these lacked individualisation that would support effective care delivery. We checked the care plans. Whilst basic information had been recorded, some records lacked individualised information about how to meet people's needs. For example, one record had information about their mobility needs, but there was no record about the specific type of equipment they required. Another record identified a specific medical condition, however we saw no care plan about how to safely manage this. We discussed these shortfalls with the registered manager and nominated individual, who gave us assurance that they would ensure all people's care records were personalised and detailed to ensure their individual needs were met.

We recommend the provider seeks nationally recognised guidance about how to ensure care files are detailed, individualised and reflect people's needs.

Care records provided personal information such as names, date of birth and GP as well as guidance on people's medical conditions. This would ensure staff were able to monitor people's conditions and take appropriate action if these deteriorated. Records confirmed that the wider professional team was involved in ensuring people's needs were appropriately met. We saw evidence of reviews by professionals, such as consultant specialists, GP, dietician and district nurses.

Whilst no one was receiving end of life care at the time of our inspection there was policies and guidance on end of life care available that ensured staff had access to information on how to appropriately support people's end of life care needs. The homes statement of purpose documented the importance of bereavement support. This would ensure all people and their relative recorded appropriate and timely end of life support.

People who used the service were able to discuss a variety of activities available to them. They told us, "I like to play pool in the pool room and if I need anything the staff get it for me", "I like to read and a library lady comes in regularly and brings me books", "I like to play dominoes", "There are no activities but they do have barbecues outside" and "We have times to go shopping, you can play pool and there is a computer game!"

The activities co-ordinator left." This was confirmed by staff we spoke with told us, "If I am here I do get involved but the activities co-ordinator has left so we don't do any activities at the moment" and "Sometimes I get involved."

During our inspection we saw some activities taking place in the public areas of the home. The management told us about the activities provided to people. They said, "We have had birthday parties for all our service users, in particular, those who have a special birthday we have a big party and the service user makes their own list of who they would like to invite. Staff assist service users to various places of their choice i.e. concerts, cinema, shopping, home visits, holidays and football matches." The home had a games room which had a pool table, an interactive electronic games console and a wide variety of board games for people to access.

We looked at the records to confirm what activities were provided to people, these included pub quiz's and restaurant visits. However, we saw the records were basic and contained little information about who had taken part and what benefit the activity had for the person. We discussed this with the registered manager who told us they would review their system for recording the activities undertaken by people.

Appropriate systems were in place to act on and deal with any complaints or concerns. All people who lived in the home knew how to raise any concerns or complaints. Comments included, "If I have a complaint I tell them and they sort it", "I would not feel intimidated" and "If you need to complain you can discuss it with someone in charge." Staff we spoke with were able to discuss how they would deal with any concerns or complaints. They said, "I would take the complaint to the senior in charge" and "Complaints, I would approach them, make notes on the complaint and report to the senior. I would follow up and keep the service user updated. There is a complaints procedure."

There was an up to date complaints policy which provided guidance for staff on how to deal with any concerns or complaints. Complaints and compliments were recorded. Where one complaint had been recorded we saw no outcome that confirmed what action had been taken as a result. We discussed this with the registered manager who was able to discuss the complaint and the actions they had taken as a result of the complaint. The registered manager took immediate action to ensure records were up to date and reflected the actions taken. We saw positive feedback had been received by the home. Examples of comments included, "I would like to say thank you for all that you have done for my [name] during their stay with you", "I could not find fault", thanks to all for treating my [name] as the intelligent human being [name] is" and "Derby Lodge is about people and so it should be. It should be held up as an example to the dehumanisation institution that regularly makes the news. Keep up the good work."

The home had implemented a number of ways to engage and support people who used the service with technology. All people were supported to use electronic hand-held devices to access the internet and video calling to family and friends of their choosing. WIFI was provided across all areas of the home. We saw in one person's bedroom an electronic system had been set up to support their use of electronic equipment, such as television, DVD and music player. This supported people to engage in activities of their choosing.

Is the service well-led?

Our findings

All people told us the registered manager was visible in the home and described the positive engagements with them. They said, "I talk to them all the time" and "She often pops in for a chat." Staff told us, "They [the managers] are not opposed to suggestions" and "I have seen several improvements", "She is a good [registered] manager. She does alternate weeks between here and [sister home]. We can contact her if needed and she will come. We also use facetime." and "I couldn't praise the management enough. Particularly [the provider] she is here six times a week. The manager is equally supportive."

A visiting professional told us improvements were noted in the home. They also said the management responded appropriately to any concerns raised. It was clear from our observations during the inspection that the management team were visible in the home. People and staff knew them well and we saw positive engagements both with the registered manager and nominated individual.

Since our last inspection the manager had been registered with the CQC and was working to make improvements in the home. Action had been taken to make some improvements in the auditing and monitoring of the service however further improvements were required. The provider told us in feedback from the PIR, 'I am able to measure services by carrying out regular audits of care, safety and housekeeping. Incident and care plan audits are done to ensure that all relevant documentation is in place, current and consented. Audits will continue to enable me to regularly assess services and systems to ensure safe effective operations and enhance the quality of care and environment.'

We looked at the audits undertaken in the home. Where care plans had been audited we saw some information about the findings had been recorded, however a number of records had the same date of auditing and there was no reference as to whether actions had been taken as a result of their findings or any lessons learned.

During our inspection whilst we saw some improvements had been made as a response to our last inspection further improvement was required to ensure people received good safe care. The provider failed to ensure staff had appropriate training, development and supervision to enable them to carry out their duties. The provider failed to ensure detailed systems and processes were in place to monitor the service and detail the actions taken as a result of these. The provider failed to ensure medicines were managed safely. Further improvements were required in environmental and individual risks and care records required further detail in relation to how to support people's individual needs.

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

One staff member told us there had been no team meetings, however we saw notes from a team meeting that had been held recently with names of attendees and the topics discussed. Topics included, feedback from people who used the service, trips out and the ongoing refurbishment. We also saw meeting records, which confirmed the involvement of people who used the service in discussions about the home. However,

we noted these had been recorded as staff meetings. The provider told us they undertook both informal and formal meetings with staff and people who used the service.

We saw people were asked for their views about the home. Records confirmed surveys were completed yearly and these included, catering and food, care and support, premises, decoration and furnishing and the management. Positive feedback was seen in the findings. Examples of comments included, 'All the meals are lovely', 'I am happy with personal care, and I am free to do what I want.' People who used the service told us feedback had been sought from them. Comments included, "I have received one but I have nothing to say about the place except that everything is OK" and "Yes, we get one every 12 to 18 months. All done anonymously." Others told us, "No feedback" and "If I wanted to give feedback I would tell them." A relative we spoke with said, "I have filled one in every so often."

Records we looked at and our observations identified that the home proactively engaged in the wider community. Professionals were seen visiting the home and records we looked at confirmed this. We saw people accessing the wider community during our inspection.

We asked the provider about statutory notifications. We saw relevant notifications were submitted to the CQC as required. Whilst information was provided this was only in the form of email correspondence. We discussed the importance of ensuring records were detailed and accessible to support audits and monitoring of the service. The provider gave assurance that they would take action to address this to ensure effective monitoring could take place. Relevant certificates were on display in the entrance to the home, these included, certificates of registration, the ratings from the last inspection, employer's insurance liability and an RDB five star care certificate from 2018. RDB Star Rating is an accredited independent quality assessment company, which carries out annual inspections of care homes.

The service had developed an employee handbook which provided staff with important information and guidance about the operation of the home and how to deliver care to people safely. Relevant and up to date policies were available to guide and support staff in the operation and management of 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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe management of medicines. Regulation 12. – (1) (g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure record relating to the safe administration of medicines were in place. The provider failed to ensure detailed systems and processes were in place, which could monitor the service and record detailed action taken. Regulation 17. – (1) (2) (a) (b) (d) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff had appropriate training, development and supervision to enable them to carry out their duties. Regulation 18. - (2) (a) |

