

Embrace (UK) Limited

High Peak Lodge

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?

Good



Overall summary

This inspection took place on 28 and 29 May 2015 and was unannounced.

High Peak Lodge nursing home is registered to provide personal and nursing care for up to 39 people. At the time of our inspection there were 36 people living at the home. Bedrooms are arranged over two floors with all rooms having en suite facilities. There are gardens to the front and rear of the home and car parking is available. The home is situated close to Leigh town centre.

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

We last inspected High Peak Lodge on 25 August 2014 when the service was found to be in breach of one

Summary of findings

regulation in relation to care and welfare. This was because on two occasions during that inspection we saw that call bells took a long time to answer, and this had had an impact on the wellbeing of those people. Following the inspection the service wrote to us to tell us what actions they were taking in order to meet the regulations. At this inspection we followed up this breach and found the service was now compliant with the regulation. A call bell monitoring system had been installed and the registered manager told us any occurrences where the call-bells were not answered in a timely manner would be investigated. The records we looked at showed call bells were being answered in a reasonable amount of time.

At this inspection we found two breaches of the regulations, which were in relation to staffing and safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us the staff could appear very busy at times. We saw the service used a dependency tool to help formally assess staffing requirements. We checked the rotas and saw the service was meeting the indicated requirements in terms of numbers of staff. However, staff were not always deployed effectively, which meant there were not always sufficient numbers of staff to provide people with the support they needed. We saw the lounge was left unsupervised by staff for short periods, despite this having been raised in a meeting with residents and relatives. At another point in the day a member of staff told us there were only two staff on the floor as other staff members were on a break. The registered manager said this should not have happened and that this would be addressed with staff.

People told us they felt safe at the home. We saw medicines were stored and administered following safe procedures. We looked at risk assessments the service had produced in relation to people's care. We saw that risks had been considered and that appropriate measures to reduce risks had been identified and actioned when needed. The service undertook audits and checks to help ensure the environment was safe for people living at the home. This included a health and safety calendar task, where the registered manager

considered particular risks that may arise at different times throughout the year. For example, we saw an audit of the safety of the garden area had been carried out in time for better weather over the summer period.

Staff had undertaken a range of training, and we saw mandatory training was up to date. One person expressed some concerns in relation to the competence of staff providing care in relation to a percutaneous endoscopic gastrostomy (PEG). We saw in-house training was provided for this task that included a competence check. However, the training records were not always clearly completed and the competence of the nursing staff had not been checked.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). We saw the provider was meeting the requirements and was making DoLS application to the local authority as required. We saw capacity assessments had been carried out in relation to people's care. However, there was no documented best interests decision making process in relation to one person who was being administered medicine covertly.

People told us they liked the food, but some said they would like more variety on the menu. People told us they could request an alternative meal if they wished. One person told us the staff did not always provide them with food that met their dietary requirements. We saw an assessment had been carried out in relation to this person's nutritional needs. However, some of the information in the care plan was unclear. We saw people's weights were monitored and referrals to specialists made if required.

People told us they had good relationships with the staff that provided care and support to them. One staff member described the home as having a "family atmosphere." The relatives we spoke with told us they were kept well informed of any changes to their family members care or support needs. We saw there was limited space for people to meet with their visitors in private, although the registered manager told us they were considering how to make a conservatory area more accessible for people to use.

People's care plans documented their preferences and care needs. One member of staff told us about how they would go out to buy a takeaway meal for one person on

Summary of findings

occasions in line with their preferences. This showed the service was working in a person-centred way. Care plans were fully completed, but not always easy to follow due to the amount of information and some duplication in them. Although there was evidence that care plans had been regularly reviewed, one care plan we looked at stated a person should have had a cream applied. When we checked this persons medicines records we could not find a record of this.

We saw staff spent short periods of time interacting with people when they had time. However, we did not see any organised activities taking place during the inspection. Some people told us they didn't think there was enough to do. The registered manager told us a new activities co-ordinator had recently been employed, which should help to address this issue.

People's care files contained a summary of their care needs, which could be shared with the hospital should anyone need to be admitted. During the inspection the service received a compliment from a GP who praised the working relationship they had with staff at the home.

Staff and people living at High Peak Lodge told us they thought the home was well run and said that the registered manager was approachable. Staff said they worked well as a team and told us they received the support they required to carry out their role effectively.

The registered manager carried out a range of audits to help ensure the service was safe and to identify areas where improvements could be made. We saw completion of audits was checked by one of the regional managers.

We saw a number of files containing confidential information were being kept at the bottom of a stairwell whilst they were awaiting archiving. We raised concerns that these files were not being kept securely. The registered manager told us they would arrange for them to be moved to an alternative more secure storage location until they were picked up to be taken to the archiving facility.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

The service had assessed staffing level requirements and was meeting the requirements indicated. However, staff were not always deployed effectively. For example, the lounge was not always supervised by a staff member.

The service provided in house training to staff to enable them to undertake care tasks in relation to percutaneous endoscopic gastrostomy (PEGs) . However, the records of training and competence checks were not always clearly completed. There were also no checks to ensure that nursing staff were competent in PEG care.

People had personal risk assessments in their care files in relation to risks such as nutrition and falls. Staff were aware of the procedures to follow in the event that anyone had an accident.

Requires improvement



Is the service effective?

Not all aspects of the service were effective.

One person told us staff would sometimes provide food of a consistency that would pose a risk to them choking. We reviewed this person's care plan and saw there were some inconsistencies in the guidelines about this person's eating and drinking.

People told us they liked the food on offer, but some people said they would like more variety. We saw people had a choice of main course and people said they could request alternatives if they wanted.

We saw there was no documented best interests decision in relation to the covert (hidden) administration of medicines for one person. However, the service had assessed this person's capacity in relation to medicines and told us they had consulted with family in relation to this decision.

Requires improvement



Is the service caring?

The service was caring.

People told us the staff were caring and told us they had developed good relationships with the staff. We saw there was a keyworker and named nurse system in place, which would help provide consistency.

One staff member told us about how they were able to communicate effectively with a person with limited verbal communication. They told us how they were able to understand their needs and said on occasions they would go to buy them an alternative meal in-line with their preferences. This showed the service was working in a person centred way.

Good



Summary of findings

There were limited areas for people to meet privately with their visitors at the service. There was a conservatory area, however this was not readily accessible to people. The registered manager said they would look into how this area could be made more accessible.

Is the service responsive?

The service was responsive.

Since our last inspection, a call-bell monitoring system had been put in place. This showed calls were generally answered in a timely manner.

We did not see any activities taking place during the inspection and some people told us there was not much to do. However, the service had recently employed a part-time activities co-ordinator. This staff member was working as a carer at the time of our visit in order to get to know people living at the home.

Care plans were fully completed and regularly reviewed. However, one care plan we looked at said a person should have had a cream applied. When we checked this persons medicines records we could not see this documented.

Good



Is the service well-led?

The service was well-led.

Staff and people living at High Peak Lodge told us they felt the service was well-led and that the manager was approachable. One staff member told us they thought the service had a “family atmosphere.”

The registered manager undertook a range of regular audits. These included health and safety audits, care plan audits and infection control audits. We saw there was a system to keep track of when audits were due and had been completed. This was checked by one of the regional managers.

We raised some concerns that files containing confidential information were not being kept securely. These files were awaiting archiving and were kept at the bottom of a stairwell behind a door locked with a key-code. The registered manager told us they would move the files to a more secure store whilst they were awaiting collection to be taken to the archiving facility.

Good



High Peak Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 28 and 29 May 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor who was a registered nurse, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This including any notifications the service is required to send us about significant events such as serious injuries and safeguarding. We contacted the local authority quality assurance team and Wigan Healthwatch for any feedback they had on the service.

During the inspection we spoke with eight people who were living at High Peak Lodge. As not everyone living at the home was able to tell us about their experiences of the care they received, 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. We also spoke with two relatives who were visiting family members at the time of our inspection.

We spoke with eight staff. This included the registered manager, four care staff, a nurse, a catering assistant and an administration assistant. We took a tour of the home and looked at areas including the lounge, the dining room, the kitchen and bathrooms. We spent time throughout the inspection observing practice and interaction in the communal areas, including at breakfast and the mid-day meal. We viewed records the home holds in relation to both the running of the home and the care people were receiving. This included seven care files and care plans, medication administration records, minutes from meetings, audits and service records.

Is the service safe?

Our findings

At our last inspection some people living at High Peak Lodge and their relatives raised concerns in relation to the staffing levels at the home. We spoke with the registered manager who told us that since the last inspection more staff had been recruited. This meant the service was no longer relying on frequent agency cover for the night nursing shift. We asked people whether they thought there were enough staff to meet people's needs. Three people told us that they thought there were enough staff, but said that staff could be very busy at times. One person said; "You have to shout out if you want someone to help you and to get any attention. They don't come and talk to you; they always seem to be dealing with someone." Another person said; "I'm not neglected but it's hard work for the girls, especially if someone calls in sick and they can't get bank staff. Then things can take longer, but they do their best for you." One person told us they did not think there were enough staff. They said; "There aren't always enough staff to look after the people here properly. There's not enough going on in the home and the staff always seem busy dealing with different residents."

Two of the care staff we spoke with talked about there being busier periods where they could be under increased pressure if staff were off work and shifts were not covered. They told us people's needs would still be met, but that they may not be met as quickly as they would like, or they would have to prioritise who they supported to get up first for example, based on individual preferences. The registered manager told us shifts would not always be covered if staff were off work as the service was currently overstaffed. We saw two dependency tools had been used to help determine staffing requirements. We reviewed the rotas and saw that the indicated staffing requirements were being met, including when shifts had not been covered.

During the inspection we saw that at busy times of the day staffing levels could have an impact on the timeliness that support was received. At meal times we saw some people would have to wait at the table for long periods. On the first day of the inspection we saw several people were sat in the dining room for around 20 minutes before receiving their meal. On the second day of the inspection we observed two people who were sat in the dining room for at least one hour. We asked a member of staff who informed us these

people had had their breakfast and were waiting for staff to support them back to the lounge as they needed support to mobilise. The staff member asked one of these people who was sat in a wheelchair if they were happy there. The person replied; "It's very hard." The staff member told us they would prioritise getting people their breakfast, and added that it was "a struggle at breakfast due to 98% of people needing two staff to support them."

We saw staff were not always deployed effectively. At one point in the inspection we were told by a staff member that there were only two staff on the ground floor as staff were taking their breaks. This meant the ground floor was covered by two staff for a period of around half an hour. This would make it difficult to provide support in a timely manner should anyone require support who needed the assistance of two staff. The registered manager told us this should not have happened and that she would address this with the staff. We saw in minutes of a residents meeting that it had been requested that the lounge was staffed when in use. During our observations we saw that the main lounge was left without staff supervision on several occasions for short periods of one to two minutes when in use. At one point a member of the inspection team observed a person attempting to mobilise who looked unsteady on their feet. There were no staff present in the lounge at this time to witness this or provide support to this person. The inspection team member alerted a member of staff who was able to support this person appropriately. We made the registered manager aware of this incident. They told us that staffing of the lounge had been raised with the staff team and would be addressed again. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not sufficient numbers of staff deployed to ensure people's needs were met at all times.

People living at High Peak Lodge told us they felt safe in their home. One person said; "I'm happy with the care I get in here, I feel safe." Staff we spoke with had a good knowledge of the indicators of potential abuse and were aware of how to report any concerns they may have. Staff said they were confident that the manager or senior staff would act on any concerns they may raise. We saw the service had copies of guidance in relation to safeguarding and a copy of the local authorities' safeguarding policy. We saw the services whistleblowing policy was clearly

Is the service safe?

displayed for staff to refer to. We asked a member of staff about whistleblowing. They were aware of how they could escalate any concerns they may have beyond the normal management chain if required.

We observed one of the medicines rounds and spoke with the nurse who was administering medicines. We saw the nurse followed safe procedures when administering medicines. From our discussions with this staff member it was apparent that they had a good knowledge of the homes policies and procedures in relation to events such as refusal of medicines and the destruction of medicines. There was a 10 point medication administration record (MAR) checkpoint that was carried out every medicines round. This would help ensure medicines were administered safely to people and reduce the risk of any errors occurring. We looked at whether medicines were kept safely. We saw all medicines were being kept appropriately including controlled drugs and medicines that required refrigeration. Controlled drugs are medicines that are subject to additional legal requirements in relation to their safe keeping, administration and destruction.

One person and their relative we spoke with told us they were concerned that the staff did not have a good understanding of their care needs in relation to a PEG (percutaneous endoscopic gastrostomy). A PEG is a tube that is implanted into the stomach, through which people can be given food, fluids and medicines. We asked the registered manager what training was in place to ensure staff were competent in procedures in relation to the PEG. She told us that experienced nurses would demonstrate the procedure to staff three times. Care staff would then be expected to perform the task three times whilst being observed, to confirm they were competent. The staff we spoke with confirmed this process had been followed and told us they felt they were competent in the task. However, the records kept by the home of this training were not clearly completed. It was not always apparent that staff had been shown and observed the task the number of times required.

We asked the registered manager how they knew the nurses in the service were competent in tasks related to the care of people with a PEG. The registered manager said they would expect nurses to be competent, but this was not formally checked. The registered manager agreed that processes should be put in place to confirm the competence of nursing staff in relation to this task. We

looked at staff supervision records and saw that it had been identified for one member of nursing staff that they may benefit from attending training in PEG care. People's care files we looked at contained guidance for staff to follow in relation to the care people required with their PEG. We also saw records had been completed in relation to care people had received in relation to their PEGs. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as it had not been ensured that staff delivering PEG care had the required competence and skills in relation to this task.

We saw people had personal risk assessments included in their care plans and that these had been regularly reviewed and measures identified to reduce risk where possible. We saw risk assessments relating to falls and mobility, nutrition and personal emergency evacuation plans (PEEPs). We saw a copy of the PEEPs was kept in a 'grab bag', which would help ensure staff were able to access this important information quickly in an emergency situation. We spoke with staff about the procedures they would follow in the event of someone having a fall or sustaining an injury. Staff told us they would prioritise making sure the person was safe, taking appropriate actions and making sure the accident was reported, documented and followed-up. The registered manager told us they had a calendar of health and safety tasks. This involved focussing on a particular aspect of health and safety at different times throughout the year. We saw these tasks had involved a review of the garden areas and specific considerations of possible risks arising over the last Christmas period. The manager had focussed on the areas identified in these tasks and taken appropriate actions to ensure the environment was safe for people living at the home.

We looked at staff files and saw safe procedures were followed in relation to the recruitment of staff. This included seeking references from former employees, carrying out an interview and applying for a disclosure and barring service (DBS) check for potential employees. A DBS check would highlight if the applicant had any previous conviction or was barred from working with vulnerable people, which would allow the service to make safe recruitment decisions. We saw the registered manager also regularly checked nurses Pin numbers. This would show the registration status of the nursing staff and if there were any restrictions or suspensions in place.

Is the service effective?

Our findings

We looked at records of training and saw there was a high level of completion of mandatory training such as safeguarding and the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and moving and handling. The registered manager told us any new staff undertook a generic induction. This included completing training such as safeguarding, food safety and conflict resolution. Conflict resolution training would help show staff how to effectively respond to behaviours that may challenge the service. New staff would also shadow experienced staff and have their competencies checked before working unsupervised. We spoke with one member of staff of who been recently recruited who confirmed they had completed the required training and had shadowed staff other staff for a two week period. They told us they felt confident and competent to undertake their role at the end of this period.

Staff received regular supervision and an annual appraisal. We saw supervisions were often held in relation to an area of practice or a policy. For example, we saw supervisions had been undertaken that covered the services social media policy. Others had been completed in relation to eye care. This would help the registered manager to ensure staff followed consistent procedures and were aware of good practice. One member of staff told us they were keen to undertake training in a particular area. They told us the registered manager was supporting them to do this training and added; "I feel really supported here."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us DoLS screening tools were being used to help identify anyone who was subject to restrictive practice and required a DoLS application to be made. We saw that eight applications had been made and that one application had been authorised so far.

We saw people had recorded capacity assessments in their care plans and those who were able to consent to their care plans had signed them. Staff told us if people were unable to provide consent that this would be documented

in the care plan and they would involve others such as family members in making decisions about that person's care. The registered manager told us two people were sometimes given medicines covertly. This meant that medicines may be hidden in food or drink so that the person was not aware they were receiving them. For one of these people we saw that a GP had authorised medicines to be given covertly. We also saw there was a capacity assessment in relation to this person's ability to consent to medicines. The registered manager told us this person's family had also been consulted, however there was no documented best interests decision making process in relation to the covert administration of medicines. The registered manager told us they would put this in place.

People told us they liked the food on offer and said they were given a choice. People's preferences had been recorded in their care plans and kitchen staff were aware of people's dietary requirements. Some people said they would like more variety on the menu, although they also told us they could request alternatives. Comments that were made included; "They ask you what you want to eat, with usually a choice of two. If you don't like them they will always make you a sandwich"; "The food is good but we could do with a bit more variety on the menu. If you want something they will do their best to get it for you. They tell you what's on the menu, but I would like more say about what goes on the menu." Most people told us they received the support they required to eat and drink. However, one person told us staff did not always provide them with food of the appropriate consistency, which could present a risk to them of choking. We asked a member of staff about this person's support needs in relation to food. They told us this person was able to eat certain solid foods that would dissolve into a paste. We looked at this person's care file and saw there were some inconsistencies, which would increase the risk of this person receiving support that did not meet their needs. For example, the care plan in places stated this person should have soft pureed food, and in other places stated they had biscuits. This did not match with an assessment that had been carried out by a specialist, which stated this person was unable to tolerate solid foods.

We saw that people's weights were regularly monitored and that appropriate referrals were made to a dietician or other specialist if there was any cause for concern. People's care plans showed a range of health professionals were

Is the service effective?

involved in people's care. We saw one person had been visited by a doctor on the day of our inspection and the GP had prescribed medicines. This was found to be clearly documented in the care plan.

We saw there were few adaptations to the environment to make it more dementia friendly. Whilst the home does not specialise in providing dementia care, the registered manager told us a large proportion of people living there

would have some form of dementia even if not diagnosed. There was some directional signage in place, but no apparent additional adaptations such as photos or other aide memoires on people's doors or use of colour schemes to help people orientate within their home. The registered manager said they would look into improvements that could be made.

Is the service caring?

Our findings

People spoke positively about the relationships they had with staff and told us staff were kind and caring. One person said; “They have gone out of their way for me, to make me comfortable, they could not have done more for me. They are very good, even when they are pushed, they treat me better than I would have been anywhere else.” The home operated a keyworker and named nurse system. This would help people build relationships with staff members and would help people and their relatives have a consistent point of contact. One person told us; “[Staff member] is my named nurse and [Staff members] are my keyworkers. I get on really well with them and they are a good team.” One member of staff said; “We get on well with residents” and another staff member told us they felt the home had a “family atmosphere.”

People’s preferences and communication support needs were clearly recorded in their care plans. We also saw people’s life histories were recorded with the support of family members where possible. From discussions staff demonstrated they had a good awareness of people’s preferences and likes and dislikes. People we spoke with told us staff kept them informed about the care they were giving. We observed staff using the hoist and they spoke reassuringly with the person they were supporting, giving a clear explanation of what they were doing.

We asked staff how they would communicate effectively with people who had limited verbal communication. Staff told us they would use prompts such as picture cards as well as getting to know individuals and how they communicated. One member of staff talked about a person they provided support to with limited verbal communication and described how they could understand this person’s needs through behaviours, verbalisations and gesture. They told us they could offer this person choice of meals this way for example and told us they would

sometimes go out to get them a curry in line with their preferences. This demonstrated that the service was working in a person-centred way. We saw the date was displayed on chalk boards in the home. However, on both days of our visit these were not updated with the correct date until late in the morning. This could cause confusion to people, particularly those living with dementia.

People told us staff respected their privacy. One person said “They will leave you alone if you don’t feel up to things, but I only have to ask and they are there to help, even when they are really busy”. Staff told us they would respect people’s privacy and dignity by talking to people discreetly when required, knocking before entering people’s rooms and keeping people covered when providing personal care. We saw visitors met with their family members in the main lounge, which is a large room. We saw this room was also used by people who were being visited by a minister from the local church. One family member told us; “I find it difficult talking about private family matters in here. Some people use the dining room but when that’s being used as well the only other place you can go is the bedroom.” We spoke with the registered manager about this who said visitors could also use the conservatory, and said they were considering how this area could be made more accessible.

We saw visitors were requested not to visit over mealtimes, although the registered manager told us visitors could eat with their relative if they requested to do so. They told us this was in place due to limited space and to avoid embarrassment of anyone who required support with eating and drinking. People told us visitors could visit without restriction outside the meal times. We saw input from relatives and other visitors was documented in people’s care plans. One relative told us; “I visit regularly but if I can’t get here for any reason I’m confident the home would contact me if anything happened I should know about. They are good at letting me know how [relative] is getting on.”

Is the service responsive?

Our findings

At our last inspection on 15 August 2014 we observed that two people did not have their call bells answered in a timely way. This had caused visible distress to one of these people who was waiting to be assisted to use the toilet. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service was now compliant with this regulation. Following our last inspection the service provided us with an action plan detailing how they would become compliant with the regulations. We saw that an electronic call bell monitoring system had been installed that was linked to the managers computer. The manager told us staff were expected to respond to calls within three minutes and that instances where the response had been longer than this would be investigated. We looked at the records and saw that the average (mean) response time over a three month period was around two and a half minutes. We also looked at the response times broken down by the hour of the day of the month over the previous month and saw the average (mean) response times were within the three minute target. Looking at the individual response times we saw there were a small number of calls that took between five, to a maximum of eight minutes to answer. The registered manager told us they thought these tended to be around the time people were being supported to bed. They said that in the past a twilight shift had been implemented and that they would re-consider if this extra support would be beneficial.

We did not see any activities taking place during the inspection. There were two TV's on showing the same channel in the lounge. However, only a limited number of people appeared to be paying attention to the programmes that were on. We spoke with a member of staff who oversaw activities who told us a lot of people living at the home were hard to engage in activities. However, they told us activities such as bingo and music were arranged. We saw staff spent time when possible talking and interacting with people. At one point a member of staff discussed the music people liked and put on a CD that one person said they enjoyed. This time was limited however, and some people told us there was not much to

do at the home. One person said; "They are very good, but they don't have time to have a conversation with you. It can be a very long day if no-one comes to see you." Another person said; "The staff are very nice, they treat you properly and respectfully, but they don't have time to take you out or anything." The registered manager told us they had recently employed a part-time activities co-ordinator. This staff member was working as a carer at the time of our visit in order to get to know people before starting their role as an activity co-ordinator the following week. This would help ensure activities were provided on a more consistent basis.

We looked at care plans and saw they were comprehensive and included records of people's preferences and care needs. The care plans were arranged in sections, but not always easy to navigate due to the amount of information in them, which was sometimes duplicated. The registered manager told us they were streamlining care files, and we saw information was in the process of being archived. Care plans contained hospital transfer forms, which provided useful key information to be shared with other services if required.

The registered manager told us care plans were reviewed on a monthly basis. We saw that reviews had been carried out, which highlighted if there had been any changes in weight or risks, and documented any actions required. Where we tracked records, we saw that care was being provided as detailed in the care plans. However, one person's care plan stated that a cream should be applied on a daily basis. When we checked the medication administration records for this person, we found it did not show that this cream was in use. This could lead to inconsistencies in the care this person received. Staff told us they had opportunity to read care plans and that they would be informed of any changes to care plans or people's needs by a nurse, or when the handover diary was checked between shifts. Staff also told us they would read pre-admission assessments before anyone new moved in and said they would receive a briefing. This would ensure staff were aware of people's support needs when they arrived at the home.

The registered manager told us they sought feedback from people living at the home and their relatives through surveys and residents and relatives meetings. They told us the meetings were scheduled to take place at different times of the day, including outside standard working hours

Is the service responsive?

to allow as many people to attend as possible. We viewed the minutes from residents and relatives meetings and saw that there was input from people attending the meetings. We looked at the results from the survey questions, which were generally positive. The survey showed two main areas where results were less positive, which were in relation to food and activities. The registered manager discussed the changes that were being made as a result of this feedback including changes to the menu and employing the activities co-ordinator. This showed the service was acting on feedback from people.

The service kept a log of complaints and compliments. The registered manager showed us a copy of a compliment received from GP during our inspection visit. This complimented the service on the positive working relationship staff at the service had with the GP. There were no active complaints on file at the time of our visit. People we spoke with told us they did not have any complaints, but would feel confident raising any concerns with the registered manager or a member of care staff if required.

Is the service well-led?

Our findings

There was a registered manager in place. 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. The registered manager was supported by a deputy, which provided management cover over the full week.

The staff we spoke with told us they thought the home was well run. One staff member said; "I think it [the home] runs smoothly. The residents seem happy." Another member of staff told us; "Yes, I think it's well-led. I think it has a nice atmosphere. There isn't a high turnover of staff." Care staff told us they felt well supported and said they could approach the nurses or registered manager if they required any support or wanted to raise any concerns.

Both people living at High Peak Lodge, and the staff told us the registered manager was approachable, would listen to them, and said there was an open door policy. The registered manager told us she felt the culture had improved in the home over the past year and told us she believed the staff took pride in their work. The staff we spoke with told us the team worked well together and that staff would help each other out. One staff member said; "We [the staff] help one another out. It is a good team of girls, there is no bickering." Staff told us they attended staff meetings and that they were useful. We looked at minutes from a staff meeting where we saw topics such as policies, key working and shifts were covered as well as a discussion about any new admissions. The minutes we saw were from around nine months prior to our inspection visit. The registered manager told us the minutes from the last meeting in February had gone missing. They also told us the last couple of staff meetings had had to be cancelled. In order to ensure staff were kept regularly briefed and updated the registered manager said they were going to introduce quick daily meetings in addition to the informal catch-ups that were already held.

We saw the registered manager completed a range of audits to monitor and improve the quality and safety of the service. We saw audits had been completed on a regular basis of areas including infection control, laundry, medicines and meal times. Checks of the environment

were also carried out on a regular basis to ensure it was safe and in a good state of repair. The registered manager told us they aimed to do two to three audits of care plans every week. This included both the main care files and the daily files used by staff. We saw actions had been identified where required and passed onto the appropriate staff member to carry out.

We noted that one of the audits carried out had repeatedly highlighted an action to put in place meal planners over a time period of several months. We asked the registered manager about this who told us this action had been postponed until people living at High Peak Lodge had been consulted on meals. They told us this action had now been completed. We saw the provider had also completed audits of the service. These had included a health and safety audit where we saw the service had scored highly. The registered manager completed an audit tracker that would enable them to easily see which audits were due to be completed. This was checked and signed off by one of the regional managers.

During our tour of the building we noticed files containing confidential information about people using the service were being kept at the bottom of a stairwell. Although this area was only accessible by using a coded key-pad, we discussed concerns with the registered manager that this information was not being held securely. The key-code was the same as that for the other locked doors within the home so would have been accessible to all staff members and any visitors or people living at the home who had been given the code. The registered manager told us this information was awaiting archiving and had not been kept there for a long period. They told us they would arrange for the files to be moved to a more secure storage area whilst it was waiting to be collected. We also saw that people's daily files, which contained information about their care and support needs were kept in an unlocked filing cabinet in the dining area. We discussed this with the registered manager and area manager and it was apparent the risks and benefits of storing the information in this way had been considered. The area where the files were kept had been staffed throughout the day when we were in those areas, and the provider told us the files were accessible for easy recording and reference by staff.

We saw the service had a range of policies and procedures, which were kept in a file staff could access. We saw 11 out of 20 staff had signed to indicate they had read the policies.

Is the service well-led?

We saw in some cases old policies and procedures were kept along with more recent versions. This could cause potential confusion and inconsistencies if staff referred to the out dated versions. The registered manager told us they would filter out the old versions of the policies.

We saw the service was displaying the rating they received at their last inspection by CQC as is a legal requirement. There was also a copy of the last inspection report available in the reception area for people to refer to. This showed the service was being open and honest about its performance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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

The service had not ensured persons providing care or treatment had the competence, skills and experience to do so safely. Regulation 12 (2) (c)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

There were not sufficient numbers of staff deployed. Regulation 18 (1)