

Lancashire County Council

# Castleford Home for Older People

## Inspection report

Queens Road  
Clitheroe  
Lancashire  
BB7 1AR

Tel: 01200426355  
Website: [www.lancashire.gov.uk](http://www.lancashire.gov.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?

Good ●

# Summary of findings

## Overall summary

We carried out an inspection of Castleford Home for Older People on 15 and 16 March 2017. The first day was unannounced.

Castleford Home for Older People provides accommodation and personal care for 46 older people. The home is located close to the centre of Clitheroe. Accommodation is provided on two floors in 46 single bedrooms. The home is divided into four areas, known as Henthorn Court, Edisford Court, Castlevue Court and the community beds area. Henthorn Court and Edisford Court provide care for people living with dementia. At the time of our inspection there were 45 people living in 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 2008 and associated Regulations about how the service is run.

At the last inspection on 11 and 12 May 2014, we asked the provider to make improvements to the recruitment process for new staff and ensure people were appropriately supported to eat and drink. Following the inspection, the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found some improvements had been made in order to meet the regulations.

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Risks associated with people's care were identified, assessed and recorded. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Safe staff recruitment procedures were in place which ensured only those staff suitable for the role were in post. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

The complaints procedure provided information on the action to take if a person wished to raise any concerns. People were aware of the complaints procedure and processes and were confident they would be listened to.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. The registered manager took into account people's views about the quality of care provided through discussion, meetings and satisfaction surveys. The registered manager used the feedback to make ongoing improvements to the service.

## 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 were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Appropriate recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported to carry out their roles effectively through a system of induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were provided with a varied and nutritious diet. People received care and support which assisted them to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People were given care and support when needed. Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Where appropriate, people had been involved in the care planning process.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

### Is the service well-led?

The service was well led.

There was a quality assurance programme in place to ensure the service was monitored. Feedback on the running of the home was obtained from people, their relatives and staff on a regular basis.

Good 

# Castleford Home for Older People

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 March 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector, an inspection manager and an expert by experience on the first day and one adult social care inspector on the second day. 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 contacted the local authority contracting unit for feedback and Lancashire County Council's Multi Agency Safeguarding Hub. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, eight members of staff, the activities care assistant, one visitor, three relatives and twelve people living in the home.

We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, 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 looked at a sample of records including five people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines administration records (MARs), audits, action plans, policies and procedures, service certificates and quality assurance records.

# Is the service safe?

## Our findings

People spoken with told us they felt happy and safe in the home. One person said, "I just feel safe and free to wander" and another person commented, "I feel very safe, all the staff have been excellent and have helped me at every stage." A visitor spoken with also expressed satisfaction with the service and confirmed they had no concerns about the safety of their friend. The visitor told us, "They are all very good and they always ring with any problems or concerns."

On our last inspection, we found the provider had not operated an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We checked three recruitment files for staff employed by the service and noted appropriate checks had been carried out before the staff members started work. The staff had completed application forms and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. New staff completed a probationary period during which their work performance was reviewed at regular intervals. We noted the provider had a recruitment and selection policy and procedure which reflected current regulatory requirements.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The majority of people spoken with told us there were sufficient staff to meet their needs. One person said, "I feel there are enough staff, when I've pressed the buzzer the longest I have had to wait is a few minutes." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend with people living in the home.

During the inspection, we observed staff responded promptly to people's needs. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The registered manager was also allocated a bank of flexible staffing hours to respond to any changing needs.

People spoken with told us they were happy with the support they received to take their medicines and confirmed they were offered pain relief as necessary. One person informed us they had a specific medical condition which required them to take their medicines every four hours, they said, "They (the staff) are always on the dot with my tablets. I never have to worry about them at all." Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. The provider had a copy of the NICE (National Institute for Health and Care Excellence) guidance for managing medicines and the registered manager explained the provider was in the



process of updating the policies and procedures. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicines.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well presented and organised. Since our last inspection, the storage of medicines had been moved to locked cupboards in people's bedrooms. We saw there were appropriate records in place for the application of prescribed creams and there was guidance for staff on the administration of variable dose and medicines prescribed "as necessary". However, we noted there were gaps in one person's topical cream record. The registered manager confirmed on the second day of the inspection that she had reminded all staff of the importance of maintaining accurate records.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We noted regular audits were undertaken of the medicines systems and an action plan was devised to address any shortfalls.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate safeguarding policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We found individual risks had been assessed and recorded in people's care plans and management strategies had been developed to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, diet, malnutrition, pressure areas and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or when required to ensure they met the current needs of people. This meant staff were given up-to-date information about how to reduce risks. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, hoists, wheelchairs and assisted baths. The provider had systems in place for maintenance and repairs to the building.

Following an accident or an incident, a form was completed and details were entered onto an electronic database. All forms were seen by the registered manager and referrals were made as appropriate, for example to the GP or falls team. Staff monitored the health and well-being of all people who had sustained an accident for a minimum of 24 hours and we saw completed monitoring forms following falls during the inspection. The registered manager explained accidents were discussed at the monthly management

meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item. Whilst the frequency of accidents had been monitored a formal analysis of the data had not been carried out in order to identify any patterns or trends. The registered manager assured us an analysis would be carried out on all future accident and incident records.

# Is the service effective?

## Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. One person told us, "The staff are ideal. They know exactly what they are doing" and another person said, "The care is very well arranged and organised." Similarly a visitor commented, "All the staff know people very well and seem to have good training."

On our last inspection, we found the provider had not always provided people with adequate support to eat and drink. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection, we found some improvements had been made.

People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "I really like the food" and another person told us, "The food is lovely. There's always plenty to eat and they are coming round with drinks all the time." The registered manager explained that regular meal time observations were undertaken to monitor people's experiences and to ensure staff were adhering to good practice.

Weekly menus were planned and rotated every three weeks and were flexible to allow for people's choices. People had been consulted about the menu at regular intervals. We noted information about the meals was displayed in each area of the home. We observed the lunchtime period on Henthorn Court and Edisford Court. The meals looked well-presented and were plentiful. We observed people were offered second servings if they wanted more to eat. Staff engaged people in conversation and the atmosphere was cheerful and good humoured. The tables in the dining areas were dressed, with place settings, tablecloths and condiments.

We noted people were appropriately supported to eat their food on Henthorn Court. However, we saw that one person experienced difficulties eating their soup on Edisford Court. The staff were busy supporting other people and did not check the person was managing to eat their food. After 20 minutes a staff member returned to the dining area and offered to help. However, the person's soup was cold and they didn't want to eat it. We discussed this situation with the registered manager, who told us action would be taken to ensure the person was appropriately supported during all mealtimes.

The home had a nutritional champion who ensured the cooks were well informed about people's dietary needs and requirements. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified. Special diets were fully catered for by the kitchen staff.

We looked at how the provider trained and supported their staff. We found all staff completed induction

training when they commenced work in the home. This included an initial orientation induction, an introduction to the organisation, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adults procedures.

There was an ongoing programme of training available for all staff, which included safeguarding vulnerable adults, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005, person centred planning and proactive approaches to conflict. Staff also completed specialist training which included dementia training accredited with Sterling University. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people living in the home. All staff spoken with told us their training was beneficial and relevant to their role.

There was an effective supervision and appraisal system in place. Staff spoken with told us they were provided with one to one and group supervisions with their line manager and the registered manager. The supervision sessions enabled staff to discuss their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The staff also received regular observations of their care practice and received feedback about their performance.

We noted staff were invited to attend regular meetings and told us they could add to the agenda items. Meeting minutes showed staff had been able to discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. 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 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff had an understanding of their responsibilities under this legislation. Staff said they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. We saw people had signed a form to give their consent to their care being provided in line with their care plan and where necessary staff assisting with their medicines. People spoken with confirmed they were involved in all aspects of their care and support and were given the opportunity to attend review meetings. One person using the community beds told us, "I went to a meeting to discuss everything yesterday. It's good to know what is happening. I have found everything first class."

People's capacity to make decisions was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. We noted mental capacity assessments were reviewed on a monthly basis.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted 22 applications to the local authority for consideration. One application had been authorised. We noted the authorised DoLS was referred to in the person's care plan and guidance was included about supporting the person in the least restrictive way. This ensured that people were not unlawfully restricted.

We looked at how people were supported to maintain good health. A GP visited the home at least once a week and district nursing staff visited as required. The service had access to a telemedicine system which provided staff with access to prompt professional advice and support at any time and avoided, where possible, unnecessary hospital admissions.

Records showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care.

Since the last inspection, improvements had been made to the reception area and small lounge area known as the snug. These areas had been furnished to make the home feel welcoming and comfortable.

## Is the service caring?

### Our findings

The majority of people told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are very pleasant and helpful" and another person commented, "The staff are very caring. I would give them high marks." A visitor was also complimentary about the approach taken by staff, for instance they told us, "All the staff are lovely. They make me very welcome when I visit." The visitor also confirmed there were no restrictions placed on visiting times.

We noted staff respected people's privacy and dignity in their social interactions. For example, staff addressed people with their preferred name and spoke with respect. People told us they could spend time alone if they wished. One person told us, "The staff always knock on the door before entering and when I am having a bath they pull the curtain round." There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. There was also information on these issues in the service user's guide and the residents' charter. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them.

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility. One person said, "The staff have helped me with my walking and I have improved a lot." People said they made choices throughout the day regarding the time they got up, went to bed and whether they stayed in their rooms. One person told us, "They totally respect my choice. This morning I wanted to stay in bed for an hour longer and the staff said it was no problem."

People were able to personalise their bedrooms with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. We noted there were memory boxes outside bedrooms on Henthorn Court. These included photographs and memorabilia, which had been chosen by the person as something they related to. For example, some people had a photograph of themselves. This helped people to orient themselves so they were not always dependent upon staff. However, we noted some of the corridors were poorly lit. The registered manager explained new light bulbs were on order and assured us these would be fitted when they arrived in the home.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit, what they wanted to eat and how they wished to occupy their time.

Staff had recorded important information about people, for example, personal life stories, significant achievements and experiences and important relationships. People's preferences regarding their daily support were also recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This helped to ensure people were supported in their

preferred way.

People were encouraged to express their views by means of daily conversations, consultation exercises, residents' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection we were told one person was using this service.

## Is the service responsive?

### Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "If I had a problem, there would always be someone coming along saying can I help you?" And another person commented, "The staff are really helpful. There is no looking down on anyone and I think that's important." A visitor spoken with felt that staff were approachable and had a good understanding of people's individual needs.

Staff identified and planned for people's specific needs through the support planning and review process. We saw people had individual support plans in place to ensure staff had information to help them maintain their health, well-being and individual identity. We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of people's needs. The pre admission assessments for people using the community beds were carried out by the social work team and staff from the home gained additional information over the telephone from healthcare professionals. All other documentation was completed with the person when they arrived at the home. One person told us, "The staff were very thorough and went through all the paperwork on arrival."

We examined five people's support plans and other associated documentation. Since our last inspection, the provider had introduced a new integrated computer based assessment and support planning system. This was designed to be used by all social care staff within the local authority and enabled information to be shared from the point of assessment.

All people had a new style care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a regular basis or in line with changing needs.

The provider had systems in place to ensure they could respond to people's changing needs. For example, staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. We noted that when any part of the new care plan was reviewed and updated, the staff were given a prompt to consider reviewing other aspects of people's care documentation such as their risk assessments. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals were recorded. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.



People confirmed they had been involved in the development of their care plan and we noted many people had signed their reviews to indicate their participation and agreement. One person told us, "The staff have gone through my plan with me so I can agree with it."

In addition to the monitoring carried out as part of the support planning process, the registered manager explained the Bradford Well-being Profile had been recently introduced for people living with dementia. This tool enabled staff to monitor people's psychological and social well-being by using a series of positive and negative indicators. Following completion of the tool an action plan was drawn up and transferred to the person's support plan. We checked one person's support plan and noted information had been added to help staff put in place measures to avoid the person experiencing negative feelings as well as actions to support positive feelings and engagement.

People had access to various activities and told us there were things to do to occupy their time. The provider had recently employed an activities care assistant and we noted a schedule of activities was posted on the wall in each area of the home. We spoke with the activities care assistant who told us they were due to introduce a new programme designed to enhance people's physical and emotional well-being. At the time of the inspection, the activities provided inside the home included, skittles, bingo, quizzes, nail care, arts and crafts, baking and visiting professional entertainers. The registered manager explained trips outside the home would be arranged during the summer months.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints records and noted the registered manager had received eight complaints during the last 12 months. We also received one complaint during the inspection, which was investigated by the registered manager.

We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

## Is the service well-led?

### Our findings

People told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "I'm a happy customer. They really do their best" and another person said, "I've no problems. Everything seems to run smoothly."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. The registered manager told us she was committed to improving the service. She was supported in this by a senior operations manager, who often visited the home at regular intervals. The registered manager described her key achievements over the last 12 months as establishing a full staff team, improving the interior of the home and increasing the type and frequency of activities. The registered manager told us her planned improvements included developing the staff champions' role and further develop the information boards in the staff room. The registered manager had also set out planned improvements for the service in the Provider Information Return.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

We noted people and their relatives were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. The last survey was carried out during February 2017. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. We noted several people had made positive comments about the service for instance one person had written, "I have always liked living here" and a relative had written, "We think all the staff are really pleasant and helpful." People also participated in smaller more regular surveys known as "How was your week?" Feedback had been given to people using the format "You said, We did." This helped to ensure people were aware of the action taken.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The senior

operations manager carried out at least one unannounced visit to the home each month and completed a report of their findings. We saw copies of the reports during the inspection and noted feedback had been sought from people living in the home and members of staff.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.