

Derby Lodge (Preston) Limited

Derby Lodge

Inspection report

2a Black Bull Lane
Fulwood
Preston
Lancashire
PR2 3PU

Tel: 01772718811

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

About the service

Derby Lodge is a residential care home providing accommodation and personal care for up to 23 people living with a learning disability or autistic spectrum disorder, physical disability or younger adults. At the time of the inspection 22 people were living at the service.

The service is situated in a residential area of Preston; close to local amenities and public transport links. All bedrooms are of single occupancy with six benefitting from ensuite facilities. Six other bedrooms also benefited from a lounge, kitchenette and bathroom. There are two communal lounges, a dining area, games room as well as communal bathrooms and toilets.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large adapted building. It was registered for the support of up to 23 people. At the time of the inspection there were no people living there with a diagnosed learning disability. This is larger than current best practice guidance. However; the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

People's experience of using this service and what we found

The management of medicines was ineffective and placed people at risk of harm. We made a recommendation in relation to managing swallowing risk, the availability of current swallowing guidance and maintaining people's dignity and respect. Improvements were noted to the monitoring of the service however medicines audits failed to identify the shortfalls noted during the inspection. The service had been rated as requires improvement for the previous three inspections and ongoing concerns were noted during this inspection in relation to the management of medicines and good governance. On the second day of the inspection we followed up the concerns identified in relation to the safe management of medicines. We noted some actions had been taken as a result of our findings however the service failed to ensure medicines were managed safely and people using the service remained at risk.

Staff understood and guidance was available to act on allegations of abuse. Risk assessments had been developed in relation to the environment and checks and servicing had been completed. The service was clean and tidy, staff had access to personal protective equipment to reduce the risks of infection. The service had been developed to support the needs of people living there. Corridors were wide and accessible and bedrooms had been personalised with people's own possessions

Staff had received training that was relevant to their role and improvements had been made in relation to the recording of supervisions with the staff team. Staff were recruited to their posts safely. The registered manager confirmed they would access a staffing analysis tool to ensure they had appropriate numbers of staff in post to meet the needs of people using the service.

People were provided with choices of meals and they confirmed they had been consulted about the menu choices. The registered manager took immediate action to ensure a risk assessment in relation to swallowing was completed for one person who used the service as well as ensuring staff had access to up to date swallowing guidance. We observed the meal time experience whilst people were provided with support to eat their meals; little meaningful interactions were noted between people and staff. The registered manager told us a professional had recommended that the meal time experience should be quiet times to support people's swallowing risks.

People received good care and their individual needs and rights were considered. However improvements were required in ensuring people were treated with respect and dignity. The registered manager told us they would monitor the interactions between staff and people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Appropriate consent had been sought in relation to people's needs. Improvements were noted in the care files. Care plans and risk assessments had been completed. We discussed with the registered manager who took actions to ensure further improvements were made to their content. Systems to support people's individual communication needs had been developed. There was evidence that activities were taking place however; some feedback was that these needed to improve. People were supported to maintain relationships with relatives

Complaints were dealt with appropriately policies and guidance was available. Evidence that team meetings were undertaken were noted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 October 2018) and there were three breaches of regulations. Following the inspection we met with the provider to discuss the actions they planned to take to make improvements at the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made; however further improvements were required in relation to the management of medicines and the leadership and management of the service. The service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines as well as good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Derby

Lodge on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Derby Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a pharmacist inspector and one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included any feedback, concerns or investigations as well as notifications which the provider is required to send to us by law. We also sought feedback from professionals who had visited the service. We used the information the provider sent to us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

To understand people's experiences living at the service we spoke with 13 people who used the service and two visiting relatives. We also spoke with seven staff members. These included, five care staff, one housekeeper and the registered manager who took overall responsibility for the service. We also spoke with the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. These included, three staff files, three care files, medicines administration records, meeting minutes, training records and records relating to the operation and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- The registered manager had ineffective systems to ensure medicines were managed safely. There were no records available for adding thickening powder to drinks for people who have difficulty swallowing. Therefore, we were not assured people were given drinks suitably thickened as instructed to reduce the risk of choking. We reviewed this on the second day of the inspection and saw records to confirm where thickening powder had been given to people however there was no record which confirmed the amount of fluids given was the required amount for the thickener used.
- Information regarding people's allergies was not always recorded on relevant documentation. There was a risk people may be given medicines which they have previously reacted to. We reviewed medication administration records during our second day and noted the registered manager had taken action to ensure people's allergies were recorded. However staff could not confirm whether training in the management of anaphylaxis was planned.
- Additional records to support staff with the administration of 'when required' medicines were not in place. Therefore, staff would not be aware of when people needed their 'when required' medicines.
- Quantities of remaining medicines did not match the records of doses administered to the person. So we could not be assured medicines were administered as prescribed. Medicines were not signed as being administered, and directions were not followed correctly.
- Records of medicines people are prescribed were not always up to date; there was a risk people may have medicines administered that were no longer prescribed or miss medicines that were prescribed.
- Variable doses of medicines for example one or two, administered to people were not documented. This meant staff were unable to assess the effectiveness of the medicine.
- Records of the application of patches was not always completed; information regarding the application of the patch was not always followed.
- Staff are not always following the homes medicines policy.
- The systems used to audit the medicines at the service were ineffective; the audits had not identified the issues found during the inspection.

This demonstrated a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had developed systems which ensured allegations of abuse were investigated and actions taken appropriately. Policies and procedures were in place; including the local authority

safeguarding guidance. These supported staffs understanding about how to deal with any concerns.

- Completed records were seen which confirmed the actions taken as a result of any investigations. Records included information which demonstrated the service considered lessons learned to reduce any future risks for people who used the service.
- People who used the service and visitors told us they felt people were safe living there. Comments included, "I feel very safe. The staff also keep their eye on visitors. If they don't recognise someone in the building, they ask them who they are", "Yes, I definitely feel safe here" and "My [name of person] is safe here I believe, yes." Staff understood the actions to take if they suspected abuse. They told us, "People are safe, I would report to the [registered] manager any concerns. I have not seen anything to concern me."
- Systems had been developed to ensure incidents and accidents were dealt with appropriately. Records included information in relation to any outcomes as well as relevant guidance and referrals to professionals where required. This supported any lessons learned.

Assessing risk, safety monitoring and management

- The service had developed safe systems which ensured risks were assessed and managed safely. Environmental risks had been assessed and records identified how to manage these. Records confirmed servicing and checks on the premises and equipment was undertaken.
- A fire risk assessment had been completed recently and personal emergency evacuation plans provided information about how to support people to leave the home in the event of an emergency. The registered manager confirmed they would ensure fire drill records contained detailed information about the fire drills and it's outcomes. This would support any improvements if required.
- Individual risk assessments had been completed. Improvements were noted from the last inspection and records contained information to support people's individual needs. However more detailed information would support effective care delivery. The registered manager took immediate action to ensure the records reflected people's individual needs.

Staffing and recruitment

- The registered manager ensured staffing was sufficient to meet the needs of people. Sufficient staff were seen providing care and support to people during the inspection and the feedback mostly was that there was enough staff in place. However; some people told us that the service would benefit from more staff overnight. Comments included, "I think personally there are enough staff here. They have permanent staff but also use a lot of agency staff" and "I think there should be three staff on at night instead of two. Two isn't enough for 22 residents [people who used the service]."
- We discussed this with the registered manager who confirmed they would look at staffing analysis to confirm sufficient staff were in place to meet people's individual needs
- Staff were recruited safely. Relevant checks were undertaken including proof of identity and suitability checks had been completed. This ensured only suitable staff were recruited to work at the service. The registered manager confirmed where verbal references had been obtained they would ensure appropriate risk assessments had been completed. This would confirm their suitability for the post.

Preventing and controlling infection

- The service had developed systems which ensured people who used the service, visitors and staff were protected from the risk of infection. The service was clean and tidy and staff had access to personal protective equipment to protect people from infection risks. We saw staff making use of these during the inspection.
- Regular cleaning checks records were seen along with audits of the service. This confirmed the service was clean and tidy and safe for people to live in and staff to work in.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager supported people to eat and drink a diet of their choosing. Care files contained information about people's needs. One person had a risk in relation to swallowing. However; there was no risk assessment to guide and support staff to meet their individual needs. The registered manager took immediate action to ensure a risk assessment had been completed to reflect the persons individual needs was available to the staff team. We asked about the new IDDS (International Dysphagia Diet Standardisation Initiative) swallowing guidance. The registered manager was unable to provide a copy of this during the inspection; however they confirmed this was on display in the staff room.

We recommend the provider considers current guidance on assessing people's individual risks, support with swallowing guidance and take action to update their practice accordingly.

- People told us and records from resident meetings confirmed the service had adapted the menu choices according to people's needs, likes and choice. People said, "The food is good. There has been a recent change in the menu for more variety. There are hot meals or salads. There is always another choice. If you aren't hungry, they will ask questions about if you aren't feeling well and things" and "They usually put a menu up every day telling us what is for lunch and tea. I like the fish. We had a residents meeting three to four months ago about not getting a choice of food. We just had what they gave us. It's better now but in my opinion there should still be more choice."
- We observed the meal time experience. Tables were set with condiments and meal choices and portion sizes were being offered to people. Where required staff supported people to eat their meals. However we noted very little interaction between people who used the service and staff that would support a more enjoyable dining experience.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had appropriate training, development and supervision to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had made improvements to ensure staff received appropriate training which supported the delivery of care to people. Staff records and the training matrix confirmed the training provided to the staff team. Training included; safeguarding, first aid, food hygiene, challenging behaviour and nationally recognised care training. Records included the dates planned for future training.
- Mostly people who used the service and visitors told us the staff team had the skills to deliver people's care. Comments included, "Most of the staff are well trained. You can tell the ones who are better trained than others", "As far as I can see the staff team are well trained" and "The Staff team are brilliant." However one person said, "I don't think that the staff are well trained." Staff confirmed a range of training was provided to them which supported their role. They told us, "Training is adequate for the job" and "We have enough training face to face."
- Staff told us and records confirmed supervision and appraisals were being undertaken. This supported staff in their role and future development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured people's needs were assessed. Care files contained assessments of people's needs. The registered manager told us all of the people who used the service had an assessment prior to admission to ensure they could meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service ensured people were provided with appropriate and timely support and; people had access to relevant professional support with their individual health needs. Care records contained information about people's individual health needs and how to meet these. There was some evidence of professionals involved in people's care and support; and we saw professionals visiting people who used the service on the day of the inspection.

Adapting service, design, decoration to meet people's needs

- The service had been adapted and designed to meet the needs of people living there. Corridors were wide and accessible and communal areas were spacious and had been nicely decorated. People's bedrooms had been personalised with their own possessions.
- The service was located in a residential suburb of Preston close to transport links, local shops and amenities.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured systems were in place to protect people from unlawful restrictions. At the time of the inspection no one was subject to DoLS and no applications had been submitted to the assessing

authority. Staff told us and records confirmed they had received DoLS training; and policies and guidance was available which would support staffs understanding about ensuring people were not being deprived of their liberty unlawfully.

- Care files included assessments of people's capacity where this was relevant. Where one persons record required clarity in relation to their capacity; the registered manager took immediate action to ensure it was up to date.
- Care files contained information about people's choices and how best to communicate with them to ensure consent to care and treatment was obtained when their ability to communicate verbally was limited. Care files contained evidence which confirmed people had agreed to their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager had developed systems to support people's privacy and dignity and promoted their independence. Mostly people who used the service and relatives told us, "They always knock on the door when they come in to [persons] room; well they do when I'm here anyway" and "They knock before coming in to my room here." However one person said, "Sometimes, they don't always knock before coming in my room."
- We observed generally people were treated with dignity and respect and people who used the service appeared comfortable in the company of the staff team. Personal care was delivered in the privacy of their bedrooms or bathrooms. We noted people were generally supported appropriately with their individual needs; however this was not always consistent. One person was observed during support with a drink which was not provided in a dignified manner. We discussed this with the registered manager who told us about the individual needs for this person.
- During our observations in the public areas of the service we saw limited interactions between people who used the service and the staff team. The registered manager told us a professional had recommended that the meal time experience should be quiet times to support people's swallowing risks. Two people told us that at times the communication from some of the staff team could be improved. We discussed these concerns with the registered manager who provided assurances that this was not normal in the service but agreed to take action to monitor the interactions between people and staff.

We recommend the provider considers current guidance on supporting the dignity and respect for people who used the service and take action to update their practice accordingly.

- Confidential information such as care records and personnel care files were secured in the staff office and registered managers room. This supported the service meeting the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager ensured people received good care and their individual and diverse needs were met. People who used the service and relatives told us they were happy with the care they received at the service. Comments included, "They always say that if I need help, I only have to ask. They are discreet", "All of the staff are brilliant" and "They will do anything that you ask them to really." However others told us, "They do seem caring but I don't get along with some of them" and "I think they could be a bit more caring."

It is just a set few of them. It is just a job to them, but this is our home."

- A relative said "My [name of person] does get on well with the staff and has a laugh with them and from what I have seen they are caring" and "I find that all his team are pleasant and they can understand [person] better than I can. They seem to have a knack with [person]."
- Staff told us people received good care. They told us, "It is happy here, I feel people are, happy they get good care, it is more than a job it is family; a lovely home" and "People are being cared for appropriately."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager ensured systems to support people in making decisions about their care were in place. People told us they were aware of their care plans and staff had discussed these with them. One said, "I do have a care plan. All the staff have to read them so they know about our needs." Staff we spoke with understood people's individual needs and how to support them appropriately.
- Care files contained information about what was important to people; their likes, dislikes, preferences and their individual diverse choices and needs. We observed staff supporting people in decisions about their care. Comments heard included, "Do you mind if" and "Can I help you with that." One person told us, "They go out of their way to help me."
- Information in relation to accessing advocacy support with important decisions was on display in the public areas of the service. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain relationships with relatives and the wider community. One person said, "The staff are great with my visitors. They make [name of visitors] really welcome." Visitors were seen during the inspection and people told us they were supported with trips out in the local community. Staff told us one person was supported to access voluntary employment in a local business. They said this was at the request of the person who used the service and this was a flexible agreement of their choosing.
- The service had a range of games boards, books and a games room for people to access. We saw photographs of people taking part in activities in the service. However the feedback from people about the activities provided to them was mixed. Comments included, "There is enough for me to do. We have a library lady who comes every four weeks. I listen to my music, watch my DVDs, we play board games, I do jigsaws. We have a pool and a ping pong table downstairs. We also play on the [games console], I do bowls and golf. We had a guy come in and did exercise classes. We motivate each other to do it" and "There's not really much going on here. I stay in my room and watch films mainly. They do barbecues outside in the summer and they have things going on at Christmas."
- Technology was being used to good effect in the service. WIFI access was available in all areas of the service. Computer systems were being used to develop records, audits and monitoring systems in use in the service. Games consoles were available for people to access.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider seeks nationally recognised guidance about how to ensure care files are detailed, individualised and reflect people's needs. The provider had made improvements.

- The service had developed systems which ensured people's care was delivered according to their needs and preferences. Mostly people who used the service and staff told us a care plan had been developed and staff had accessed these which would support them to deliver people's care appropriately. A relative told us, "I do see his care plan. I am always asked and invited if there is anything going on."
- Improvements to the information in people's care files were noted. Information included their needs and how to support them; for example, nutritional needs, physical health needs and support during the night. However more person centred information as well as more detail in relation to how to manage associated risks. We discussed this with the registered manager who updated the records during the inspection. They

provided assurances that people's care files would be updated to reflect their current and detailed needs.

End of life care and support

- The registered manager had developed systems to support people at the end of their life. Policies and procedures were in place to support and guide staff in the delivery of end of life care when required. Information was included in people's care files to support the development of care plans where people neared the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed systems to support people's individual communication needs. Care plans contained information about how to communicate effectively with people. We saw staff engaging with people at a pace which supported their needs. It was clear staff understood how to communicate with people where their ability to communicate verbally was limited.
- Electronic systems were in use in some people's bedrooms to support them to access their electronic personal belongings.

Improving care quality in response to complaints or concerns

- The registered manager had developed systems to investigate and act on complaints. Records were seen which confirmed the details of complaints and the actions taken by the service as a response to them. Policies and procedures were available to guide and support staff in dealing with any concerns or complaints. People who used the service and relatives told us they knew who to go to if they had any complaints.
- A range of positive feedback was seen. These included, 'She is an excellent member of staff and worked extraordinarily well under extremely difficult conditions.' People knew who to contact if they had any concerns and confirmed the service acted appropriately when they had raised concerns. People said, "I have nothing to complain about", "In the past we didn't know who to complain to, but they have explained it to us now" and "They used to have happy/sad cards but they say that they do the complaints a different way now. I once had to make a complaint. It was dealt with to my satisfaction."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure detailed systems and processes were in place, which could monitor the service and record detailed action taken. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager understood their role. However the service had been rated as requires improvement at the previous three inspections. During this inspection we identified ongoing concerns relating to the management of medicines and the governance of the service. The systems used to audit the medicines at the service were ineffective; the audits had not identified the issues found during the inspection. We also noted a record of audits for falls, however these were a log of the falls in the service and the actions taken. There was no record to confirm analysis of themes or trends had been undertaken.

These ongoing concerns demonstrated a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

- Evidence of further audits were seen taking place in the service. These included maintenance and care files audits. Records confirmed these had been undertaken recently and some evidence of the actions taken as a result.
- The registered manager ensured appropriate notifications were being submitted to the Care Quality Commission which supported the monitoring and oversight of the service.
- All of the people who used the service and visitors were complementary about the leadership and management. Comments included, "[Name] is the [registered] manager. She is lovely. I feel I can discuss my problems with her", "I know [the provider]. I see her quite often in her office. She is approachable if I ever need to ask her anything" and "[Provider and registered manager] are the managers. If I had a concern, I'd speak to [staff member] or the bosses [registered manager and provider]. I find them all approachable and down to earth. You can have a laugh and a joke with them and that's the best form of medicine."
- Staff told us, "[Provider] and [registered manager] are lovely and very supportive. I have no concerns, you

could go to them with anything", "I am supported well by the managers, [Provider] is in most days. She always speaks to staff and knows them all well" and "I have worked in care for 21 years and [the provider] is the best provider I have ever worked for. She is approachable and comes to the home every day. She knows everyone personally."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open, inclusive and promoted good outcomes for people. The registered manager, provider and all of the staff team were supportive of the inspection and requests for information were acted upon appropriately. Where requests for further information was made following the inspection the registered manager provided these promptly.
- Certificates confirming the services registration, along with the registered managers certificate of registration were on display as well as the employers liability insurance in the public areas of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they acted on the duty of candour and were open and honest. Records had been completed in relation to the outcomes of investigations, complaints and feedback about their outcomes were noted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had developed systems which ensured people were engaged and involved in the service. People and staff told us, and records we looked at confirmed staff and resident meetings were taking place. Records included the attendees and the topics discussed.
- Positive feedback about the service was recorded. Comments included, 'Since I have been here, [staff member] has taught me that I am able and capable to stick up for myself , without getting into trouble which I have always been afraid of; which I truly appreciate, [staff member] is truly one of the best carers.'
- The views of people had been sought via questionnaires and surveys. Areas covered included, the catering and food, personal care and support, daily living, premises and the management.

Continuous learning and improving care

- The registered manager ensured continuous learning and improvements in care were ongoing. A range of policies and procedures were available and guidance was on display in the service. A staff training programme was ongoing and demonstrated future training dates planned.

Working in partnership with others

- The service confirmed they worked in partnership with relevant professionals such as district nurse, GP, social worker and consultants to ensure they received appropriate and timely support with their health needs. We saw professionals visiting the service during our inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to ensure systems and processes identified failings in the service and take appropriate actions to make improvements from the previous inspections.</p> <p>The provider failed to ensure audits undertaken were robust to identify the issues found at the inspection and enable actions to be taken to protect people from associated risks.</p> <p>Regulation 17 (1) (2) (a) (f).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was ineffective and placed people at risk of harm. Regulation 12 (1) (2) (g)

The enforcement action we took:

Conditions were applied to the providers registration.