

HC-One Limited

Bishopsgate Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 and 15 March 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Bishopsgate Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bishopsgate Lodge Care Home accommodates 51 people in a purpose built building, across three floors. Some of the people living there were receiving nursing care and some people had a dementia type illness. On the day of our inspection there were 44 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in December 2015 and rated the service as 'Good.' At this inspection, we identified issues with the management of medicines. One person used an inhaler however their risk assessment was not up to date. Some people were prescribed PRN (as required medicines). However, for some people PRN protocols were not in place or did not contain sufficient information. One person's hand written medicines administration record (MAR) had not been countersigned by a second member of staff to confirm that the record was accurate. For one person whose medicines had been changed, it was not clear who had authorised the discontinuation.

For a medicine that staff administered as a patch, a system was in place for recording the site of application and the days when the patches were renewed or replaced. However, staff had not fully completed this for one person. Some people received support with medicinal creams. We saw that a body map was in place for one person to show where the cream should be applied however there was no record to confirm when the cream had been applied. For three people a medicinal cream was listed on their MAR however there was no body map or topical MAR to show where the cream should be applied. The service conducted a number of medicines audits however these were not robust and had not identified the issues we found.

We identified issues with record keeping that had not been addressed following internal audits of the service. For example, one person's support plan indicated that they had "fluctuating capacity". The deputy manager told us the person did not have fluctuating capacity and were able to make decisions independently. In all the care records we viewed, consent to care on individual support plans was not signed by the person if they were able or by a legally authorised representative. In two people's records, we saw no written consent for photographs or for the use of bedrails. We also found food and fluid charts had been inconsistently recorded.

Care records were regularly audited however most of the records we viewed had identified actions that had not been signed or dated to say the action had been completed. For example, a care records audit for one person, dated 9 January 2018 included a number of actions including re-writing all the support plans. We checked the person's care records and saw the communication support plan had been re-written but none of the other support plans had been re-written since January or February 2017. Therefore, actions from the audit had not been completed.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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.

Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Bishopsgate Lodge Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Support plans were in place that recorded people's plans and wishes for their end of life care.

A programme of activities was in place, and activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had a quality assurance process in place however this had not addressed the issues with medicines and documentation we had found. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 were not protected against the risks associated with the unsafe use and management of medicines.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We identified issues with the recording of mental capacity, consent and food and fluid intake.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and reflected people's changing needs.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

The service was not always well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources. However, the quality assurance system had failed to identify the issues with medicines and documentation highlighted in this report.

The service had a positive culture that was person-centred, open and inclusive. Staff told us the manager was approachable and they felt supported in their role.

The service had good links with the local community.

Requires Improvement 

Bishopsgate Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 15 March 2018 and was unannounced. One adult social care inspector, a specialist advisor in nursing and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and local authority safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. 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.

During our inspection we spoke with seven people who used the service and six family members. We also spoke with the registered manager, deputy manager, nurse, administrator and four other members of staff.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We looked at the arrangements for the management of medicines and saw in some cases that medicines were not safely managed or administered.

One person used an inhaler. They had a risk assessment in place for this however the risk assessment was dated 4 September 2015. The deputy manager told us they would update the documentation immediately.

Some people were prescribed PRN (as required medicines). PRN protocols were in place for some people to assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines, such as pain relief medicines. However, for some people PRN protocols were not in place or did not contain sufficient information. We spoke with the nurse who told us they would action this on the day of the inspection.

Two people had handwritten medicines administration records (MARs) in place. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. For one person we saw that a second member of staff had countersigned these to confirm that the record was accurate but for another person we saw that a second member of staff had not countersigned these to confirm that the record was accurate. The National Institute of Clinical Excellence: Managing Medicines in Care Homes guidance states, "Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used."

For two people whose medicines had been discontinued, the reasons for discontinuation had been stated on the MAR and it was clear who had authorised the discontinuation. For another person whose medicines had been changed, it was not clear who had authorised the discontinuation. We discussed this with the nurse who told us they would address this.

For a medicine that staff administered as a patch, a system was in place for recording the site of application and the days when the patches were renewed or replaced. However, staff had not fully completed this for one person. This is necessary because the application site needs to be rotated to prevent skin damage and avoid potential overdose. The nurse told us they would address this.

Some people received support with medicinal creams. We saw that a body map was in place for one person to show where the cream should be applied however there was no record to confirm when the cream had been applied. For three people a medicinal cream was listed on their MAR however there was no body map or topical MAR to show where the cream should be applied. The nurse told us they had changed their system for medicinal creams and acknowledged that it did not appear to be working. They discussed this with the deputy manager on the day of the inspection and told us they were going to review this immediately.

The service conducted a number of medicines audits however these were not robust and had not identified the issues we found. This meant people were not protected against the risks associated with the unsafe use and management of medicines.

These were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

MARs contained recent photographs of people to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. MARs showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered.

Three of the people who used the service had their medicines crushed. We saw pharmacist's advice had been sought regarding this since the administration involved altering a medicine's licensed presentation. This was recorded on the MAR charts.

Medicines were given from the container they were supplied in and we observed staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. People's medicine support needs were recorded in their care records.

People we spoke with told us they felt safe at Bishopsgate Lodge Care Home. One person told us, "Oh yes, very safe. I just ring the buzzer and they are there in a flash." Another person told us, "Definitely no complaints. They come straight away." Another person told us, "Yes, there are enough staff" and "I never lock my door, I don't need to."

A family member told us, "Safe? Definitely yes. At home she had loads of falls and I couldn't rest. She came in here and has had no falls at all so I know she is getting 24 hour care." Another family member told us, "There is definitely enough staff, even on a night time."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service and dependency reviews were carried out when required. Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. One member of staff's application form contained gaps in employment and there was no record in the file to say whether these gaps had been explained. The deputy manager contacted the provider's human resources department who confirmed these checks had been carried out and evidence was provided of this.

The registered manager told us people who used the service were involved in the recruitment of new staff. This involved prospective new members of staff being shown around the home and people were asked to comment on what they thought about them..

Accidents and incidents were appropriately recorded. Falls audits and meetings were carried out every three months. These meetings checked actions from the previous meeting, and reviewed staff training, the use of equipment and assistive technology, analysis of monthly falls, whether any people gave cause for concern, and any other business. The registered manager told us they were "very proactive" in preventing accidents and incidents and they would, "pre-empt if we think anyone is at risk". They told us any lessons learned from accidents, incidents or complaints were discussed and reflected on in staff meetings and supervisions.

Risk assessments were in place for people who used the service and staff. These included bathing residents, general kitchen equipment, lone working, handling of laundry, social activities, safe use of wheelchairs, and moving and handling. These described potential risks and the control measures in place to reduce the risk. All the risk assessments were reviewed in March 2018. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Health and safety audits were carried out. These included moving and handling, maintenance, control of substances hazardous to health (COSHH), internal environment and fire safety. Any actions were clearly recorded.

The home was clean and no unpleasant odours were present. Appropriate handwashing facilities and guidance was available. Infection control audits were carried out every three months, the most recent in January 2018. This had a score of 90%, indicating the service was compliant. Domestic cleaning schedules were maintained and a record was kept of which areas and equipment had been cleaned, and whether any maintenance or repairs had been identified.

Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

We viewed the provider's safeguarding policy and procedure. Local authority policies and procedures regarding the protection of vulnerable people were also available, including a risk threshold tool and information on how to make a safeguarding alert. We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager maintained a DoLS application and authorisation log so they could keep a record of any submitted DoLS. Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. For one person, their support plan indicated that they had "fluctuating capacity". The deputy manager told us the person did not have fluctuating capacity and were able to make decisions independently. They told us they would update the person's records.

In all four care records we viewed, consent to care on individual support plans was not signed by the person if they were able or by a legally authorised representative. In two people's records, we saw no consent to photographs or for the use of bedrails. The deputy manager and the nurse told us they would address this. Following the inspection, we received an email from the deputy manager confirming this had been actioned.

People at risk of malnutrition or dehydration had their food and fluid intake monitored by staff. Charts recorded the food and fluid a person was taking each day and included portion sizes. However, for some people charts did not include the fluid goals for each person. In addition, fluid totals were inconsistently recorded. This meant staff were not effectively monitoring people's intake and taking action as required. Staff told us this would be actioned immediately.

One person was being fed via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed, if people are not able to eat or drink. Their PEG support plan detailed the feeding regime, positioning, water flushes, fluid intake and output, weight monitoring, medication, together with care of the PEG tube and routine skin care. However, the support plan did not include guidance on when to seek urgent help. The nurse updated this on the day of the inspection.

The issues identified with regard to documentation were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been referred to dietitians and speech and language therapists (SALT) where required. Weekly weights monitoring records for people were in place up to date. 'Dignity in dining' audits were carried out. These reviewed the dining area, menu availability, acknowledgement and assistance of the person entering

the dining room, choice of drinks and food, food presentation, conversation and observation, additional comments, feedback from people and whether any actions were required. For example, ensuring the blackboard was kept up to date with changed menus.

People's needs were assessed before they moved into the home to make sure staff were able to care for the person and had the equipment to ensure people's safety and comfort. Where a support need was identified a plan was developed setting out how the need could be met.

Care records included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service had been involved in the decision making process.

Care records contained evidence of visits to and from external specialists including GPs, district nurses, advanced nurse practitioners, respiratory specialist nurses, tissue viability specialist nurses, PEG specialist nurses, the SALT team, dietitians and podiatrists.

People who used the service told us they received effective care and support from well trained staff. One person told us, "Well trained? I wouldn't be here otherwise." Another person told us, "They are excellent in every way, very well trained. When they transfer me from a bed to a wheelchair, they make it look easy." Another person told us, "They are very well trained in lots of ways."

A family member told us, "You should see them moving her with the hoist, marvellous and painless." Another family member told us, "They check on her every hour and she is always clean so I know she is getting washed regularly."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included emergency procedures, equality and diversity, fire safety, food safety, health and safety, infection control, manual handling, safeguarding, and safer people handling. Additional role specific training was provided that included medicines, mental capacity and nutrition. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

The premises was suitably designed for people with dementia. Corridors were light with no visible obstructions and hand rails contrasted with walls. Bathroom and toilet doors were painted a bright yellow colour and were clearly signed. Dementia friendly signage was placed throughout the home and people's bedroom doors were clearly identifiable. These were painted in different pastel colours and included the name and photograph of the person. On the second floor there was a small indoor garden, with photographs of gardens on the walls and a small park bench that had been painted by two of the people who used the service. Clothes were hanging from the wall that people could touch and try on. Dolls were placed around the home and photographs of local landmarks were on the corridor walls.

Is the service caring?

Our findings

Without exception, people and family members we spoke with were complimentary about the quality of the care provided at the home. A person we spoke with told us, "It seems they have all been trained to have a happy attitude and they adjust this attitude to each and every individual, so everyone is an individual." Another person told us, "They treat me with dignity when they are helping me go to the toilet and they try and make me as independent as much as they can." Another person told us, "They try to keep me independent but don't force me to do anything. I keep my dignity and privacy, they certainly don't make me feel embarrassed. It's the opposite in fact, they love me and I love them."

A family member told us, "I can't fault the care." Another family member told us, "It really puts my mind at rest when I go home." Another family member told us, "If they [people who used the service] can do things, they make them do it themselves. It helps their independence." We saw a thank you card from family members that stated, "Thank you for the love, care and support you have shown [relative] these last few weeks, she thought very highly of you. You always managed to put a smile on her face. You helped to ease [relative]'s mind and soothe her anxieties" and "The love and support you have shown us is very much appreciated as well."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

We saw and heard examples of the caring nature of the service. For example, the provider had arranged a birthday party for a person's 100th birthday and we saw a photograph of the person enjoying lunch with staff and other people at the home. Another example was where the senior housekeeper had baked a special cake for Mother's Day and all of the female residents received a gift. In 2017, the registered manager had received the provider's 'Kindness in care' award. They had been nominated by the people who lived at the service for being "an outstanding nurse and manager, and for providing kind nursing care for them".

Records described how people were able to make choices about their care. For example, one person preferred a daily bed bath. Their support plan described how they could make choices in terms of what clothing to wear, and hair and nail care. Their support plan also detailed that they preferred multiple warm blankets and two pillows, and they liked the call bell attached to their blanket as they got anxious if they didn't know where it was. For another person, we saw guidance for staff that the person chose a daily bed bath and that they wore a nightshirt style stretch cotton nightdress. However, when they got out of bed they liked to wear day clothes and could point to what they wished to wear. Their support plan also detailed when they liked to get their hair done, usually on a Monday or Wednesday. Another person's support plan stated, "[Name] has no preferences of male or female staff with personal care" and "[Name] chooses her own clothing."

Records also described how staff were supported to be independent. For example, "[Name] mobilises

independently without the use of any aids", "[Name] independently transfers from chair to chair" and "[Name] can independently get herself ready."

Communication support plans were in place and were appropriate for the person. We saw specific information for staff to follow in relation to how they engaged with people. This approach meant staff recognised that people living with communication needs could still be engaged in decision making and interaction. For example, one person struggled to talk when they were anxious or breathless and their support plan guided staff to move closer to the person to hear what the person was saying. For another person, they were able to nod or shake their head for yes or no respectively and they also had a booklet with pictures and equipment to assist with effective communication. The person had also been involved in a number of sessions with a SALT to support improving their communication. Staff were guided to speak clearly to the person and use questions the person could respond yes or no to. Staff were also instructed to be aware that when the person shouts this indicated they were unhappy about something.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates but information was available if required.

Is the service responsive?

Our findings

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Support plans included personal care, mobility, diet and nutrition, communication, pressure care, continence and communication. These records were reviewed at least every month.

Some people were at risk of pressure ulceration. Assessments had been carried out to identify which people were at risk and preventative pressure relieving measures were in place for those people who required them. People had detailed support plans to inform staff of the intervention they required to ensure healthy skin was maintained. A system was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity.

There were body maps in place to record any bruising or injuries sustained by people. Recognised tools such as the Waterlow pressure ulcer risk assessment were used, which helped identify the level of risk. The Waterlow scale is used to assess people's risk of developing pressure sores. These assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

End of life support plans were in place for people where required. This meant information was available to inform staff of the person's wishes at this important time and to ensure their final requests were respected.

We found the provider protected people from social isolation. The home had a large activities room on the ground floor that contained a bar, jukebox, television, dart board and several tables with games such as dominoes and colouring books available. A notice board described activities and events that were planned at the home. These included a local shopping trip, a baking afternoon, visits by the pets as therapy (PAT) dog, bingo, movie time, karaoke, trips in the home's minibus and gardening club. We saw a Burns Night supper and whisky tasting session had taken place in January and one of the people who used the service had made a speech. The registered manager told us they were hoping to arrange a talk from one of the people involved in the local outdoor historical event, Kynren.

A personal wellness coach who visited the home regularly commented, "Staff are always well prepared and diligent in their efforts to provide a high level of care for the residents and family members. Bishopsgate have challenged themselves to grow beyond their comfort level and have met these challenges with skill and grace. This is evident by the volunteers who help to make Bishopsgate a fantastic home and are treated as part of the team."

The provider's complaints procedure was available on the foyer wall. There had been one formal complaint in the previous 12 months and we saw this had been appropriately dealt with. The registered manager told us people were encouraged to be vocal and come forward if they had any concerns. This allowed issues to be dealt with in a timely manner. People and family members told us they knew how to make a complaint but didn't have any complaints to make.

There had been a number of compliments received by the home. These included, "I would like to say a big thank you to everyone who looked after [name] whilst he was in your care...everyone was caring with [name] and you also took care of me with food and cups of tea", "We can't thank you enough for the love, comfort and compassion you showed to both [name] and all of the family. We all really can't thank you enough for the support and how at ease you made us all at such a difficult time. You are all incredible" and "The staff are excellent and are helpful" and "Thank you for everything you have done for her."

Is the service well-led?

Our findings

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Regular audits were carried out by the registered manager and included infection control, catering, falls, health and safety, and care records.

Care records were regularly audited and included an audit of admission documentation, risk assessments, support plans, professional visits records, communication and clothing records. Any actions were recorded and were to be signed by the relevant member of staff when completed. Most of the records we viewed had identified actions however these had not been signed or dated to say the action had been completed. For example, an audit dated 9 January 2018 included a number of actions. For example, "Diet notification sheet needed completing", "Resident involvement not signed" and "Rewrite all care plans to contain more info about how issues managed." We viewed the person's care records and saw the communication support plan had been re-written on 3 March 2018 but none of the other support plans had been re-written since January or February 2017. Therefore, these actions had not been completed. Following the inspection, we received an email from the deputy manager confirming this had been actioned.

Another care records audit, dated 23 January 2018, included a number of actions but none had been signed to say they had been completed. On the second day of our inspection, the deputy manager told us they were in the process of completing these actions. The service also operated a 'Resident of the day' system where one person who used the service was selected each day for a review of their records. These checks had not addressed the issues with documentation highlighted in this report.

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

The provider carried out regular internal audits. These audits were based on the CQC five key questions and included interviews with people who used the service, staff, relatives and visiting professionals, observations within the home, the dining experience, and a review of records including care, medicines, staff, audits, action plans, complaints and meetings. These recorded areas of strength and areas of development. The most recent visit had taken place in February 2018 and rated the service as requires improvement. The action plan identified issues with the following; risk assessments, medicines, and auditing.

The provider's area director visited the home regularly and carried out their own audits of the service. The most recent visit in January 2018 had also identified issues with medicines documentation. For example, "Work needed on care plans, no cross referencing, some incomplete, some missing altogether. Conflicting, unclear information in some." These were to be actioned by 31 January 2018.

This demonstrated that the provider had an auditing system in place however the system had failed to address the issues with medicines and documentation highlighted in this report. The registered manager told us one of the aims of the recruitment of new senior staff was to improve in these areas.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2014. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us about recent and upcoming refurbishment plans at the home. They also had plans to create a specific nursing unit in the home to aid with continuity of care and had identified the need for more senior staff. One new senior staff member had been recruited and another post was advertised.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

People and family members were able to provide feedback on the quality of the service. Monthly residents' meetings took place and an annual resident and relative survey was carried out. These asked questions on the quality of the service, the staff, the premises and management. Comments from the most recent resident survey included, "I feel safe and at home living here. I am able to make a cup of tea whenever I want", "I asked for a bigger room. As soon as one became available, they showed me it and I moved in and more settled now", "I like going to the meetings so I can have my say about things" and "I find everything is perfect. If I have any problems, I get them seen to. There is always somebody will listen". Comments from relatives included, "Management often appear to be short staffed", "Communication – some requests are not actioned and other staff are not aware of the request" and "The level of care remains inconsistent and varies from day to day depending on which staff are in attendance. Some carers are very good whilst others lack basic training".

The registered manager had responded to the comments and made this available to people and family members. For example, in response to the comment regarding management often appear to be short staffed, they had responded with, "Management having to cover nurse shifts due to annual leave. We have started the nurse recruitment process." And in response to the comment about communication, they responded with, "Nurse/senior write all communication in the diary, communication discussed in the staff meeting, daily handovers and daily flash meetings." And for all issues raised, "The manager and deputy will monitor all actions and discuss in the next resident/relative meeting."

Feedback was also obtained via an electronic tablet in the home's foyer. There had been one recent survey completed that did not raise any concerns and said they were, "Very satisfied" with the facilities, activities and kindness in the care provided.

Regular walkarounds of the home were carried out by one of the management team. These included a check of resident care, infection control, internal and external premises checks, dining experience, staff areas, and any feedback from people, family members and visiting professionals. Any identified actions were recorded such as "access to building to be cleared" and "tidy sluice". Both of these were recorded as completed.

Daily flash meetings took place between senior members of staff from housekeeping, catering, maintenance, administration and nursing. These discussed any issues, plans or concerns the senior staff needed to be aware of.

The registered manager told us they had a contract with a local university to take nursing students, and physiotherapy, paramedic, and health and social care students were also placed at the home.

The service had good links with the local community. The local Catholic church visited the home on a monthly basis to conduct services for people who wanted to join in. A letter from the church stated, "We are always warmly welcomed and it has been very good to see how much Bishopsgate Lodge has been improved and developed over the years. Our visits give us a lot of enjoyment – we hope the same holds true for the residents we meet."

The service had good links with local schools, who visited the home, and two of the people who used the service were 'pen pals' with local school children. The service also had links with local animal charities and volunteers from the local community helped out with activities at the home.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the home and the provider. Staff surveys were carried out annually and staff meetings took place monthly. Recent meetings included updates about the provider and the service, upcoming events, training, maintenance, dining, documentation, safeguarding and recruitment. A family member told us, "The atmosphere here is lovely and the manager falls over himself to help, as do all of the staff." Another family member told us, "They look after her and it really puts my mind at rest. I know there is always someone about so that when I go home I'm not missed."

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
Treatment of disease, disorder or injury	People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Accurate, complete and contemporaneous records in respect of each service user were not being maintained. Regulation 17(2)(c). The provider's quality assurance processes had failed to address the issues with record keeping. Regulation 17(2)(a).