

Lancashire County Council

# Woodside Home for Older People

## Inspection report

Burnley Road  
Padiham  
Burnley  
Lancashire  
BB12 8SD

Tel: 01282774457

Website: [www.lancashire.gov.uk](http://www.lancashire.gov.uk)

Date of inspection visit:

22 December 2015

23 December 2015

Date of publication:

25 January 2016

## 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 Woodside Home for Older People on 22 and 23 December 2015. The first day was unannounced. We last inspected the home on 13 May 2014 and found the service was meeting the regulations that were applicable at that time.

Woodside Home for Older People is registered to provide accommodation and personal care for up to 45 older people. Accommodation is on two floors linked by a passenger lift. The home has four separate units known as Alder Close, Beech Close, Cedar Close and Damson Close. Beech Close provides care for older people living with dementia. The home is located close to Padiham town centre and has an enclosed garden with raised flower beds and benches.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the service was meeting the current regulations.

People living in the home told us they felt safe and well cared for. We found there were enough staff to support people effectively. The staff were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. Medicines were managed safely and people received their medicines as prescribed.

The premises and equipment were appropriately maintained and we noted safety checks were carried out on a regular basis. Risks to people's health and safety had been identified, assessed and managed safely.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

People had their nutritional needs met and were offered a choice at every meal time. People were offered a varied diet and were provided with sufficient drinks and snacks.

Staff were able to maintain and develop their skills by on-going training. Staff spoken with confirmed they had access to range of learning opportunities and told us they were well supported by the registered manager and management team.

The staff were caring, positive, encouraging and attentive when communicating and supporting people. Visitors were made welcome in the home and people were supported to maintain relationships with their friends and relatives.

Care records and risk assessments were person-centred and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were able to influence the delivery of their care. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs and circumstances. People had good access to healthcare professionals.

People knew how to raise concerns and complaints if they needed to. Appropriate action was taken to address issues that were raised. People's views of the service were sought and responded to appropriately.

There was an open and friendly atmosphere in the home, which showed the staff and registered manager had good relationships and knew the people well. We observed staff supporting people with respect whilst assisting them to maintain their independence.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

## 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.

Staff understood their responsibilities in relation to protecting people from any harm or abuse. There were sufficient numbers staff to meet the needs of people living in the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their care plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way, by staff who had received appropriate training.

### Is the service effective?

Good ●

The service was effective.

We found staff had received an appropriate induction, regular supervision and training to enable them to fulfil their roles appropriately.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and all staff had received training on this topic.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

### Is the service caring?

Good ●

The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate.

Relatives could visit at any time and told us they were always made welcome.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were personalised and reflective of people's individual needs.

This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities in the home which were organised in accordance with their preferences.

People knew how to complain and said they would raise issues if the need arose.

Complaints had been responded to appropriately and in a timely manner.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an open culture within the home. The registered manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives.

# Woodside 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 22 and 23 December 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and 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. 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, the cook, a general maintenance assistant, six care staff, 14 people living in the home, six relatives and the chair of the friends group. 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 verbally communicate with us. We also spoke with three healthcare professionals and discussed our findings with a senior manager.

We spent time looking at a range of records including five people's care plans and other associated documentation, three staff recruitment files, staff training records, the staff rota, ten medication administration records, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, "It's a lovely home. We are all well looked after" and another person commented, "It's such a good place. They (the staff) are all so kind to me." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I feel very reassured and have no worries whatsoever." We saw that staff were present in the communal areas ensuring that people were supported in a timely way.

We discussed the processes involved in safeguarding vulnerable adults with the registered manager and three members of staff. The staff explained how they ensured the safety of people living in the home. They were clear about whom they would report any concerns to and were confident that any allegations would be appropriately reported and fully investigated by the registered manager. Staff said they had received safeguarding training and records of training seen during the inspection confirmed this. Staff said that they also received additional training on how to keep people safe and this included moving and handling, the use of equipment, infection control and first aid. We found staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home, if they felt they were not being dealt with effectively.

We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults to guide their practice in this area. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority.

Records seen during the inspection demonstrated the registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety and wellbeing.

We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up 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.

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 falls team. The registered manager carried out audits of the records on a monthly basis in order to identify any emerging themes or patterns.

People felt there was sufficient staff on duty to meet their needs. One person told us "They are always

available and never leave you waiting long." 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. The staff rota showed staffing levels were consistent across the week and weekends. Staff spoken with confirmed they had time to spend with people living in the home. 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. During the inspection, we saw staff responded promptly to people's needs on all units visited.

We reviewed the arrangements in place to recruit new staff. We looked at three recruitment files for staff employed by the service and noted appropriate checks had been carried out before the staff members started work. The checks included satisfactory evidence of conduct in previous employment 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.

People were satisfied with the way their medication was managed. All prescribed medicines were kept securely and the records were clear and up to date. We checked the arrangements for the management of people's medicines by reviewing a sample of medicines records and supplies for people living in the home. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them. This ensured the right person got the right medication.

All staff who gave medicines had completed appropriate training and had their competency assessed before they were able to do so. We saw medication administration records and noted that medicines entering the home from the dispensing pharmacy were recorded when received, administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. During the inspection, we undertook a tour of the home, including some bedrooms, bathrooms and communal areas and noted all areas had a good standard of cleanliness and were warm and comfortable. The provider had arrangements in place for on-going maintenance and repairs to the building. We spoke with a general maintenance assistant who visited the home on a regular basis who explained how work was allocated and recorded.

# Is the service effective?

## Our findings

People felt staff were skilled to meet their needs and spoke positively about their care and support. One person told us, "The staff are very good and very proficient at their job" and another person commented, "The staff are fantastic. We all get on and often have a good laugh." We observed there was a friendly, open atmosphere and people engaged happily with staff.

There was a stable staff team at the home who had a good knowledge of people's needs. Staff were able to tell us about how they cared for each person to ensure they received effective care and support. From the staff training records and discussions with staff we noted staff had completed training relevant to their role and responsibilities.

All staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home.

Staff had access to a wide range of training which included, safeguarding, moving people, safe handling of medication, 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. Staff confirmed they had regular training and that courses were refreshed annually or as required. The training plan documented when training had been completed and when it would expire. The registered manager had systems in place to ensure all staff completed their training in a timely manner.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager also carried out an annual appraisal of each member of staff's work performance, known as a personal development review. We noted staff were invited to attend regular meetings and told us they could add to the agenda items. Staff confirmed they were able to discuss any issues relating to people's care as well as the operation of the home. We saw minutes of the meetings during the inspection.

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 found staff understood the relevant requirements of the MCA and put what they had learned into practice. Throughout the inspection, we saw staff speaking to people clearly and gently and waiting for responses before providing care. People were given choices in the way they wanted to be cared for. People's capacity 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 14 applications to the local authority for consideration.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they mostly enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is very nice and we always have plenty of choice" and another person said, "I'm very satisfied with the food and if I don't want what is on the menu I can always ask for an alternative." We saw that people were regularly asked for their views on the food provided and alterations had been made to the main menu in response to people's preferences.

We observed the arrangements over lunchtime on Beech Close. The tables in the dining areas were dressed, with place settings, tablecloths and condiments. We noted people could choose where they liked to eat. The meal looked well-presented and plentiful. During lunchtime staff, were kind and attentive and supported people when they needed assistance. The atmosphere was relaxed and unhurried.

There were systems in place to communicate people's dietary needs and requirements to the catering staff. We noted there was information in the kitchen about which people required a special diet. Weekly menus were planned and rotated every three weeks. Details of the meals offered were displayed on each unit.

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. We observed staff offering people drinks throughout the day and there were jugs of juice readily available in all areas of the home.

We looked at how people were supported to maintain good health. Records looked at 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. We spoke with three healthcare professionals during the inspection who told us prompt referrals were made to medical services. They also told us the staff acted on their advice and were knowledgeable about people's healthcare needs.

The home provided a pleasant and homely environment for people and we noted there were useful signs which could be used to navigate around the home.

## Is the service caring?

### Our findings

People told us that they were treated with kindness and respect and staff listened to their views about how they wished their needs to be met. One person told us, "I love it here, the staff really care and they always do their best to bring you into the conversation" and another person commented, "The staff are great, you only have to ask and it's done." Three people particularly highlighted the caring approach of the night staff. One person said, "The night staff are fabulous. They give me real comfort in the night and are always happy to get me a drink." Relatives also expressed a high level of satisfaction with the care provided. One relative said, "I could not be happier with the home. The staff are fantastic. There is always someone to put an arm round my (family member) to give that extra reassurance. I can't praise them high enough".

All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. People were supported to maintain contact with their family who lived some distance from the home. One person told us the administrator printed out emails from their relative in large print so they could read the messages.

Throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. The atmosphere in the home was warm and welcoming and the interactions between staff and people were positive. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly way.

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. People were familiar with their keyworker and confirmed they spent time chatting to them. One person told us, "(Name of keyworker) is lovely. She always does that little bit extra" and another person was pleased to show us a Christmas gift they had received from their keyworker. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. 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 and what they wanted to do.

People's privacy was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. 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, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide and the residents' charter. For instance the charter stated people could expect to "Be treated with respect and dignity at all times." The service user's guide was available on the units, so people living in the home and their visitors could use it for reference purposes. There was also a copy of both the service user guide and residents' charter in all bedrooms.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were encouraged to maintain their mobility and carry out their own personal care wherever possible. Staff told us they supported people to do as much as possible for themselves to maintain their independence.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us, "I love my room. I have all my things and everything I need." We noted there were memory boxes outside bedrooms on Beech Close. 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 or others had a picture with a family member. This promoted good dementia care and enabled people to orient themselves so they were not always dependent upon staff.

People were encouraged to express their views as part of daily conversations, residents and relatives' 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.

Wherever possible, people were involved in the care planning process. One person told us, "I discuss my plan at least once a month. I can add anything I want and then I sign it."

There was information about advocacy services displayed in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People made positive comments about the way staff responded to their needs and preferences. One person said, "The staff will do anything they can to help you" and another person told us, "I can't find any fault in the staff, nothing is too much trouble." People said the routines were flexible and they could make choices about how they spent their time. We observed people doing a variety of activities which included spending time reading newspapers, talking to visitors and participating in activities arranged by the home.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at five people's care plans and other associated documentation. We noted the provider had recently introduced a new integrated computer based assessment and care 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 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. However, we noted one person still had an initial care plan in place following admission to the home approximately a month previously. We discussed this issue with the registered manager and immediate arrangements were made to develop the person's care plan. We saw the completed plan on the second day of the inspection.

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 monthly 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. All staff had received training on how to use the new care planning system.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

We found the service protected people from the risks of social isolation and loneliness and recognised the

importance of social contact. People told us they were satisfied with the type and frequency of activities provided in the home. One person told us, "There is plenty to do. Sometimes the staff start singing and it really cheers us up." Information about daily activities was displayed on notice boards around the home. The registered manager explained that activities had become more structured to allow people to plan in advance. People were encouraged to spend time in other areas of the home. This enabled them to meet other people living in home and build new relationships. Activities arranged in the home included arts and crafts, movement to music, sing-alongs, quizzes and table top games. People also had the opportunity to go out on trips to places of local interest and had recently attended a local Christmas party.

The registered manager had established good links with the local community and there was an active friends group. We spoke to the chair of the friends group who told us about the many fund raising activities. Various items had been purchased as a result of the events including garden furniture and a new DVD player. The group also produced a regular newsletter for people living in the home and all interested people in the community.

We looked at how the service managed complaints. People 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. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "I'm happy to talk to the manager about anything. She always sorts everything out quickly." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

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 one complaint during the last 12 months. We saw there were systems in place to investigate complaints. The complaint received had been investigated and resolved. All complaints were reviewed by a senior manager in order to identify any lessons learnt and enable strategies to be put into place to minimise the risk of reoccurrence.

## Is the service well-led?

### Our findings

People, their relatives and the staff spoken with were positive about the registered manager and the way in which the home was run. One person told us, "The manager is around all the time and very involved in everything" and another person commented, "(Name of manager) is lovely and always shows great concern." A member of staff spoken with told us, "The manager is very approachable. Her priority is the residents closely followed by the staff."

The registered manager was qualified, competent and experienced to manage the service effectively. She had been registered with the commission since November 2012. We observed the manager was visible throughout the service talking to people and their relatives and supporting the care staff. She expressed a commitment to develop the service and was able to describe her achievements in the last 12 months which included the implementation of the new care planning system and her plans for improvement over the next 12 months.

There was a positive and open atmosphere at the home. People told us the registered manager was available to discuss any concerns they may have about the care provided. We saw the registered manager had an 'open door' policy to promote ongoing communication, discussion and openness. People, relatives and staff regularly entered the office for a chat throughout our visit.

During our inspection we spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people living in the home. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

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. Staff spoken with had confidence in the management of the home and told us they were able to voice their opinions and share their views. They felt there was a two way communication process with the management team and they were well supported in their roles.

People were actively encouraged to be involved in the running of the home. We saw meetings were held on a regular basis. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the forthcoming events for Christmas. People had also been invited to complete a satisfaction survey. This had last been distributed in October 2014. 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 explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks

for health and safety matters such as cleanliness, passenger lifts, firefighting and detection equipment. There were also staff training and medicines audits which helped determine where the service could improve and develop. We saw copies of the completed audits during the visit and noted plans had been devised to resolve any identified shortfalls.

A senior manager visited the home at regular intervals and completed a monthly report. We saw the report included feedback from people using the service, their relatives and staff. The report was detailed and included an action plan which was monitored and reviewed.

Regular audits and monitoring undertaken by a senior manager helped the registered manager and staff to learn from events such as accidents and incidents, complaints and concerns. The results of audits helped reduce the risks to people and helped the service to continuously improve.

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 registered manager also met with the Head of Service at an annual quality and development meeting. A detailed action plan had been developed following the meeting, which the registered manager was working to; this included the development of areas of good practice. The action plan was being monitored by a senior manager.

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.