

Durham Careline Limited

# Lyons Court Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

### Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We inspected Lyons Court Care Home on 16, 17 and 21 July 2014 and the inspection was unannounced. Our last inspection took place on 19 and 27 December and we found the service was meeting all essential standards.

Lyons Court Care Home is registered to provide accommodation and nursing care for up to 50 older

people some of whom may be living with dementia. The accommodation for people who lived in the home is arranged over three floors linked by a passenger lift. On the day of inspection 44 people were living in the home.

The home had a Registered Manager who had been in post since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. However the manager has had long periods of absence since December 2013 and was not present during our visit and therefore the provider had appointed an acting manager until the return of the registered manager.

# Summary of findings

Relatives and staff gave us positive comments about the management team such as “The staff know what they are doing; they have been here quite a while. They just get on with it” We did not receive any negative comments from people who use the service, their relatives or health professionals involved in people’s care.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who lived in the home. Staff demonstrated that they knew people’s individual characters, likes and dislikes.

We spoke with one health care professional who told us, “The service is much better than it has ever been. We think of Lyons Court Care Home as a learning service in that they try really hard to get things right for people”. We found during our visit there were some areas for improvement such as maintaining people’s care plans and ensuring staff were aware of people’s changes in needs.

People who used the service and their relatives spoke very positively about the new acting manager as well as the registered manager. However staff told us they could be more included and feel more valued within the service. Staff explained they often did not feel listened to particularly when they raised issues regarding staffing levels.

We saw people who lived in the home were engaged in a variety of activities during our visit and were kept stimulated and occupied for example the where engaged in reading magazines and arts and crafts. People were able to choose where they spent their time for example on the ground floor there was a quiet room and a busier lounge area as well as a large outdoor space where people could sit.

# 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?

The service was safe.

Some people were able to tell us they felt safe.

We saw the recruitment process for staff was robust. This meant staff recruited to work at Lyons Court Care Home were safe to work with vulnerable people. There were enough staff on duty to meet people's needs. The same agency care staff were working on a regular basis so they got to know people who lived at the home.

Staff we spoke with knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks to people living in the home had been assessed and identified as part of the care planning process.

Medicines were managed safely and people received their medication at the right times.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The home was clean and well maintained.

Good



### Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home. We saw staff actively encouraging people to choose their meals.

Records showed people had regular access to healthcare professionals, such as GPs, district nurses, community matrons and podiatrists.

Good



### Is the service caring?

The service was caring

People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked with them to see if they were in need of any assistance.

Care plans were easy to follow and staff were able to tell us in detail about what support people who lived in the home required.

Good



# Summary of findings

We found the service had thought about and planned for how it could meet the needs of individual groups.

## Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative. We saw people's care plans had been reviewed on a monthly basis.

Where we identified a short fall in one person's care immediate steps were taken to ensure the person received adequate and safe care.

We saw people engaging in a range of activities during our visit. Some were in small groups and others were spending time with staff on a one to one basis. People we spoke with told us the range of activities on offer was very good. One relative said, "My relative goes out to the local community or out on trips as well as having plenty to do here".

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint. One relative told us their complaint had been dealt with to their satisfaction.

**Good**



## Is the service well-led?

The service was not well led.

People who use the service and their relatives we spoke very positively about the new acting manager as well as the registered manager. However staff told us they could be more included and feel more valued within the service. Staff explained they often did not feel listened to particularly when they raised issues regarding staffing levels.

Audits were carried out in relation to infection prevention and control, the environment and the medication systems. This helped the manager make sure the systems in place to keep people safe were working as they should be. However we found people did not always experience safe and effective care and improvements were not always sustained.

**Requires Improvement**



# Lyons Court Care Home

## Detailed findings

### Background to this inspection

The inspection team consisted of two Adult Social Care inspectors 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.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR includes information from the provider about areas of good practice and areas for future improvement under each of the five questions.

On the day of our inspection we spoke with 15 people who lived at Lyons Court Care Home, 11 relatives who were visiting the home, 10 members of staff, including agency staff who worked at the home, the acting manager and a visiting nursing professional.

We spent time observing care in the dining room, and two lounges. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could express their views to us. We looked around some areas of the building including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included 12 people's care records, five staff recruitment records and records relating to the management of the home.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

The 15 people we spoke with told us they felt safe at the home. One visitor said, “I have no concerns about my relatives safety, they are always happy when we come and visit and tell us that everything is good”.

Our use of the SOFI tool found people responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

Staff we spoke with told us they had received training in safeguarding vulnerable adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

During our inspection we observed staff receiving a group supervision session relating to protecting people from abuse. We found although staff were able to identify areas of practice that may be safeguarding issues they were not always able to identify when their own practices may need improving. For example we observed the acting manager discuss with staff about using punitive measures. This included preventing people from participating in activities they wanted to do due to their behaviours being seen as unacceptable as this could be deemed as potential psychological abuse. We also observed the acting manager informing people if they failed to apply barrier creams to people where they were at risk of pressure ulcers and required support with continence, this too could be regarded as being neglectful and the consequences could result in a person coming to harm. This demonstrated that group supervisions added to protecting people from receiving unsafe or inappropriate care.

Where the service was responsible for managing people's day to day finances we found the arrangements reduced the risk of people being subject to financial abuse. There was a running record of people's daily expenditure and where transactions were made there were receipts to

ensure purchases were correct. The home had an administrative assistant who was responsible for handling people's money. This meant that people's finances could be accounted for.

We looked at 12 care files and saw risk assessments had been completed in areas including moving and handling, falls, nutrition and tissue viability. The risk assessments included guidance on the actions staff needed to take in order to reduce or eliminate the risk of harm. For example, where people had been assessed as being at risk of losing weight we saw they were receiving appropriate support. We saw records were kept to enable staff to monitor people's weights and staff told us when people had unexplained weight loss they would contact the GP and request a referral to the dietician.

We looked at the systems for the management of medicines at the service. The service used a monitored dosage system from a pharmacy. There were records to demonstrate these were checked when the service received the medicines, and any discrepancies were promptly addressed.

We looked at how medicines were being stored at the service and found they were secure and were stored according to manufacturer's recommendations. We looked at the care records of five people and found where they had allergies to certain medicines this was recorded clearly on the person's records. We also found where people were prescribed "as and when required" medicines there was a clear protocol in place to ensure nursing staff were aware of the circumstances in which the medicines should be administered.

We looked at how medicines were administered and found this was carried out safely and by trained staff.

We checked the medicines stock for eight people and looked at their Medication Administration Records (MAR) and found that medicines were signed to reflect the prescriber's instructions. This meant people received their medicines appropriately.

We looked at care records for people who required creams applying to their skin and found the service had a protocol for care staff to apply the cream in accordance with the prescriber's instructions.

The service carried out regular daily and weekly audits to ensure that medicines had been administered properly

## Is the service safe?

and also to ensure that any errors or discrepancies could be addressed promptly. The service also carried out quarterly competency assessments of staff to ensure training was effective. This also reduced the risk of people receiving medication by unsafe practices.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the manager was able to explain the procedure for submitting an application to the local authority.

The acting manager told us that in response to the recent supreme court judgement in respect of DoLS several applications for people who lived at Lyons Court Care Home had been made. This was because some of the units in the home had locked doors. The manager told us where necessary best interest meetings would be arranged. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation.

We looked at the recruitment records for four staff members. We found that recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with a new member of staff who confirmed a Disclosure and Barring Service (this is a check carried out to determine people's criminal record status and also ensure people were not on a list which prevented them from working with vulnerable children and adults) check and references had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable adults.

We asked the acting manager how they decided on staffing levels. She told us staffing was based on the dependency levels of people who lived in the home and was under constant review. As people's needs changed or when people moved into the home staffing would be adjusted. We looked at a random selection of staff rotas for three months prior to the inspection and saw staffing levels were consistent. The home was using agency staff to cover some shifts and we saw from the rota the same agency staff were being used to provide consistency for people who lived at the home.

One relative told us, "I suppose they have to use some agency staff when there is no staff to provide cover, they

generally always seem to have the same agency staff which is good as this provides consistency to the resident". The operations manager identified there was a shortfall in permanent nurses and recognised this could lead to people not always receiving the care they needed and told us they were recruiting new and permanent nurses.

Disciplinary procedures were in place and we discussed with the manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

During our discussions with the acting manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We found there were enough members of staff present to follow the emergency plans in place. We also looked at how the building and equipment within it were maintained. We found the service kept clear records of maintenance required and where equipment such as hoists required servicing these were done in accordance with the manufactures instructions.

We also toured the building looking at areas such as bathrooms and communal living areas and checked for the arrangements in place for cleanliness and infection control. We found the service had daily, monthly and yearly cleaning schedules and these were monitored through regular monthly auditing to ensure standards in the home were maintained and people were not placed at risk of infection due to poor hygiene practices.

Overall the home was clean to the eye, and we observed staff using hand gels to minimise the risk of infection, and there was a supply of soaps in bathrooms for people to wash their hands. The service had a dedicated infection control lead domestic staff to ensure the home was cleaned to a good standard on a daily basis. A visitor told us me "The place is kept very clean, it is welcoming and homely, and the staff are pleasant and kind, if I saw anything wrong I would report it and it would be attended to. I have just been visiting another care home, this is so much better".



# Is the service effective?

## Our findings

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. We looked at the training matrix and induction programme for the service and found staff received regular updates on mandatory training such as moving and handling, health and safety and dementia awareness. One member of staff who was new to the service described their induction to us such as shadowing other members of staff for a week and working through an induction pack. They told us although they had worked in care before and completed training elsewhere they still had to complete the induction.

The acting manager told us there were various courses that were available to keep them up to date and nursing staff received clinical supervision and had access to specialist training. Another member of staff told us, "There is always training so we can keep up to date." We looked at the home's training matrix/records which confirmed what staff had told us.

Staff also confirmed they received supervision where they could discuss any issues on a one to one basis with their manager. The acting manager told us staff appraisals had been planned for later on in the year and these would then be reviewed after six months. The service acknowledged that supervision meetings with staff was an area they needed to improve upon and had done this by ensuring each member of staff received quarterly supervisions.

We looked at 12 care plans and saw people's preferences in relation to food and drink had been recorded, together with any special dietary requirements. When we spoke with the cook they confirmed staff kept them up to date about people's dietary needs and preferences. They also explained they could order any food they needed and could change the menu to accommodate people's preferences.

At breakfast time we saw staff taking time to ask people what they wanted for breakfast and where people struggled to communicate their choices they were shown

what was available. One person told us "This sausage is my favourite it is good" They had a choice. Another person told us "I like the Sunday dinner best it is very good". Overall people told us "the food was good".

It was very hot on the day of our visit and we saw staff offering people drinks regularly and jugs of squash were freely available throughout the day as well as cups of tea and coffee. We saw staff giving people who were in their rooms and unable to come to communal areas receiving drinks. One person told us "If I am thirsty I only have to ask and they get me a drink".

At lunchtime we saw people, including those with special dietary requirements, were offered a choice of meals. For example where one person was diabetic they were offered the same meal as others but without the sugar content. During our visit there was 9 people in the dining room, some were able to manage themselves but if not their food was cut up for them and they were being helped to eat. The staff regularly asked if they wanted help and addressed them by name.

The food looked appetising and people were offered sauces and gravy. We saw one person who required a soft diet was given foods which had been pureed separately and looked attractive on the plate. We found the meal time experience for people to be enjoyable.

In the 12 care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, specialist nurses, community matrons and podiatrists. Care staff we spoke with told us the nursing staff were quick to respond if people's needs changed. We spoke with a visiting community matron and they told us staff made referrals to make sure people's health care needs were being met but also commented that staff often referred things to them that should be dealt with in the home and they needed to be more confident. The visiting health professional told us "The service is much better than it has ever been. We think of Lyons Court Care Home as a learning service in that they try really hard to get things right for people".



# Is the service caring?

## Our findings

We looked at the care plans for 12 people who lived at the home. They all contained some information about people's personal preferences and likes and dislikes but not all of them contained a life history. We spoke with the manager about this. They told us they had picked this issue up when the care plans had been audited and were trying to get families to help them to gather this information. They also told us they had started developing memory boxes for people so those with cognitive impairments had visual objects to support them in their daily living. We looked at one person's box and it contained family photos and things of interest to the person.

Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. Staff we spoke with were able to tell us about people's care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people's preferences and routines. An example of this was during meal time, we observed one person struggle to engage in eating their meal due to their cognitive impairments. We observed the staff talk about the family home and their partners cooking staff told us this helped engage the person with their own meal. We found staff to be sensitive in their approach and had taken time to understand what can make a real difference to people.

Some people who had complex needs were unable to tell us about their experiences in the home. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. One person told us "Oh yes I am well looked after, I fell happy about how I am cared for, Don't you think I sound happy If something is not right I would tell them".

We observed the length of time it took staff to answer people's buzzers. We found this was done in a timely manner and staff did not leave the person until their support needs had been met.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. People's hair had been combed, men had been shaved and everyone was dressed appropriately for the weather.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy, showing staff respected people's belongings.

We saw staff were patient, they approached people with respect and worked in a way that maintained people's dignity. For example where staff were assisting people they explained what they were doing and why. Toilet doors were closed when in use and staff knocked on doors before entering. We saw where staff were offering assistance they worked at the person's own pace and did not rush people. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This showed staff were sensitive to people's needs and welfare.

One member of staff told us they had worked on day and night shifts and the care delivered was consistently good across all of the shifts. Another member of staff told us, "I wish I had done this job years ago being made redundant was the best thing that happened I enjoy this job so much"

We looked at the arrangements in place to support people make difficult decisions where they may not have had anybody to represent them. Lyons Court Care Home engaged Durham County Council Advocacy services to support people where they need additional help in making decisions. This information was detailed in the provider's welcome pack which each person had. We spoke with 15 people and nine of them were aware of the advocacy option available to them should they require support.

We looked at the care planning process in the home and some people had "end of life" arrangements which had been put in place detailing their requests should they become unwell to make decisions for themselves. This part of people's care plan was reviewed on a monthly basis.

We spoke with the acting manager and operations manager about the arrangements in place to meet the needs of certain groups such as ethnic minority or lesbian, gay and bisexual people. The service had an equalities and diversity agenda for the home where it had thought about how the needs of individuals could be met through social inclusion. Staff had researched the history of how lesbian, gay, bisexual and transgender (LGBT) people had been treated during the 1900s. This was intended to engage

## Is the service caring?

people in historical and inclusive discussions. Although the service had not completed any specific events prior to our inspection it was clear there was a plan in place to ensure the service was fully inclusive of all groups and minorities.

We asked people who use the service what activities they participated in to ensure they remained active members of their community. People were able to tell us about the

local community centres they attended, how groups of people went to watch children play football at the local park at weekends, and how the home hosted coffee mornings to invite the local community to the home. These were all positive aspects the service did to include people in their local community

# Is the service responsive?

## Our findings

The manager told us an assessment was completed before people moved into the home to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also in the care plan and provided staff with additional information about the person. We saw assessment information in the 12 care files we looked at.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered. However we did find that one person's record was not up to date and could have had an impact on the person's health and well-being. We found the person had a deterioration of their health conditions and although staff were aware of the person's decline, moving and handling assessments had not been updated neither had the person's nutritional risk assessments which meant staff were not aware of the changing needs of the person.

The person had lost weight in recent months due to poor health and required additional support with eating. We observed on the day of our inspection the person being given a plate of food which was placed out of their reach and it remained on a tray for over 20 minutes without any member of staff going to support and assist the person. Staff had failed to respond to the needs of the person and care records had not been updated to ensure the person received adequate care. Staff we spoke with were unsure of the person's needs and how they were to support them.

We spoke with the acting manager who acknowledged our concerns and stated "the care for the person identified was unacceptable". Following our conversation care plans were updated immediately and staff were fully informed of the person's care needs.

We also found where people displayed challenging and complex behaviours there were no detailed plans in place informing staff of the strategies and interventions to use when managing their behaviour. We talked with the acting manager about the use of cognitive stimulation programmes to support people as well as specific training for staff in managing complex needs. We were told that a training source had been identified and was due to commence later in the year. We explained our concern that

we had been informed at a previous inspection staff would receive this training but this still had not been implemented. The acting manager was able to show us confirmation that training had been booked.

The home employed an activities co-ordinator who was new to the role due to one person being off sick. They told us they had stuck to the time table that had been developed to ensure people had daily things to do. The activities people participated in were arts and crafts, attending coffee mornings, reading, knitting and occasional outings as well as a church service in the home. A church service had taken place whilst we inspected. A member of staff told us, "lots of people attend, even people who are not really religious."

The activities co-ordinator showed us the record of activities people had attended and we saw a notice board displaying some of the art work people had produced.

The acting manager told us relatives and friends were welcome to visit at any time. One relative told us, "as soon as we first came we got a feeling of the home being friendly, homely and comfortable"

Another visitor told us "It is 1st class in here, The care could not be better".

One member of staff told us, "most have contact from their family and we have good relationships with them".

We saw the complaints procedure was on display in the entrance hall. One person we spoke with told us, "If I felt worried about anything, I'd talk to any member of staff". Another person told us "I would tell the manager". A relative told us they had made a complaint and staff had taken appropriate action to resolve the problem.

We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. This meant staff were recognising complaints and taking action to resolve them to the complainant's satisfaction.

The acting manager told us the home carried out regular meetings with people who use the service and their relatives. We saw the minutes of the previous meetings held and found they contained information about trips and outings people wanted to do, and the activities within the

## Is the service responsive?

home people would like. We also saw people were asked about food choices and whether improvements were necessary. It was evident people spoke positively within the meeting about the service.

# Is the service well-led?

## Our findings

The home had a registered manager who had been in post since January 2012.

One member of staff told us “they need more staff here it is not fair on the residents as we cannot look after them properly. We have been telling the manager for some time”.

The staff we spoke with told us they felt the registered manager often took on all the roles and responsibilities for the whole service and did not delegate or always listen to staff. For example, another member of staff told us their concerns in relation to staffing levels. They told us they had written a letter to the manager raising concerns about staffing levels. The staff member said they later found it had been torn up and thrown in the bin. We were concerned about this and requested the operations manager who was present during our inspection to investigate the statement made and provide us with feedback. Failing to acknowledge the concerns of staff does not provide a good working culture. The service at the time of our inspection was being operated by an acting manager. Staff working in the service spoke highly of this person stating “they are very hands on and it is clear they are doing their very best to make sure we are doing a good job”.

Staff meetings were held and gave staff the opportunity to feedback on the quality of the service. We saw minutes from the meeting held in June 2014 and saw staff had been given positive feedback about the monitoring visit that had taken place. We also saw staff spending time talking with people had been discussed and staff had been reassured that this was an important part of their role. The care and attention that was provided to people was reflected in the comments we received and within our observations during our inspection.

One member of staff told us the home was well organised now and staff morale was good but they often did not feel appreciated by the provider or registered manager. The staff we spoke with said they felt the management team were not always supportive and approachable, but they had no hesitation in challenging and reporting poor practice, which they felt would be taken seriously. We

informed the area manager regarding the feedback we had received and they told us they were developing a longer term plan in relation to the management structure and arrangements within the home.

Staff received supervision which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or organisation and told us they had “no hesitation” in using the policy. One staff member told us both the acting manager and the area manager spent time observing staff practice to make sure staff were working in the correct way. The operations manager told us they had a strong presence in the home because they were conscious of the fact the registered manager was currently absent and appreciated the acting manager required additional support. However despite the absence of a registered manager people who use the service and their relative talked positively about the care received. One person told us One person told us “The staff know what they are doing; they have been here quite a while. They just get on with it”.

We saw an audit had been completed against The Care Quality Commission’s ‘Essential Standards of Quality and Safety’ in June 2014. Where an issue had been identified the action to be taken and the person responsible for completing the task had been delegated. For example the medication audit highlighted out of date stock was not always returned and creams were not always dated. An action plan for improvement had been implemented and during our visit we found the issues identified in the provider’s audit were rectified.

There was a system of audits that included; the kitchen, environment, medication, infection control and equipment. We saw care plans and risk assessments were reviewed and amended to reflect people’s changing care needs however we did find examples of where care plans had not always been updated to reflect people’s changing needs.

We saw there were systems in place to maintain, for example, the gas safety certificate, electrical wiring, hot water temperatures, legionella checks and testing of small electrical appliances.

Accidents and incident reports were recorded, securely stored in the office and audited by the manager. This meant any trends or patterns would be identified and

## Is the service well-led?

appropriate action would be taken to reduce risks to people who lived in the home. We saw very few accidents or incidents had been recorded. The service also reported incidents to the relevant authorities including CQC which meant they were aware of the legal responsibilities of the types of incidents that needed reporting.

Quality assurance systems were in place; however since October 2011 CQC had found that the service had not been able to consistently maintain improvements to achieve full compliance with the regulations.

During this inspection again we found the quality assurance system used had failed to identify and rectify poor practices relating to care planning and risk assessment. This had meant that one person we had observed and reviewed the records of had received inappropriate care.

The quality assurance system also did not identify the comments and concerns staff had in relation to the management and leadership within the home.