

Lancashire County Council

Grove House Home for Older People

Inspection report

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Website: www.lancashire.gov.uk

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14 December 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Grove House Home for Older People on 12 and 14 December 2016. The first day was unannounced.

Grove House Home for Older People is registered to provide accommodation and personal care for up to 46 older people. The home is located close to higher Adlington and is set in its own grounds. Accommodation is provided in 46 single bedrooms, five of which have an ensuite. The home has four distinct areas known as Cedar Court, Elm Court, Oak Court and Willow Court. With the exception of Willow Court all other areas provided support and care for people living with dementia. At the time of the inspection there were 38 people accommodated in the home.

The home had a manager who had begun the application process for registration with the Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 8 July 2014, the service was found to be meeting the regulations applicable at that time.

During this inspection, we found there was a breach of four regulations relating to failures in medicines management, the assessment of risks, providing care without consent from a relevant person and maintaining accurate and up to date records. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation in respect to enabling people to participate in the support planning process.

People told us they felt safe and staff treated them well. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. We were aware a safeguarding investigation was ongoing at the time of our visit and were concerned to note that although the social worker had asked on three occasions for some documentation this had not been provided.

Whilst some risks had been assessed and documented, we found a risk assessment had not been carried out to manage the risks associated with one person's behaviour and there was no risk assessment to assess a person's potential of developing pressure ulcers and no management plan following deterioration in their skin integrity.

There were shortfalls in the management of medicines especially in relation to prescribed creams. There were significant gaps in the records used for the application of creams, which meant it was difficult to determine if the creams were being used correctly. We checked the audits carried out and noted the shortfalls had not been picked up, which meant no action had been taken.

We noted staff were crushing one person's medicines and giving it to them without their knowledge. However, there was no documentation in place to support this practice in line with the Mental Capacity Act 2005.

Staff told us they had received appropriate training, however, not all staff had received a supervision session and none of the staff had received an appraisal of their work performance. Four members of staff expressed concerns about the staffing levels in the home. We checked the staff rota and were assured by the manager that two staff were allocated to work in each area of the home.

We observed staff acted in a courteous, professional and safe manner when supporting people and all people spoken with told us the staff were caring and helpful. People also confirmed they enjoyed the food provided in the home and had access to healthcare services as necessary.

All people had an individual care plan, however, we found some people's plans had not been reviewed and updated in line with changing needs.

An activity co-ordinator had recently been employed in the home and they were in the process of developing an activity programme. However, there were poor arrangements put in place for a trip to a nativity play at the nearby school. This resulted in the activity being cancelled at short notice for the majority of people who wished to see the play.

There were limited opportunities for people to express their views on the service. According to the records seen only four residents' meetings had been held during 2016 and apart from people living on Willow Court, people had not been enabled to participate in the support planning process. We also noted there had been no consultation or "How was your week?" exercises. These are ways used by the local authority to seek the views of people living in residential services.

There were systems in place to assess and monitor the quality of the service; however, our findings demonstrated more progress was needed to bring about the necessary improvements in 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?

The service was not consistently safe.

Whilst people told us they felt safe in the home, we found risks to people's health and well-being were not always identified and assessed. There was also no management plan to support a person who had experienced deterioration in their skin integrity.

People were not adequately protected against the risks associated with the unsafe management of medicines.

Staff had completed appropriate safeguarding training and knew what to do in the event of an alert. There was an on-going safeguarding investigation at the time of the inspection, however, documentation requested by the investigating social worker had not been provided.

There were sufficient staff deployed in the home and there were arrangements in place to recruit new staff. However, four staff spoken with identified staffing levels as a concern.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's care and support was not always provided in line with the principles and requirements of the Mental Capacity Act 2005.

There were arrangements in place for staff training, however, not all staff had received a supervision session and none of the staff had received an appraisal of their work performance.

People had access to healthcare services when necessary.
People were provided with a varied diet and told us they enjoyed the food.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Whilst people were able to express their views during daily

Requires Improvement ●

conversations and residents' meetings, we found people were not always supported to participate in the care planning process.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

The service was not consistently responsive.

Although all people had support plan we found that the plans had not always been reviewed and updated. This meant there was a failure to maintain accurate and up to date records of people's care.

Whilst the provider had recently employed an activities co-ordinator, activities were not always well planned

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a manager in post who had begun the process to register with the Commission.

There were systems and action plans in place to assess and monitor quality, however, more progress was needed to improve the service.

Requires Improvement ●

Grove House Home for Older People

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 was 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 12 and 14 December 2016 and the first day was unannounced. The inspection was carried out by two adult social care inspectors on the first day and one adult care inspector on the second day.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the manager, eight members of staff, two healthcare professionals and ten people living in the home. We also discussed our findings with a senior manager.

We looked at a sample of records including eight people's support plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, a sample of policies and procedures and audits.

Following the inspection, we spoke with a social worker from the local authority's safeguarding team who was investigating a safeguarding alert. The manager also sent us a response to the issues highlighted during the inspection.

Is the service safe?

Our findings

People spoken with told us they felt safe and reassured by the staff who provided their care. One person told us, "I think I am very well looked after" and another person commented, "The staff are lovely with us." We observed that people were relaxed and comfortable in staff presence. Members of staff told us they had received appropriate training which helped to keep people safe such as fire safety training and the prevention and control of infection.

We looked at how medicines were managed in the home. People spoken with told us they were happy with the support they received to take their medicines and confirmed they were offered pain relief as necessary. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference in the office.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well presented and organised. However, we found prescribed creams were not appropriately managed. Whilst topical cream charts had been placed in people's rooms these had not been consistently signed by staff. This meant it was not possible to tell whether creams were being used correctly. For instance, there was no record of the application of one person's topical cream on ten occasions over a 12 day period. We also found medicines had been left in the monitored dosage pack with no explanation given on the medicine administration record to indicate why the medicines had not been taken by the person. Similarly we noted there was a medicine left in a person's monitored dosage pack which had been signed as given. This meant it was difficult to determine if people had been given their medicines as prescribed.

We checked the audit carried out for this area of the home with the manager and found none of the shortfalls had been identified. Furthermore the staff member carrying out the audit had written "Correct" in the section relating to cream records. Errors and discrepancies are likely to be missed and not challenged if robust audits are not thoroughly completed.

Whilst there were systems in place for the disposal of medicines, we found large amount of medicines belonging to a person who was no longer living in the home kept together with the current medicines. The manager explained the medicines should have been moved to the medication room.

The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the manager informed us that all medicine administration charts and cream charts were being checked by management team twice a day. She also told us all the management team would receive immediate training on completion of medicine audits. We will check the improvements made on our next inspection of the service.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

We looked at how the service managed risk. We found some individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage the risks. However, we saw no risk assessments to assess and manage the risks associated with one person's behaviour. This meant there was an increased risk of inconsistent care. We also noted there was no risk assessment to assess a person's skin integrity and their potential for developing pressure ulcers. According to the person's records staff had noted deterioration in the person's skin and had referred them to the district nursing team for treatment and advice. This information had been referred to in the person's care records, but there was no management plan to help prevent further deterioration and the person's support plan had not been updated. This meant staff may not have been fully aware of the person's condition and the treatment plan in place.

The provider had failed to fully assess and mitigate the risks to people's health and safety. This is a breach of Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager sent us written information to advise risk assessments pertaining to challenging behaviour and skin integrity were being reviewed and updated. We will check the revised assessments on our next inspection of the service.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

We looked at how the service protected people from abuse and the risk of abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the management team would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff confirmed they had completed safeguarding training.

We were aware an investigation was being conducted by the local authority safeguarding team at the time of the visit. We spoke with the investigating social worker after the inspection and were concerned to note they had asked the service on at least three occasions for documentation to help them with their investigation. This had not been provided. This meant the social worker was experiencing difficulties investigating the circumstances of the safeguarding alert.

We saw there was a business continuity plan in place to respond to any emergencies that might arise and this was understood by staff. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We also noted all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

The premises and equipment were appropriately maintained to help keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The

provider also had arrangements in place for on-going maintenance and repairs to the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The manager informed us she checked and investigated all accident and incident records to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The manager told us she had made external referrals as appropriate, for example to the falls team and the rapid intervention team. Details of the accidents and incidents had been added to a computer database, however, at the time of the inspection no analysis of the data had been carried out to determine any patterns or trends.

Following our visit the manager advised us that the accident database would be checked weekly and a full report would be printed off monthly to identify any trends. We will check the analysis and any lessons learnt on our next inspection of the home.

We looked at how the provider managed the deployment of staff. Four members of staff spoken with identified staffing levels as a major problem and all recounted recent occasions when they worked on an area on their own. We discussed this situation with the manager who assured us two staff were allocated to work in each area of the home. We looked at the staff rota and noted this level of staffing had been consistently maintained. The rota had been updated and changed in response to staff absence. We saw evidence to demonstrate the manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The manager was also allocated a bank of flexible staffing hours to respond to any changing needs and was using these hours at the time of the inspection.

In addition to the care staff, there were also ancillary staff including cooks, an administrator and cleaning staff.

We looked at the recruitment records of two staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates' responses were recorded to support a fair process. We also noted the provider sought two references and an enhanced criminal records check. However, we found written confirmation of one staff member's criminal record check had not been sent to the provider until after they had started work in the home. The manager assured us she had previously seen the check but had not submitted the details to the provider until a later date. This meant there was no formal record of the staff member's criminal record check at the time they started working in the service.

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff are very helpful and you only have to ask for help. They do their best" and another person commented, "The staff do a very good job and work hard."

The Mental Capacity Act (MCA) 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. However, staff spoken with were unaware if people had a DoLS application / authorisation in place. We checked people's care files and found an application had been submitted for one person but there was no information about the application in their support plan and no assessment of their mental capacity to make decisions for themselves. Further to this, we noted a best interest decision had been made in respect to supporting the person with personal care; however, there was no guidance in the person's support plan about the decision and how to support them in the least restrictive way.

Similarly a member of staff informed us one person's medicines were crushed and given to them without their knowledge or consent. This is known as covert administration of medicines. We checked the person's file and noted there was no proper authority in place to support this practice. We discussed the situation with the manager and a member of the management team and found they were not aware of this arrangement. The management team checked all relevant files and found no information to clarify the situation; as a result a member of the management contacted the GP surgery for advice. This meant there was no evidence to demonstrate the person's right to make an informed decision about their medicines had been considered and taken into account.

The provider had failed to ensure all people's care was provided with the consent of a relevant person. This is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us she was aware of when to make an application for a DoLS and informed us 27 applications had been submitted to the Local Authority for consideration. However, we saw no central

register or record to indicate which people were subject to an application and when the applications had been made.

Following the inspection, the manager sent us written information to confirm documentation had been reviewed in respect to all people requiring their medicines in a covert way. The manager also advised people's medicines would be reviewed by the GP during their weekly visit to the home. We will check the improvements made on our next inspection of the service.

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff who were newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of six months, during which their work performance was reviewed at regular intervals. We spoke with a new member of staff who told us their induction training was thorough and beneficial to their role.

There was a programme of on-going training available for all staff, which included, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005, person centred planning and proactive approaches to conflict. Staff also completed specialist training which included dementia training accredited with Sterling University. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was useful and relevant to their work.

The manager was in the process of providing staff with supervision. The supervision sessions provided opportunities for staff to discuss their performance and training needs. However, none of the staff had received an appraisal of their work performance. Appraisals are important to enable staff to receive feedback and set learning objectives.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The meals are very nice. I always enjoy my food." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits. Staff spoken with emphasised the importance of good hydration and encouraged people to have a drink on an on-going basis. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed.

Weekly menus were planned and rotated every three weeks. The daily menu was displayed on a board in each area of the home. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and the portion sizes were ample. All meals were prepared daily from fresh ingredients. Staff interacted with people throughout the meal and we saw them supporting people sensitively.

People living in the home confirmed they had access to health professionals, such as the General Practitioner (GP), dentist, optician or the district nursing team whenever necessary. Records showed people were registered with a GP and received care and support from relevant professionals. We spoke with two healthcare professionals during the inspection. Whilst they praised the care provided, they also felt that

communication systems could be improved. For instance they told us that on occasion staff were unaware of people's needs and where to find information. Following the inspection the manager told us a discussion would be held with healthcare professionals and the team to identify how communication could be improved.

We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The healthcare professionals spoke with confirmed staff made appropriate and timely referrals when people were unwell. All medical and healthcare appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are really nice and very friendly" and another person commented, "I sleep very well here. I think it's because I'm happy." Many of the staff had worked at the service for many years and we saw they clearly enjoyed their roles. One member of staff said, "We all love the residents and we want to make sure they are happy." Staff said there was a good team that knew people's needs and they all helped each other.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

There was a 'keyworker' system in place and information about each person's keyworker was displayed in their bedroom. The keyworker system linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. People spoken with confirmed the staff listened to them and they felt the staff cared about them. Staff were observed to comfort and help people when they showed signs of distress. The staff spoken with knew people well. They understood the way people communicated and this helped them to meet people's individual needs.

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility.

We saw people were invited to express their views as part of daily conversations and were given the opportunity to attend residents' meetings. However, apart from the people living on Willow Court, we found there was limited evidence to demonstrate people had been involved in the support planning process and according to the records seen there had only been four residents' meetings held during 2016.

We recommend the service seek advice and guidance to ensure people are fully supported to participate in the support planning process.

Following our visit the manager told us all families and advocates would be invited to care planning and review meetings for those people who lacked capacity to make decisions about their care.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. We noted there were memory boxes outside

bedrooms in three areas of the home. These included photographs and memorabilia, which had been chosen by the person as something they related to. For example, some people had a photograph of themselves or others had a picture with a family member. This helped people to orient themselves so they were not always dependent upon staff.

Each person had a single room which was fitted with an appropriate safety lock. Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user guide. The guide was available in all areas of the home and presented an overview of the home and the services and facilities provided. However, we noted the guide available on Cedar Court contained out of date information. Following the inspection the manager informed us the guide had been updated and out of date paperwork had been removed.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw messages of thanks from people or their families.

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "They are always there to help and although they are busy bees, I never have to wait too long" and another person commented, "The staff are very good and very helpful."

Before people moved into the home an initial assessment of their needs had been undertaken. We found the completed assessments covered all aspects of the person's needs. This helped to ensure the person's needs could be met within the home. People were invited to visit the service before making a decision to move in. This allowed them to meet other people and the staff and experience life in the home.

Since our last inspection, the provider had introduced a new integrated computer based assessment and support planning system. This was designed to be used by all social care staff within the local authority and enabled information to be shared from the point of assessment.

We looked at eight people's care files and other associated documentation. The plans were split into sections according to people's needs and included a personal profile of past life experiences and significant achievements. However, we found people's support plans had not always been reviewed on a regular basis and therefore information had not been updated in line with changing needs. For instance according to one person's care records their skin integrity had deteriorated, however, this information had not been added to the person's support plan. We also noted there were no review records available for one person and their support plan did not fully reflect their current needs. Maintaining up to date records at the home was especially important as the service employed agency staff who may have been unfamiliar with people's needs and circumstances.

The provider had failed to maintain accurate and complete records. This is breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager sent us written correspondence to confirm reviews of people's support plans would be scheduled as soon as possible. We will therefore check improvements made on our next inspection of the service.

The provider had systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift. We observed one handover and noted the details collected by the senior staff was reliant on staff memory. Although we noted there were significant gaps in the charts used to record the administration of prescribed creams this information was not mentioned during the handover. This is important as topical creams may not have been applied in line with the prescriber's instructions, which in turn had the potential to affect people's health.

The provider had recently employed an activities co-ordinator who was in the process of developing a programme of activities in the home. We also noted the social lounge was being decorated in a creative way with interesting artefacts and objects designed to engage people's interest. Information about forthcoming

activities was displayed in the reception area. Activities provided in the home included arts and crafts, bingo, quizzes, table top and floor games and professional entertainers.

On the first day of the inspection, people were invited to attend a nativity play at the school adjacent to the home. A large number of people expressed an interest and to help with the preparations lunch was served early. However, approximately 15 minutes before people were due to depart, the trip was cancelled. This was because risk assessments needed to be carried out to assess the risks involved in the activity. As a result only a small number of people attended the play and people not able to go watched a film in the social lounge. We were concerned about the poor arrangements and communication in the home which impacted on both people and the staff. One member of staff told us, "I'm really upset for them now. I don't know what we can do." The need to carry out risk assessments should have been identified during the planning stage and before people were asked in order to avoid disappointment.

Following the inspection, the manager told us that she had sent letters to all the people involved apologising for their experience. She had also organised additional activities of the Christmas period which included children visiting to sing carols.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there information about the procedure in the service user guide. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints records and noted five complaints had been received during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed. However, we noted there was no analysis carried out of the complaints issues in order to identify any patterns or trends.

Following the inspection the manager informed us the local authority's arrangements to manage complaints were being reviewed. Until the new process had been put in place the management team had been instructed that the nature of the complaint must be recorded and the overall log will be checked monthly.

Is the service well-led?

Our findings

People spoken with told us they were satisfied with the service provided and the way it was managed. One person told us, "It's very good home. I've got no problems or worries" and another person commented, "The whole place is very well organised, I can't find any faults."

At the time of the inspection the service was led by a manager, who started work in the home in September 2016. The manager had begun the process to register with the Commission and told us she was committed to the ongoing improvement of the home. At the time of the inspection she described her achievements over the last three months as improving staff morale, recruiting new staff to fill vacancies and the development of the social lounge and the courtyard garden. The manager was aware more work was needed to improve the service and told us her priorities were the development of people's support plans, maintaining and building teamwork and carrying out a full review of the arrangements in place to manage people's medicines.

The staff had mixed views about the management of the home. Although the manager operated an "open door" policy, staff spoken with told us they didn't see the manager very often out and about in the home. However, the staff acknowledged the manager was approachable and told us the management team would help if they requested any assistance. Following the inspection, the manager advised us a record would be made in the handover book every time the management team visited an area of the home.

People and their relatives were asked for their views at residents' meetings, however from the records seen the meetings had not been held on a frequent basis throughout 2016. We were informed people and their families had been invited to complete a satisfaction questionnaire in October 2016. However, the responses were being collated centrally by the local authority and the results were not available at the time of the inspection. We saw no evidence of smaller surveys such as "How was your week?" or of any consultation exercises. These are well established ways the local authority uses to seek feedback from people using residential services. As most people had also not participated in the support planning process, it meant they had been given limited opportunities to express their opinions about the service they received.

Following the inspection, the manager informed us that the activities co-ordinator was making arrangements for monthly meetings, regular consultations and "How was your week?" exercises. All feedback was due to be displayed in the reception area. We will check the improvements made on our next inspection of the service.

The manager used various ways to monitor the quality of the service. These included audits of the medicine systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. However, we found the medicines audits had not highlighted the shortfalls found during the inspection, there was no analysis of accidents and complaints and people's support plans had not always been reviewed and updated in line with changing needs. The manager told us she was working to various action plans in order to improve the service and as part of this intended to introduce the Bradford Well-being

Profile for people living with dementia. This was designed to help staff monitor people's psychological and social well-being by using a series of positive and negative indicators.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the provider would take appropriate action.

The manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The senior manager carried out at least one unannounced visit to the home each month and completed a report of their findings. We saw copies of the reports during the inspection and noted they covered all aspects of the operation 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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure all people's care was provided with the consent of a relevant person. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g) The provider had failed to fully assess and mitigate the risks to people's health and safety. Regulation 12 (2) (a) and (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate and complete records. Regulation 17 (2) (c)