

Lowfield House Limited

Lowfield house Limited

Inspection report

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Tel: 01200428514

Date of inspection visit:
14 October 2016

Date of publication:
29 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 14 October 2016.

Lowfield House Limited is located in the centre of Clitheroe in Lancashire. The service is registered for up to 24 people. All bedrooms are single occupancy and 21 have ensuite facilities. Accommodation is provided over two floors for people who require personal care. 19 people lived at the home at the time of the inspection visit.

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 service was last inspected on 14 October 2013. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in October 2016, people who lived at the home, friends and relatives told us they were happy with the care provided from staff. They told us people were safe at the home and were supported by staff who knew them well.

Although people told us they felt safe, we identified risks to the environment were not always suitably addressed and managed. During the inspection visit we identified concerns which posed risks within the environment. We discussed these concerns with the deputy manager at feedback and immediate action was taken following the inspection visit to rectify the concerns. We have made a recommendation about this.

Infection control procedures were inconsistently managed by the service and there was no identified person responsible for infection control processes within the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014.

Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns; however staff were not fully aware of reporting procedures to external agencies. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found improvements were required to ensure the service was consistently well led. Audits of the service were carried out between the owner and the registered manager. However, auditing systems in place were ineffective and had failed to identify the concerns identified as part of the inspection visit. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Arrangements were in place for safe management and administering medicines. However these were not consistently applied. We have made a recommendation about this.

Staff were kind and caring. We observed positive interactions throughout the inspection visit. Relatives praised staff for their caring natures.

The service ensured visitors were welcomed to the home. Relationships with families were encouraged.

We found suitable recruitment procedures were in place which meant staff were checked before starting employment.

The service had established links with health professionals to enable people to maintain good health. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Feedback on the quality of food provided was positive. People were happy with the variety and choice of meals available to them. People's nutritional needs were addressed and monitored.

We received mixed feedback about the range of activities on offer at the home. Staff said activities were offered but people often declined to take part. We have made a recommendation about this.

Staff told us they were provided with training which allowed them to carry out their tasks effectively. Ongoing training was provided for staff to enable them to carry out their tasks proficiently.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

The service fostered an open and transparent culture. Concerns were dealt with in a timely manner which meant formal complaints never arose. Feedback was gained from people as a means to develop and improve the service.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment. Staff described teamwork as "Good." Staff praised the regular communication between management and staff.

You can see what action we have asked the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People who lived at the home told us they felt safe.

Systems in place to protect people from abuse were not always effective. Staff were aware of what constituted abuse and how to report it internally. However were not aware of external reporting procedures.

Systems were not in place to ensure infection control processes were consistently managed and addressed.

Risks within the environment were not always identified and safely managed.

Arrangements were in place for management of all medicines. However these were not consistently applied.

The registered manager had recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place to ensure staffing was deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

People's nutritional and health needs were met by the registered provider.

Staff had access to on-going training to meet the individual needs of people they supported.

Is the service caring?

Good ●

Staff were caring.

People who lived at the home, relatives and visitors were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place to ensure all complaints were addressed and investigated in a timely manner.

During the inspection we noted some informal activities taking place. We received mixed feedback about activity opportunities and have made a recommendation about this.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Auditing systems in place were not effective and failed to highlight concerns identified within the inspection process.

Risks were not consistently managed by the registered provider and improvements to the service were not always addressed in a proactive manner.

The registered manager had good working relationships with the staff team and all staff commended the manager's skills and abilities.

Staff were happy with communication arrangements in place between staff and management.

Lowfield house Limited

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 14 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this document to inform our inspection planning. In addition we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively. We received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six people who lived at the home and four relatives and friends who were visiting the home on the day of the inspection visit.

During the inspection visit we spoke with seven members of staff. This included the deputy manager, the owner of the home, four members of staff who provided direct care and one volunteer.

We looked at a variety of records. This included care plan files relating to three people who used the service and recruitment files belonging to two staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

Is the service safe?

Our findings

People who lived at Lowfield House Limited told us they felt safe. Feedback included, "I feel safe." And, "I have no cause for concern." And, "I have no fear living here."

Relatives and friends of people who lived at the home said they felt reassured people were safe at the home. One relative said, "They would not be here, if I thought they were not safe."

Although people told us they felt safe, we found systems were not in place to ensure people were kept safe at all times. We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff told us they had received safeguarding training and were able to describe different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action. One staff member said, "I would report it to the manager straight away."

Although staff were confident action would be taken by the registered manager staff were not fully aware of safeguarding procedures for reporting safeguarding concerns externally. We looked at the training matrix maintained by the service and noted safeguarding training had not been provided to all staff. The last recorded safeguarding training for staff took place in 2012.

This demonstrated systems and processes were not consistently established and operated effectively to ensure people who lived at the home were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act (2008) Regulated Activities (2014.)

As part of the inspection we looked at infection control systems in place at the home. During the inspection we noted communal towels were placed within bathrooms. Communal towels can hold germs and spread infection between people. We noted furnishings within the communal areas were not made of washable materials and chair arms in the lounge were frayed on two chairs. A further two chairs had odours coming from them. Following the inspection visit we spoke with the registered manager who confirmed there was not a designated infection control lead at the home. We asked the registered manager for details of any infection control audits that had taken place. We did not receive this information.

This demonstrated the registered provider had failed to ensure systems were in place for assessing the risk of, and preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at how medicines were managed within the home. We viewed Medicines Administration Records relating to each person and noted records had a photograph upon them so the person could be identified prior to medicines being given. Records detailed any known allergies of the person. This minimised any risks of people being administered medicines which may cause harm.

The registered manager had designated one staff member to be responsible for ordering and managing

medicines. This staff member carried out regular audits to ensure medicines had been administered and managed correctly. The registered manager carried out regular observations of staff administering medicines to ensure they were competent to do so.

Tablets used on a daily basis were blister packed by the pharmacy ready for administration and stored within a medicines trolley. A locked medicines cupboard was provided within the home for other medicines storage. Controlled drugs were stored in a separate secure cabinet and the registered provider maintained a register of all available stock. Storing medicines safely helps prevent mishandling and misuse.

Although storage facilities were available we found processes had not been consistently followed for safe storage of medicines. During a walk around the home we found prescribed nutritional supplements were stored within a box on the floor in the kitchen and were not secure. Prescribed creams and ointments were left unsecured in peoples bedrooms. For medicines that required temperature specific storage we noted a fridge was provided within the secure medicines cupboard. However we noted staff had not consistently followed storage instructions and had not placed one person's eye drops in the fridge when opened as instructed.

We recommend the registered provider consults with good practice guidelines and reviews processes for storage of medicines at the home.

During the walk around the home. We noted three fire doors in communal areas were wedged open. One person who lived at the home told us, "It's hot in here today. The door is usually open but they have closed it because you are here."

We spoke to the deputy manager and the owner about the importance of ensuring fire doors were not wedged open. They agreed to stop this practice immediately. Following the inspection visit we received confirmation action had been taken and new door guards had been purchased to secure the doors.

We checked water temperatures from sinks within communal bathrooms and bedrooms. We noted water in downstairs rooms was only tepid. People who lived at the home told us there was usually no problem with water temperature. The deputy manager agreed to investigate immediately. The registered manager informed us following the inspection visit the temporary lack of hot water had now been resolved.

We looked at window restrictors in place and noted not all windows were to the standard recommended within HSE Guidance, 'Falls from Height in Care Homes.' The guidance instructs care homes about the importance of fitting appropriately secure and tamper proof window restrictors to prevent falls from height. We brought this to the attention of the deputy manager. Following the inspection visit we received confirmation action had been taken.

We looked at how risks were managed at the home to ensure people were kept safe. To do this, we looked at care records for three people. We found there were a variety of risk assessments to address and manage risk. These included risk assessments for moving and handling, managing pressure areas and managing behaviours which may challenge the service. Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records this occurred.

Although risk assessments were in place, we found risks were not consistently managed. We noted one person's care plan identified them at risk of developing pressure sores. The person's care plan stated the person must be sat on a pressure cushion. During the inspection visit we noted the person was sat in a chair

for a notable period of time. The person was not sat upon a pressure cushion. We brought this to the attention of the deputy manager. They acknowledged processes for managing and addressing risk had not been carried out by staff on this occasion and took immediate action. Another person's care plan identified the person at risk of falls and stated the person must have access to a call bell at all times. On the day of the inspection visit we noted the person did not have a call bell within reach. We asked the person about this. They told us they did not have access to a call bell when they sat in the lounge and had to rely on other people nearby to summon assistance. We spoke to the deputy manager about this. After the inspection visit we received written confirmation that an extension lead had been purchased so the person had access to a call bell.

We used this inspection to look at staffing levels to check suitable numbers of staff were deployed to keep people safe. On the day of the inspection visit there was five staff on day duty providing direct care to nineteen people. We noted call bell alarms were answered in a timely manner and people did not have to wait.

People, relatives and visiting friends said felt staffing levels met individual needs. One visitor told us, "I have no concerns about staffing."

We asked staff their views on staffing levels. Staff told us staffing levels were sufficient to meet people's needs. They said staffing levels were flexible and extra staff could be called upon if people's support needs changed and additional support was required. During the inspection visit staff told us the reduced staffing levels in the evening had impacted upon the quality of care provided. One staff said they found it difficult answering call bells in a timely manner during the evening shift. We fed this back to the deputy manager. Following the inspection visit we received written confirmation from the registered manager they had reviewed staffing levels and had increased the number of staff upon the evening shift.

We noted the registered manager reviewed individual needs of each person on a monthly basis using a staff dependency tool. The deputy manager said this information was used to decide how many staff were required on shift.

As part of the inspection process we looked around the home. We noted the home was clean and tidy. Equipment used was appropriately serviced and in order. Fire alarms and equipment had been serviced within the past twelve months.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed two staff files. Full employment checks were carried out prior to staff starting work. Two references had been sought and stored on file prior to an individual commencing work; one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. Staff we spoke with confirmed they were not permitted to work without a valid DBS certificate. We spoke with a volunteer at the home. They said they were unable to start volunteering at the home until they received a DBS certificate.

Is the service effective?

Our findings

People who lived at the home praised the effectiveness of the staff team and the care provided. Feedback included, "I was very poorly before I moved in here. The staff have been wonderful." And, "They will always call a doctor for me if I am unwell."

Relatives praised the effectiveness of the service. One relative said, "The care is brilliant." Another relative said, "They wouldn't be here if the care wasn't good. I would move them."

People who lived at the home told us they had ready access to the health centre as it was directly opposite the home. One person told us they had visited the doctors the day before to have minor treatment. They said staff had supported them to their appointment.

Records showed people who lived at the home had regular appointments with general practitioners, dentists and chiropody. On the day of inspection visit we noted a district nurse was visiting the home to check the well-being of people who lived there.

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. During the inspection visit we noted staff had been complimented for working proactively to improve a person's mobility following a period of ill health. Feedback from a relative said, "[My relative] has improved tremendously with their walking due to your patience and care."

We asked people who lived at the home and relatives about the food on offer. People we spoke with were happy about the quality and choice of foods available. Feedback included, "The food is great. Plenty of choice." And, "We can't grumble. The food is good."

On the day of the inspection visit the owner of the home visited with food supplies. They told us they carried out a weekly food shop for the home. Meats were delivered on a weekly basis from the local butcher. We looked in the kitchen and noted there were suitable amounts of food available to eat.

We observed the lunch and evening meal being served in the dining room. Tables were decorated with linen tablecloths and napkins. Fresh flowers were in vases on each table. There was a menu board on the wall to inform people of what foods were on offer. Although there was only one meal on the board, we noted a variety of meals were offered and served. Meals were not rushed and people were offered a variety of choices.

The deputy manager told us the cook used to be a nurse. They said they were aware of people's dietary needs and catered for these. When people were at risk of malnutrition they were provided with fortified diets and records were kept of what people had eaten and the amounts. People at risk of malnutrition were weighed regularly according to good practice guidelines.

The service considered people's hydration needs. A selection of drinks and snacks were offered throughout

the day in between mealtimes. We observed staff encouraging one person to have a drink when they were reluctant to do so. Staff tried to motivate the person to drink by telling them of the benefits of drinking fluids.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered provider had a training matrix to document training completed by staff. We were unable to assess staff training from this as the deputy manager acknowledged it was not up to date.

Staff told us they were provided with training on a regular basis and were confident they had the necessary skills to enable them to carry out their roles. Training was provided by a variety of means including e-learning and training from external companies.

We spoke with a member of staff who had been recently employed. They told us they undertook an induction period at the commencement of their employment. This involved completing required training and shadowing more senior members of staff. They told us they were happy with the induction process.

We spoke with staff about supervision. Staff confirmed they received supervision with the registered manager on a regular basis. We noted from records each staff member was observed in practice on a quarterly basis. The findings of each observation were recorded and a discussion was held about each staff member's performance. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said "Supervisions occur about every six weeks but we can speak to seniors or [registered manager] whenever we need to."

We looked at supervision records and noted any concerns about staff performance were openly discussed and addressed within supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. Care records maintained by the provider addressed people's capacity and decision making. All staff we spoke with were aware of the need to consider capacity and what to do when a person lacked capacity.

We spoke with the deputy manager about the Deprivation of Liberty Standards. (DoLS.) They told us staff had completed DoLS training. As part of the inspection process we noted there were no restrictions on people's liberty.

Is the service caring?

Our findings

People, relatives and visitors were complimentary about staff. Comments included, "The staff treat me nice and keep me happy." And, "Staff are pleasant." And, "Staff will go the extra mile for people." And, "The staff are very good."

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. During the course of the inspection visit one person was confused and was asking for their mother. Staff took time to reassure the person and comfort them. Staff stroked the person on their back and using distraction techniques to relieve any anxieties. We noted the person became much more relaxed following staff interaction.

Staff took time to ensure people were comfortable. We observed one person had fallen asleep in a chair in the lounge. A member of staff placed a blanket over the person's legs in case they were feeling cold. This showed us staff were empathetic and considered people's wellbeing.

People were treated with patience. We observed one person mobilising through the lounge. The person apologised for taking up staff time. Staff reassured the person they were not being an inconvenience and encouraged them to take as much time as needed. Staff continued to support the person and did not rush them. This allowed the person to remain calm and safe. On another occasion a person was being offered choices as to what to eat at lunchtime. The person was showing signs of being confused and unable to make a choice. The member of staff took time to work out what the person wanted. They showed the person a meal that was already prepared and asked the person if they would like the same. The person agreed and looked happy with the decision they had made.

Privacy and dignity was addressed. We observed staff knocking on people's doors before entering to ensure people were happy for them to enter their private space. Another person requested assistance to go to the bathroom. Staff ensured the door was closed before attending to the person's personal care.

Staff responded when people were in need. One person was looking around the home for their lost handbag. A member of staff noticed the person was looking confused and anxious. Once the staff member recognised the person was looking for something, they enquired as to what was wrong and offered help. The member of staff went looking for the person's handbag and returned with it. The person apologised for 'causing bother.' Staff reassured the person they had not caused work for them and reassured the person it was okay.

Staff were positive about the relationships they had formed with the people who lived at the home and spoke fondly of the people in their care. We overheard a conversation between a staff member and a person who lived at the home. The staff member said, "I always think of you when I see viennetta ice cream. It reminds me of you. I know how much you like it. I saw it in the shop the other day and I thought of you!"

A staff member told us the service supported people to celebrate birthdays and other celebrations by

putting on entertainment and a party for people. This allowed people to feel important. We saw a thank you card from a relative, which confirmed this had happened.

Staff routinely enquired and asked people about their well-being. We observed one member of staff asking a person if they were feeling okay. The staff member remarked the person looked tired and asked the person if there was anything they could do to help them. The person reassured the staff member they were fine and commented to us, "They are a good bunch."

Staff routinely encouraged people to have a voice and speak up. Staff were patient when offering choices to enable people to be involved in making decisions. We observed one person being given a choice of what they would like to eat. When the person had made the choice the staff member said, "I knew you would choose that, you always do." The person then laughed. This showed us staff did not make presumptions and openly encouraged people to be involved in decision making.

All the relatives we spoke with commended the service on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if wanted. This enabled people to feel at ease within the home. We observed visitors having the opportunity to spend time in people's bedrooms if they wanted privacy.

We spoke to the deputy manager about access to advocacy services. We were told no one at present used an advocacy service as people had family to support them with decision making. Advocacy services support people to make independent decisions about care and support.

Is the service responsive?

Our findings

People who lived at the home told us they had no complaints and were happy with the service they received. Feedback included, "I have no reason to complain. Could I get better elsewhere? It's doubtful." And, "I have no complaints. I have nothing to complain about. I want to live here until I die."

Relatives and friends told us they had no complaints about the service. They said they had a good relationship with the registered manager and if they had any concerns they could speak to them direct. One relative said the service effectively dealt with concerns in a timely manner. They said, "If we have any concerns they deal with them straight away."

Another relative told us they had once made an informal complaint about the disorganisation of the laundry system. They said this was soon resolved as systems were put in place to stop any confusion. We noted there had been a team meeting to discuss this so staff were aware of their responsibilities and the importance of ensuring people had the correct clothes.

On the day of the inspection visit we observed staff routinely asking people and relatives if they were happy with everything. Relatives said staff always took time out to see if they were happy with the service provided. This allowed for any minor concerns to be dealt with before they became a formal complaint.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. The deputy manager said they had never received any formal complaints about the care provided.

We looked at care records belonging to three people who used the service. Care records contained detailed information surrounding people's likes, preferences and daily routines. Although people's consent was sought throughout the care planning process we noted consent was not routinely documented when plans were updated and reviewed. We discuss this with the deputy manager who agreed to take action to ensure consent was consistently documented. When people did not have the capacity to consent, discussions were held with family members or their representatives.

Care plans were up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Professional's and relatives were involved wherever appropriate, in developing the care plan. Care plans were reviewed and updated monthly.

People and relatives told us care provided was person centred and responsive to need. One person said, "I am very good at giving orders but no one has ever objected." One relative told us previous to moving into the home their family member had enjoyed a gin and tonic in the afternoon. This was something they had done all their adult life. The relative told us staff still routinely asked every day if the person would like one.

We observed one person looking unsettled following lunch. The person was anxious and walking around the communal area. A staff member intervened and said the person wanted more to eat. The person could not

communicate these wishes but the staff member was able to understand the person's behaviours. The staff member brought the person more food. Once the person had eaten the person settled immediately. This demonstrated that person centred care was anticipated and delivered to meet individual need.

We asked people who lived at the home and relatives about activities on offer. We received mixed feedback. Feedback included, "We don't do many activities. They don't keep me entertained. That's the problem." And, "There doesn't appear to be a lot going on." And, "We do activities now and again; sometimes the carers will come around with cards or play bingo."

On the morning of the inspection visit we observed a volunteer in the home interacting with people who lived at the home. They told us they visited the home on a weekly basis and their role was to talk to people who lived at the home. We observed interactions between the volunteer and the people who lived at the home. People responded positively to the volunteer.

We noted there were magazines and books situated around the home for people to read. On the day of the inspection visit one member of staff brought a magazine for a person to read. Another member of staff put a music DVD on the television for people to watch. People enjoyed listening to the music and were encouraged to sing along.

Staff told us when the weather was nice people enjoyed going outside and sitting in the garden. The home had pet rabbits in hutches outside the home which people could go outside and pet.

We asked staff about activities provision. One staff member said there had been a decline in activities as people who lived at the home no longer wished to partake in activities. Another staff member said, "I would like to think we could have more time to do more activities. We used to sit and play cards and dominoes. But we don't do that now. We do sit with people but not as much as we once did."

We spoke with the deputy manager about planned activities. They told us activities were limited as people no longer wished to partake in them due to their ill health and age. We recommend the registered provider seeks and implements best practice guidelines in to relation of activities for older people.

Is the service well-led?

Our findings

People who lived at the home, relatives and friends all said they considered the home to be suitably managed. One person said, "The manager is grand."

Staff told us they were satisfied with the way in which the service was managed. One staff member said, "The managers are really good people to work for." And, "The place is run really well." Another member of staff said, [Registered manager] is a good manager."

Although people told us the service was well led we found inconsistencies in the way the home was managed. The registered manager had quality assurance systems in place to review documentation relating to people who lived at the home. Environmental audits had been carried out by the owner. However, information was not shared with the registered manager and concerns noted as part of the inspection visit had not been recorded, identified and actioned.

This demonstrated the registered provider had failed to implement an effective health and safety auditing system to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who lived at the home. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014.

Good practice guidelines were not consistently referred to and implemented within service delivery. Staff were not always clear about roles and responsibilities. Documentation was not always up to date and accurate to assist in workforce planning.

The deputy manager said people were offered opportunity to provide feedback on a regular basis. We saw questionnaires were offered to people to complete on an ad hoc basis. We looked at completed questionnaires and noted feedback was positive. Comments included, "Staff are all kind and very helpful and always cheerful." And, "Anything I asked for was sorted straightaway." This showed us the registered manager sought views about the quality of service provision.

All staff said the home was a good place to work. They said there was a positive atmosphere in the home and team work between staff was good. Staff said the positive working environment had contributed to excellent staff retention. Staff spoke highly about their job and repeatedly said they enjoyed working at the home.

Staff told us there was regular communication between staff and managers. Staff received handovers at the commencement of each shift. This enabled staff to be aware of outstanding actions and any concerns prior to starting their shift. The deputy manager said an informal meeting was held with staff each day at lunchtime to discuss people's needs and any actions. During our inspection visit we observed staff sitting together at lunchtime.

The registered manager was unavailable on the day of our inspection visit. The deputy manager told us they

were having a day off as they were working at the weekend. The deputy manager said the registered manager liked to work different shifts so their presence was known between staff. This allowed them to communicate with all staff who worked at the home. This included night staff. The deputy manager said there was always a manager present on shift on a daily basis. On the day of the inspection visit the deputy manager was in charge.

Staff told us they had good working relationships with the owner of the home. They said the owner of the home visited daily to ensure the home was running smoothly and people were not in need. Staff said people who lived at the home enjoyed the company of the owner when they visited. We observed the owner taking time out to speak to people and enquire about their welfare.

We spoke to the owner about the achievements of the service. The owner said they were proud of staff retention and the work they had started carrying out in the environment. They said they were progressing well with refurbishing bedrooms. This refurbishment within the home was on-going.

We noted the service kept a copy of compliments received from people who lived at the home and their relatives. Compliments received included, "You and your staff are amazing." And, "We couldn't have wished for a better home for them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to have systems in place to assess the risk of and preventing, detecting and controlling the spread of infections, including those that are health care associated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider failed to have effective systems in place to prevent abuse of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have systems in place to assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users.