

Lancashire County Council

# Cravenside Home for Older People

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an inspection of Cravenside Home for Older People on 13 and 14 April 2016. The first day was unannounced.

Cravenside Home for Older People is registered to provide accommodation and personal care for up to 45 older people. The home is located close to Barnoldswick town centre and is set in its own grounds. Accommodation is provided on two floors linked by a passenger lift and stairs. The home has six separate units known as Dean Close, Glen Close, Dale Close, Stanley Close, Marles Close and Valley Close. Dean Close and Glen Close provided care for older people living with dementia.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 and 16 October 2014 we asked the provider to make improvements to the management of medication, the maintenance of records and the quality assurance systems. Following the inspection the provider sent us an action plan which set out what action they intended to take to improve the service.

During this inspection, we found the necessary improvements had been made in order to meet the regulations. However, we have made a recommendation about improving people's mealtime experiences.

People told us they were happy living in the home and felt safe using the service. Staff were aware of the signs and indicators of abuse and they knew how to recognise and escalate any concerns. Risks to people had been identified, assessed and managed safely. There were sufficient numbers of staff deployed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and were administered by trained staff.

Staff were trained in all essential areas and new staff completed a thorough induction programme which included the care certificate. This helped to ensure the staff team had a good balance of skills and knowledge to meet the needs of people living in the home. Staff were well supported by the management team and received regular supervision and an annual appraisal of their work performance.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

People were supported to eat and drink and their nutritional and hydration needs were assessed. However, whilst we observed some good practice over lunchtime, we received mixed comments about the quality of the food and noted the food was not always served in a way which respected people's choices and dignity at

breakfast.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure their wishes and preferences were met. Staff worked with healthcare professionals to obtain specialist advice about people's care and treatment.

People and staff had developed positive, caring relationships. People were encouraged to express their views and be involved in their care. People's privacy and dignity was respected. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

People were provided with a range of activities which met their needs and preferences. People told us they were aware of how to raise complaints if they needed to. We saw that complaints were responded to appropriately.

People, relatives and staff spoken with had confidence in the registered manager and felt the home was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about safeguarding policies, procedures and reporting requirements.

People's needs were met by a sufficient number of suitably recruited staff.

People were enabled to take risks and measures were in place to minimise any hazards.

People's medicines were safely managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

We received variable comments about the quality of the food. We recommended improvements are made to enhance people's experiences at meal times.

People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and all staff had received training on this topic.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

### Is the service caring?

Good ●

The service was caring.

Care was delivered in a way that took account of people's individual needs and in ways that maximised people's independence.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

### Is the service responsive?

Good 

The service was responsive.

People received care and support which met their individual needs and wishes. Care plans and risk assessments were reviewed and updated when people's needs changed. People were satisfied with the care provided and told us they enjoyed participating in the activities.

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

### Is the service well-led?

Good 

The service was well led.

The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

# Cravenside 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 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.

This inspection took place on 13 and 14 April 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit 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. We used all this information to decide which areas to focus on during our inspection.

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 registered manager, the cook, five care staff, ten people living in the home and four relatives. 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 verbally communicate with us. We also spoke with a healthcare professional and discussed our findings with a senior manager.

We spent time looking at a range of records including five people's care plans and other associated documentation, two staff recruitment files, staff training records, the staff rota, seven medication administration records, the controlled drugs register, complaints records, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

People spoken with were confident their care and support was provided safely and effectively. One person told us, "I have been very happy here" and another person commented, "It's very good, I have no complaints". Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

At the last inspection, we found the provider's arrangements for managing medicines did not protect people against the risks associated with medicines that are not administered as prescribed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People were satisfied with the way their medicines were managed and we observed they were offered appropriate pain relief at regular intervals throughout the day.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We found the medication records were well organised, complete and up to date. The management team had picked up any shortfalls as part of their regular checks and audits.

We saw staff administer medication safely, by checking each person's medication with their individual records before administering them. This ensured the right person got the right medication. 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 full set of policies and procedures which were readily available for reference in the medication room.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. These are prescription medicines controlled under the Misuse of Drugs Act 1971. A random check of stocks corresponded accurately to the controlled drugs register.

We discussed the safeguarding procedures with the registered manager and three members of staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to authorities outside their own service if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw from the staff training records that all staff had completed safeguarding training when they began working for the service. Established staff completed refresher training every year and safeguarding procedures were discussed regularly during individual supervision and group meetings. Staff also had access to internal policies and procedures which included the contact details for the local authority and a flowchart setting out the safeguarding procedure. This helped staff to make the correct response in the event of an alert. Our records showed the registered manager was aware of her responsibilities and had reported any safeguarding concerns appropriately to the local authority.

We found individual risks had been assessed and recorded in people's care plans. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, malnutrition, pressure areas, allergies and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or when required to ensure they reflected people's current needs. This meant staff were provided with up-to-date information about how to reduce risks. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

Environmental risk assessments had been undertaken by the registered manager in areas such as food safety, slips, trips and falls, the use of equipment and the management of hazardous substances.

We found there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. 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.

Following an accident or an incident, a form was completed and details were entered onto an electronic database. All forms were seen by the registered manager and referrals were made as appropriate, for example to the falls team. Staff monitored the health and well-being of all people who had sustained an accident for a minimum of 24 hours. The registered manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item. The registered manager had analysed all accidents and incidents in order to identify any trends or patterns.

People told us there were enough staff available to help them when they needed assistance. One person told us, "There is always someone available if I need any help." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend with people living in the home. Staff had recently moved round the home to work on a different unit, however, previous to this they had worked on the same unit for a long period of time. The registered manager explained that staff would now be given time to settle on their new unit. All staff spoken with welcomed the changes and felt people had benefitted from different staff providing their care.

During the inspection, we saw staff responded promptly to people's needs on all units visited. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The registered manager was also allocated a bank of flexible staffing hours to respond to any changing needs.



We looked at how the provider had recruited new staff. We noted people had suggested questions for the management team to ask at the face to face interview. We saw records of the interviews during the inspection and noted applicants had been asked the questions. We checked two staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with vulnerable people. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. We also found there were recruitment and selection policies and procedures in place which reflected current legal requirements.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building.

## Is the service effective?

### Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were satisfied with the care they received and told us that it met their needs. One person said, "I enjoy living here, the staff have time for you" and another person commented, "I feel confident in the staff. They know what they are doing."

We received mixed views about the quality of the food from the staff, the cook and the people living in the home. One person told us it was "Very nice" but another person commented, "It's just passable". Similarly a member of staff told us, "I think there is some room for improvement."

Unless a special request was made, people were served eggs for breakfast on two mornings a week. However, one person said, "I would rather have one egg a day rather than two or three eggs twice a week." We observed breakfast being served on the first day of our visit. We saw bowls of cereal and milk were placed on a table without place settings, before people sat down. People were not asked what cereal they preferred. Staff served other people porridge without the use of a ladle or serving spoon. This meant the process of serving of the food looked undignified. We saw the registered manager purchased a number of serving implements the next day. At tea time, people told us they were not enjoying one of the meal options. We noted the meal looked unappealing and unappetising. However, these observations contrasted with the good practice seen during lunch time, when staff were observed sitting with people and supporting them to eat their food. We saw one person showed little interest in their meal; however, staff tried many times to stimulate the person's appetite with various different foods.

We discussed our observations and the comments we received with the registered manager and the organisation's service improvement manager for schools and residential care. They explained regular meetings were held with people in the home to discuss the meals and with suppliers to discuss the quality of the food. However, they agreed further discussion was required in order to make some improvements to people's meal time experiences.

Weekly menus were planned and rotated every three weeks. Details of the meals offered were displayed on each unit. 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 dietitian as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Special diets were catered for as necessary, one person told us, "The staff always bear in mind the things I shouldn't have and this helps me a lot because I don't need to worry about my diet."

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. 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. We

spoke with a healthcare professional during the inspection who told us prompt referrals were made to medical services and they had no concerns about people's care and support.

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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. One member of staff told us, "I always explain everything so people can make their own choices." We observed staff spoke with people and gained their consent before providing support or assistance. A person living in the home commented, "I feel they consider people before any decisions are made." Care plans for people who lacked capacity showed that decisions had been made in their best interest. These decisions showed that relevant people such as people's relatives and other health and social care professionals had been involved.

People's capacity to make decisions was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. We noted mental capacity assessments were reviewed on a monthly basis.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection she had submitted 21 applications to the local authority for consideration.

There was a stable staff team who had a good knowledge of people's needs. Staff were able to tell us about how they cared for people to ensure they received effective care and support. From the staff training records and discussions with staff we noted they had completed training relevant to their role and responsibilities.

All staff completed induction training when they commenced work with the service. This included an initial induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw workbooks completed by staff as part of the care certificate during the inspection. New staff shadowed experienced staff for a minimum of three shifts to become familiar with people and their needs. This helped staff to learn and understand the expectations of their role. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adults procedures.

There was an ongoing programme of training available for all staff, which included safeguarding, moving people, safe handling of medication, 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 their training was beneficial to their role. One staff member told us, "There's always good training on offer and the manager knows when we need to complete the refresher training. It is all very well organised."

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager had also carried out an annual appraisal of each member of staff's work performance, known as a personal development review. We noted staff were invited to attend regular meetings and told us they could add to the agenda items. We observed part of a staff meeting during the inspection and noted staff were able to discuss any issues relating to people's care as well as the operation of the home. We saw minutes of the staff meetings during the inspection.

We recommend that the service seek advice and guidance from a reputable source, to ensure people's experiences at mealtimes are improved.

## Is the service caring?

### Our findings

People spoken with mostly expressed satisfaction with the care provided. One person told us, "The staff are very nice and I especially can't fault the night shift. They will often sit on the bed and have a little chat. It means a lot to me" and another person said, "I feel part of the home and I feel they care." However, two people told us there had been two occasions when staff had taken an inappropriate approach. We discussed these concerns with the registered manager who immediately conducted an investigation during the inspection. Both concerns were resolved and feedback was given to the people concerned.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "I think it is an excellent home and have no concerns whatsoever" and another relative said, "It really is a lovely place and they always keep me up to date if there are any concerns." We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. People were supported to stay in contact with relatives who lived overseas or some distance away. For instance, one relative sent regular emails and photographs which staff printed off for their family member living in the home.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure people who did not often use the communal areas did not become socially isolated.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

Staff had recorded important information about people, for example, personal life stories, significant achievements and experiences and important relationships. People's preferences regarding their daily support were also recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This helped to ensure people were supported in their preferred way.

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us, "Staff will bear in mind if you want to talk without anyone listening and we go somewhere private." Each person had a single room which was fitted with an appropriate lock. People told us they could spend time alone if they wished. 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.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were encouraged to maintain their mobility. One person told us, "The staff have really helped me with my walking. My confidence is building up to go out again." People were also involved in domestic tasks where they wished to be and one person enjoyed watering the garden.

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 on Dean Close and Glen Close. 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 promoted good dementia care and enabled people to orient themselves so they were not always dependent upon staff.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "The staff are very nice and thoughtful" and another person said, "If you call them they usually come straight away." People said the routines were flexible and they could make choices about how they spent their time. We observed people doing a variety of activities which included spending time talking to visitors and staff and participating in activities arranged by the home.

At the last inspection, we found the provider had not always maintained accurate and up to date records in relation to people's care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined five people's care plans and other associated documentation. Since our last inspection, the provider had introduced a new integrated computer based assessment and care 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.

All people had a new care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. However, we noted one person's plan had not been fully completed. We discussed this issue with the registered manager and immediate arrangements were made to further develop the person's care plan. We saw the completed plan on the second day of the inspection.

All files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs.

Where possible, people had been consulted and involved in developing and reviewing their care plan. The plans included information about their capacity to make decisions, and also included consent forms signed by the person or their representative about important aspects of their care, for example medicine administration.

The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. We noted that when any part of the new care plan was reviewed and updated, the staff were given a prompt by the computer system to consider reviewing other aspects of people's care documentation such as their risk assessments.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. Staff spoken with welcomed the introduction of the new care plans. One staff member told us, "I think the care plans are better, they give a really good insight into individual needs."

People had access to various activities and told us there were things to do to occupy their time. One person told us, "There's always plenty to do. I really enjoy the trips." We saw details of the weekly activities were displayed on each unit. At the time of the inspection, activities were arranged by the staff however, the registered manager explained there were plans to employ an activities organiser. Activities arranged in the home included bingo, discussions on current affairs, professional entertainment, arts and crafts, knitting, quizzes and table top games. People also had the opportunity to go out on trips to places of local interest. The Friends of Cravenside had provided funding for a monthly trip. We saw several people visited a farm on the second day of the inspection.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I have never had cause for complaint, but I could always speak to the staff or management if something was worrying me. I feel they are there for me." Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered 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 was a complaints procedure displayed in the home and 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 the registered manager had received eight complaints 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.



# Is the service well-led?

## Our findings

People and relatives spoken with made positive comments about the leadership and management of the home. One person told us, "I think everything runs very well" and a relative commented, "I feel it is a really nice home. I have no worries at all."

At the last inspection, we found the provider had not operated an effective system in order to regularly assess and monitor the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We found people and their relatives were regularly asked for their views on the service. This was achieved by means of regular meetings, consultation exercises and an annual customer satisfaction survey. We saw minutes of the meetings during the visit and noted a range of topics had been discussed. The last annual satisfaction questionnaire had been distributed in July 2015. We looked at the results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "I have been wholly impressed and reassured by both the environment... and the care, consideration and patience the staff exhibit." We saw the results had been displayed in all areas of the home and an action plan had been developed in response to suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication 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. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager told us she was committed to continuously improving the service. She was supported in this by a senior manager, who often visited the home at regular intervals. The registered manager described her key achievements over the last 12 months as achieving full occupancy over a sustained period of time, starting specialist dementia training with the staff and successfully working with the Friends of Cravenside. She told us her key challenges and plans for improvement over the next 12 months included increasing people's involvement in the care planning process, developing further links in the community and enhancing people's experiences at meal times.

There was a positive and open atmosphere at the home. People told us the registered manager was available to discuss any concerns they may have about the care provided. We noted the registered manager had an 'open door' policy to promote ongoing communication, discussion and openness.

The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "In my view, the manager

is excellent, approachable and fair" and another staff member said, "She is really on the ball. She knows the residents very well and she is genuinely caring. I think she is good at everything." All staff spoken with told us they were part of a strong team, who supported each other. A member of staff said, "The staff really care and give it 100% to ensure people are cared after properly."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

The registered 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 feedback had been sought from people living in the home and members of staff.

The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission. Statutory notifications had been submitted to us in a timely manner. The registered manager was also aware of the new requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.