Raycare Limited

Alsley Lodge

Inspection report

Station Road
Rufford
Ormskirk
Lancashire
L40 1TB

Tel: 01704821713
Website: www.alsleylodge.co.uk

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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

Summary of findings

Overall summary

This unannounced inspection took place on 21 February 2017. We last inspected Alsley Lodge in November 2014. At the inspection in November 2014 we found the service was not meeting all the regulations that we assessed and we asked the provider to take action to make improvements. This was in relation to medicine management and not protecting people against the risks of inappropriate or unsafe care and treatment due to its quality monitoring systems not being adequate. The service as a consequence was awarded a rating of 'Requires improvement' for the domains of 'safe' and 'well-led'. The overall rating also resulted in 'Requires improvement'.

We issued two requirement notices and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet the requirement notices from the previous inspection.

Alsley Lodge provides care and support for a maximum of 33 older people. At the time of our inspection there were 31 people in residence at the home, as the dedicated respite room was vacant and one of the rooms could be used for double occupancy.

Alsley Lodge is in the village of Rufford, near Ormskirk and Burscough. The home, formerly a public house, has been developed to provide accommodation for older people who need assistance with personal care. The property is on one level within its own grounds. Bedrooms are mainly single occupancy but shared accommodation can be offered if required. Many of the rooms have en-suite facilities. Prices vary dependent on the size of the room, facilities and where the room is situated within the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service was run.

People told us they felt safe living at the home and this sentiment was replicated by relatives and visiting professionals we spoke with.

Staff knew how to keep people safe and how to recognise safeguarding concerns and detailed accident and incident records were kept. We discussed with the registered manager the possibility of discussing some issues with the local authority safeguarding team and we received confirmation that this had been done following our inspection.

The home was clean, tidy and decorated appropriately. There were no issues with infection control procedures.

The management of people's medicines had improved since our previous inspection and the home was compliant within this area. Nobody we spoke with raised any issues with regards to how their medicines were managed.

There were sufficient numbers of staff employed to meet the needs of people. The home had recently introduced an additional member of staff to assist with the transition from day to night shift.

People told us their care was delivered by a competent and caring staff team. We found evidence via training records to confirm this information as being accurate

We found the home was working within the principles of the Mental Capacity Act, although we did find some issues with how consent was gained from people using the service.

We found that people were referred to external health care professionals in a timely manner.

People we spoke with told us that the food and drink in the home was of a good quality. We observed lunchtime to be a pleasant and relaxed experience for people and that staff were attentive to people's needs.

People who lived at the home were very complimentary about the approach of the staff team and the care they received.

It was evident that staff knew people well and were able to describe people's preferred routines, likes and dislikes.

People we spoke with told us they knew how to raise issues or make complaints and we saw that a policy was place and was readily available for people to access, if need be.

We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home.

We saw that some work had been done to gather information about people's life histories including their personal and work life as well as social interests.

The home employed a full time activities coordinator. We found a good range of activities were on offer that were personalised to individuals in residence at the home.

People spoke highly of the management team at the home and the staff team in it's entirety.

We saw that some audits were carried out at the home but found that a more robust system was needed.

Whilst the home has sent in a number of notifications in line with their regulatory requirements we found an example of a police incident that should have been reported to the CQC.

Other external agencies, such as Lancashire Healthwatch and the local council's food hygiene team, had entered the home and their reports were positive for the areas they reviewed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People we spoke with said they felt safe and records showed that staff had received appropriate safeguarding training, which was refreshed regularly.

Risks around the home were managed and the premises had been well maintained.

Appropriate arrangements were in place for the storage and administration of people's medicines.

Is the service effective?

Good

The home was effective.

People were supported well with their nutrition and hydration needs.

The home worked within the principles of the Mental Capacity Act 2005. Assessments and best interest decisions including the application for Deprivation of Liberty Safeguards were made as required.

Staff told us they felt supported and we saw evidence of this in place via training and supervision records.

Is the service caring?

Good

The service was caring.

People who lived at the home were very complimentary about the approach of the staff team and the care they received.

Relatives we spoke with said they could visit the home whenever they wished to without restriction.

Personal records were retained in a confidential manner and staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's support plans were person centred. They had up to date information about people, their healthcare, support needs, like and dislikes.

People we spoke with told us they knew how to raise issues or make complaints.

Is the service well-led?

Requires Improvement

The home was not always well-led.

We saw that some audits took place however a more robust and consistent auditing and quality assurance system needs to be in place.

Regular meetings for people in residence, relatives and staff took place.

Not all the statutory notifications to the Care Quality Commission we would have expected had been submitted by the home.

Alsley Lodge

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 21 February 2017. The inspection was carried out by three adult social care inspectors, including the lead inspector for the service, 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.

We spent time speaking with people and observing the daily activities within the communal areas of the home. We also spoke with people and staff members in private. We were able to see some people's bedrooms, en-suite bathrooms and the communal bathrooms. One member of the inspection team also shared a meal with people who lived in the home.

We looked at care plans for six people living in the home, their medication records and care plans relating to the use of their medicines. We observed medicines being handled and discussed medicines handling with staff. We checked the medicines and records for six people and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks or 'audits' being done to assess and monitor the quality of the service provision. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection we reviewed the information we held about the service. We spoke with commissioners of the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people who lived there.

Good

Is the service safe?

Our findings

We asked people who lived at the home whether they felt safe. People told us they felt safe living at the home. One person we spoke with told us, "Oh yes there are such a lot of staff around here, plenty to look after me if I get in trouble." Another person told us, "Certainly, never had anyone to cause me any harm" and another person said, "Yes, don't know as I'd want to be anywhere else."

Staff knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process or procedure to raise any safeguarding concerns for people. This meant people could be assured that staff would raise safeguarding concerns if they noticed someone being ill-treated. We found staff had received training in safeguarding adults from abuse. Alsley Lodge had a clear safeguarding policy in place that meant there was guidance for staff and people in residence at the home and their families.

We had not received any safeguarding notifications from the home during the 12 month period prior to our inspection. We reviewed incidents via accident and incident records and by looking at entries within the daily notes. One person we pathway tracked had experienced a number of incidents approximately one month prior to our inspection. These had all been recorded and acted upon internally by the home via discussion with staff, the person involved and a member of their family. However we felt that this should have resulted in a referral to the local authority safeguarding team. We discussed this with the registered manager who told us that there had been no further incidents since the meetings. The registered manager told us they would discuss the incidents with the local authority safeguarding team and this was confirmed the day after our inspection.

The home had implemented a new call system for people to use which was also portable. This meant that as well as people being able to call for assistance within their own rooms they were able to take the call system with them anywhere in the home. This system had only been in place for one week at the time of our inspection and we were told there had been a few teething issues. The old system was still in place until such a time as the supplier remedied these issues. Once fully functional the new call system would be mean the home could analyse the use of it to see if there were any patterns of use with individuals. Observations during our inspection evidenced that call bells were answered promptly so people were not waiting longer than a couple of minutes before staff attended to them. This was further evidence when speaking to people who resided at the home.

At out last inspection the home were in breach of the regulation for medicines management under the previous regulations. We saw that some improvements had been made at this inspection which meant that the home were now compliant in this area. This included improvements to the ordering, storage, disposal and recording of how medicines were administered. Nobody we spoke with raised any issues with how their medicines were managed.

We saw that medicines were stored correctly in a more appropriate room than at our previous inspection and that medicines that needed to be temperature controlled were refrigerated correctly. Fridge

temperatures were tested daily. All staff who were involved in medication management had up to date training and they told us that they found the training of a good quality. We observed one of the medication rounds on the day of our inspection and found that this was carried out in an organised and dignified manner. We did not as part of our observations hear people being told what their medication was for however people did not raise this as an issue and told us that they either did not want to know or already knew what their medication was for. We saw the medication audits for December 2016 and January 2017, which had been reviewed.

We did still see a few more improvements that needed to be made including updating the medication policy that was in place. The policy used was dated April 2015 and since that time a new medication system and pharmacy were now being used. This meant that the policy staff were using was out of date. This was discussed with the registered manager who told us they would update the policy to reflect the recent changes. Whilst senior carers were trained to administer medication we could not see any recent competency checks to ensure that staff were carrying out this part of their role effectively. Again the registered manager assured us these would be introduced.

We looked at whether the service had sufficient staff to meet people's needs. On the day of inspection we found there were sufficient numbers of staff. We asked people about staffing levels and we received positive responses. One person told us, "Yes, and at night. I press the red button if I need someone and they come straight away", another person said, "I never wait long after pressing my buzzer". One person did tell us that they thought there could be "one or two more staff" however when we asked why they confirmed with us that they did not have to wait for care but sometimes wished they could sit and talk with staff more.

We reviewed staff rotas over a two week period and saw that staffing levels were good with agency staff used on an occasional basis to cover unplanned absences. There were four care staff, two of which were senior carers, and the registered manager providing care on the day of our inspection. As well as this there was a full time activities co-ordinator, two domestic staff, a laundry assistant who also worked as a kitchen assistant, a chef, administrator and maintenance worker. Staff turnover was low and the majority of staff we spoke with were longstanding members of staff within the home.

At night there were two carers, one of which was a senior carer. The home had recently implemented an additional member of staff to work an 8pm to 12pm shift to assist the night staff and helping people to prepare for bedtime. Feedback from people and staff saw this as a positive. Care staff worked 12 hour shifts and handovers took place at the beginning and end of shifts to assist with continuity of care for people.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place at the home. There had been no infection outbreaks at the home since our last inspection. During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of the home including bathrooms and toilets throughout the home. The home was observed to be clean and pleasantly decorated throughout. We saw that there was personal protective equipment in place for staff, who also confirmed this when speaking with them, and cleaning schedules were in place. Clinical waste was collected and stored in a safe manner.

We saw evidence of recent refurbishments in the home and could see that investments had been made to the home since our last inspection. New flooring was being placed in all rooms when they became vacant which assisted with infection control, as they were easier to clean. The flooring was also made of a material which helped to reduce the risk of falls. People who had been at the home a number of years were offered the new flooring but if it was their preference to retain the existing floor cover this was accepted.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members. We found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks although we discussed that it would be good practice to keep DBS numbers on people's files to easily evidence checks had been undertaken. Whilst all the files we reviewed had two references one reference was a character reference. We would see it as good practice to have two employment references in place unless circumstances meant this was not possible. Staff we spoke with confirmed they had undergone a robust recruitment process including filling in an application form and attending and interview. All the staff we spoke with told us they had not begun work until appropriate clearances were in place.

Risks around the home were managed and the premises had been well maintained. We found the home to have appropriate fire risk assessments in place which provided sufficient information to guide staff on how to react in the event of fire. We found fire safety equipment had been serviced in line with related regulations. Fire equipment had been tested regularly and fire evacuation drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire.

Good

Is the service effective?

Our findings

We asked people who lived at the service and their relatives if they felt staff were competent and suitably trained to meet their needs. One person told us, "Yes, they are". Another person said, "They're good staff". One person told us, "Some are better than others". When asked to clarify the person stated that some staff were really good whilst others were OK but they had no issues with any of the staff with regard to their abilities of attitude.

Relatives we spoke with also told us they thought that staff were competent, capable and able to meet the needs of their loved ones. One relative told us, "All the staff I have met here have been very acceptable. If [relative] is happy with staff and happy here then I am definitely happy."

We looked for evidence to prove that staff received the appropriate training to undertake their caring role effectively. We were given a copy of the homes training matrix. The matrix showed that the majority of training given to staff was up to date and that training covered a wide range of areas. When there were gaps within the matrix then we saw that training had been arranged. Staff we spoke with said that the training they were given was of a good quality and they could discuss or request additional training needs via formal supervision or informally with the registered manager. One member of staff told us, "We get practical training in some areas like moving and handling and then work through e-learning modules. I think it's [training] good and I've built up a number of certificates. We are told if we need any extra training to just ask."

We also saw good evidence that staff had regular supervision and were able to raise issues within this forum. End of year appraisals were also undertaken. Staff we spoke with talked positively about their peers and told us that they felt they were part of a team. Staff turnover was also low which showed that staff enjoyed their role and felt supported.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that for those people who needed to have DoLS in place that they were completed well, were decision specific and were person centred. We discussed one person's care who had a DoLS in place with a

visiting Independent Mental Capacity Advocate (IMCA). They told us that they were impressed with how the home cared for the person, that they listened to any advice and were proactive is seeking advice if they needed it. They told us that the person was happy at the home and they were fully supported by an understanding and well trained team of carers.

We found that documentation around gaining people's consent was limited. We saw consents for photography were gained within people's care plans however we could see no consent for areas such as care and treatment or for other professionals to access care records. The home were in the process of installing closed circuit television (CCTV) in communal areas and we discussed the importance of consent and making sure people in the home were comfortable with this approach. When we spoke to the home owner later in the day of our inspection they informed us that they had installed CCTV within another of their homes and understood the discussions around consent. We also referred the home to the Care Quality Commission's own guidance on this area.

We found that people were referred to external health care professionals in a timely manner. Care records showed that multi-disciplinary professional health and social care reviews were undertaken and partnership working was evident.

We spoke with people in the home, and the staff, about the available food and drinks in the home. The responses we received were mainly very positive. The expert by experience joined people for lunch. There was overall, a calm and pleasant atmosphere. Carers were polite when serving lunch and assisting people to eat. For example one person's food was cut up and a carer helped move one the person's fingers around their fork as they had arthritis in their hands. This person was then able to eat their meal independently. We observed staff returned to people continually to check they were progressing with their meals. Knives and forks were brought with the main course and tables were set appropriately with condiments available. There was a choice of meal or if people wanted something that was not on the menu the kitchen staff were able to offer another alternative.

We spoke with the chef who had worked at the home for ten years. They told us that all new people coming into the home met with him to discuss their likes, dislikes and any allergies or intolerances. This information was recorded and kept in the kitchen which we saw evidence of. People with specific needs were catered for. There were people at the home who needed soft or pureed diets and some people with diabetes. People with specific religious needs were catered for however there was no one at the time of our inspection who needed a specialist diet for religious purposes. The Chef told us that the budget they had for ordering food and equipment was adequate and that they were happy with the quality of the ingredients they used. The home had recently been awarded five out of five from the local council for their food hygiene rating.

Good

Is the service caring?

Our findings

People who lived at the home were very complimentary about the approach of the staff team and the care they received. One person told us, "Yes, anything I ask for they'll help me". Another person said staff were, "Caring as they can be". Relatives we spoke with also expressed no concerns regarding the approach of staff and we received positive comments such as, "No complaints of staff, always happy and helpful", "Get on grand with staff, always joking with them and they same to me" and Staff are very good, no problems with staff, very good at connecting with people".

We observed people receiving good support throughout the day. We saw staff interacted well with people in a pleasant and kind manner and approached them with respect. For examples we observed one carer move a person from their armchair to a wheelchair using a 'patient turner'. They prepared the person for what was going to happen and why, and talked to the person throughout with patience and encouragement. We saw two carers use a hoist to move one person from a lounge chair to a wheelchair, again this was done in a courteous and professional manner.

Personal records were retained in a confidential manner and staff promoted people's privacy and dignity by knocking on bedroom doors before they entered. One person told us, "If I say don't come in (to bedroom) tomorrow because somebody's coming, they won't. Staff definitely always knock before they come in."

We spoke with staff about the needs of the people in residence at the home. It was evident that staff knew people well and were able to describe people's preferred routines, likes and dislikes. There was evidence within people's care plans that people were asked their opinion and to state their preferences across a range of areas to help to maintain as much independence and control as each person wanted to over their care and daily life. For example care plans we reviewed made reference to people being able to make their own decisions for areas such as bathing, eating and drinking, what time to get up, go to bed and what to wear each day. We saw that one person had stated that they wanted to eat a sandwich at lunch time instead of a hot meal. This had been actioned and resulted in that person now having an increased appetite.

There was a service user guide in place which people, and their families, were given a copy of when entering the home. This document covered a range of issues such as the principles of the service, privacy, confidentiality, access to information, consultation and personal choice. The guide also referenced the homes complaints policy although did not contain details for people to make a complaint either internally or externally. The guide however did state that people would be given a copy of the complaints policy on entering the home and no-one we spoke with had an issue raising concerns directly with the home.

We saw that information for people on local advocacy services was on display in the home and were told that this was a discussion held with people and the local authority as necessary, if they had no family or friends to assist them. We spoke with a visiting Independent Mental Capacity Advocate (IMCA) who was at the home visiting one of the people at Alsley Lodge. A referral was made for this person via the Deprivation of Liberty Safeguarding (DoLS) team at the time of the person's admission to the home. The feedback we received from the IMCA was very positive and they told us that they were impressed with how the home

responded to people's needs, the atmosphere in the home and caring attitude of staff. They also told us that any advice given was listened to and acted upon as necessary.

Relatives we spoke with said they could visit the home whenever they wished to without restriction. They told us that staff knew the people they were caring for well. We observed this to be the case and people were seen to enjoy contact with staff, be relaxed and share jokes with them in an appropriate manner.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. Some of the comments we received included; "I would talk to [Registered Manager]" and "Yes, I would see [Registered Manager]". No-one we spoke with had made a complaint, we received comments such as, "No complaints", "No concerns" and "Not had any". Relatives we spoke with told us that they were aware of how to raise issues and had no issue discussing any minor concerns they may have with the registered manager or any of the staffing team. They also told us they were aware of the complaints policy which we saw was available in the entrance of the home.

The home had one recorded complaint within the 12 month period prior to our inspection. The person making the complaint stated they did not want it classed as such however the home had taken the issue through the formal complaints process. The registered manager had met with the complainant, recorded the meeting and set actions as necessary. The complaint had been resolved quickly.

As well as the complaints policy in the entrance to the home people and visitors to the home were given the opportunity to leave feedback via carehome.co.uk, which is an independent website that people can view to find out further information about residential care and nursing homes. We saw that nine reviews had been submitted via the website since October 2016 and that all were very positive. Five reviews had scored the home five out of five with the lowest rating being 4.6 out of five. All nine reviews said they were extremely likely to recommend Alsley Lodge to others. We saw a number of thank you cards from relatives which contained very positive comments about the care their family members had received.

We examined the care files of six people who lived at the home. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Care plans had been reviewed at regular intervals and any changes in needs had been recorded. Staff we spoke with were happy with how care plans were organised and the information within them.

We saw that some work had been done to gather information about people's life histories including their personal and work life as well as social interests. This meant staff were able to discuss people's life with them and know what people's likes and dislikes were. It also meant that staff could develop meaningful relationships with people having read their life histories.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. All the people we spoke with told us that they could see their GP, optician and chiropodist as they needed to and without delay.

The home employed a full time activities coordinator who had been in post since October 2015. They

worked Monday to Friday from 10.30am to 4.30pm as well as some weekends and evenings dependent on what activities were taking place and the time of year when special events took place. People we talked with spoke very highly of the activities coordinator and told us that she was caring, listened to what people wanted and encouraged people in an appropriate manner to join in.

We observed five people taking part in water colours with the activities coordinator. All five people were seen to thoroughly enjoy this session. They had all the necessary materials and the area had been well prepared in terms of space and access. The activities coordinator constantly moved from person to person to maintain their engagement with words of encouragement. We saw that all activities for each week were written on a sheet of A4 paper which all people had delivered to their rooms on a Monday morning. Activities were also advertised around the home. There were examples of good proactive arrangements to engage those who lived with dementia, there were shop front murals painted in the garden and a sweet shop in the lounge area that was popular with people residing at the home and visitors.

We spoke at length with the activities coordinator and it was apparent that they enjoyed their work and were committed to their role. They told us that they met with people when they came into the home to discuss their likes and dislikes and we saw evidence of this within peoples care files. They gave us several examples of the types of activities such as floor bowls, cheese and wine evenings, bingo, arts and crafts and trips out. People who were not able to or did not want to engage with activities received 1-1 time with the activities coordinator. We also saw that there was a quarterly newsletter produced and special events were arranged such as international women's week during our inspection.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who lived at Alsley Lodge about the management and culture within the home. The responses we received were positive. One person told us, "Yes, she's fine, [registered manager] grand, I can raise things with her." Another person said, "We have resident's meetings. Management definitely listens to what we say". Relatives we spoke with were also complimentary about the culture within the home. One person told us, "It's very good, really good and I love coming here."

A wide range of policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. All of the staff members confirmed they were supported by their manager and their colleagues.

We saw that some audits were carried out at the home. Examples seen were care plan audits, environmental audits and medication audits. This area had been an issue at the previous inspection and we could see that improvements had been made. However a number of other audits such as Infection control, night time care and health and safety had not been carried out since 2015. Whilst we saw that recent audits had been carried out there did still appear to be a lack of a robust system of audits for some areas.

We saw that resident meetings took place regularly with the last one happening in January 2017. Relatives meetings also took place, we saw the next meeting advertised in the home to take place the day after our inspection with the previous meeting having been held in September 2016. The minutes of the meetings were detailed and covered a range of areas that also gave people and relatives the opportunity to have their say.

We saw minutes of staff meetings for all staff and specific staff teams such as night time staff. The next cycle of staff meetings was due but all staff we spoke with told us they felt they took place at regular intervals that suited them and that there were other good mechanisms of communication in place via supervisions, staff handovers and informal discussions.

The home had received a visit from Healthwatch Lancashire in July 2016. Healthwatch Lancashire is a not-for-profit social enterprise organisation and a member of a network of independent local Healthwatch organisations in England that enter health and social care services and produce reports on their findings. The report from July 2016 was very positive with an overall score of 4.8 from a maximum total of 5. The report was broken down into several areas which again were scored from a maximum of 5 including various elements of the environment and observations of staff interactions with people. As with the overall score

these elements scored highly.

The home has a website which contained good information such as pictures of the home, testimonials from people and contact details. However the staffing section was out of date and had details and pictures of staff who no longer worked at the home including the former registered manager who had not been employed by the home for over two years. We saw that the previous CQC inspection report was available on the website alongside the homes latest food hygiene report. However when we looked for the ratings display within the home we found this had been partially obscured by another document. We discussed the need to display the rating in a prominent place as per CQC guidance and we were assured that this was usually the case and that someone had accidently placed another document in front of the report. We were assured going forward that this would be checked so when people came into the home they could see the homes latest CQC rating.

The home had sent in some notifications in line with CQC guidance such as death and serious injury notifications. We did however see one example of when a matter had been reported to the police and a call log number was given to the home. Although this matter had not been taken any further as the police had been involved we would have expected to be notified of the incident. This issue was discussed with the registered manager who was able to provide us with the evidence that the issue was investigated thoroughly.

We saw that the home produced a good quality newsletter that kept people, relatives and other visitors informed of what had happened and what was planned at the home going forward. This was produced every couple of months.