

Lancashire County Council

Cravenside Home for Older People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Cravenside Home for Older People on 4 and 5 April 2018.

Cravenside Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to a maximum of 46 people. The home is divided into six areas known as Valley Close, Dean Close, Glen Close, Marls Close Stanley Close and Dale Close. Dean and Glen Close provides care for older people living with dementia and all other areas provide support for older people with personal care needs. At time of the inspection there were 43 people accommodated in the home.

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.

At the last inspection, in April 2016 the service was rated as good. At this inspection, the rating had deteriorated to 'Requires improvement'. We found one breach of the regulations in respect to the management of medicines. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about strengthening the auditing systems.

People told us they felt safe and secure in the home. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. People and staff spoken with expressed concerns about the level of staffing in the home. The registered manager used an assessment tool to monitor the level of staffing and there had been an increase in staff hours since our last visit. The registered manager agreed to continue to monitor the staffing levels closely. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

The premises and equipment were appropriately maintained and we noted safety checks were carried out on a regular basis. Staff understood best practice for reducing the risk of infection and audits were carried out to ensure the environment was clean and safe. Risks to people's health and safety had been identified, assessed and recorded. However, people's medicines had not always been managed safely.

People's capacity to make decisions had been considered during the support planning process. However, staff had not reviewed people's capacity as part of the reviews of people's support plans and there was no information in one person's plan about the best interests decision to administer their medicines covertly. The registered manager assured us this matter would be addressed immediately.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed

an induction programme when they started work and they were up to date with the provider's mandatory training.

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. Some people living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Support plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. However, we found one person's support plan contained very brief information about their needs and preferences. Following our intervention, the plan was updated during the inspection.

People were given the opportunity to participate in social activities both inside and outside the home. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon. Where people received end of life care this was planned and provided sensitively.

There were systems in place to monitor the quality of the service, which included seeking feedback from people, relatives and staff. However, the quality monitoring systems had not identified the shortfalls found during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not always managed safely.

Whilst the staffing hours had been increased, people and staff voiced concerns about the level of staffing.

The provider operated an appropriate recruitment and selection procedure for new staff. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their support plan.

People told us they felt safe and staff were aware of safeguarding vulnerable adults' procedures.

All areas of the home seen had a satisfactory level of cleanliness and there were arrangements in place for ongoing routine maintenance and repairs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Staff benefitted from training, induction and a programme of supervision.

People were provided with a balanced diet and were supported as necessary to eat and drink. People had access to healthcare services as appropriate.

Good ●

Is the service caring?

The service was caring.

People were supported by caring and attentive staff. People's privacy and dignity was respected by staff. Staff encouraged people's independence where possible.

Good ●

Staff made suitable adjustments to meet the diverse needs of people who used the service.

Is the service responsive?

The service was not consistently responsive.

Whilst each person had an individual support plan, one person's plan was very brief and lacked detail about their needs and how best to meet their needs.

There were systems in place to alert staff to changing needs and forthcoming appointments, however, one person was not told or prepared for an appointment, which meant they were rushed and disorientated.

People had access to range of activities.

People were able raise any concerns and complaints were investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

People, their relatives and staff were complimentary about the way the home was run and had confidence in the registered manager.

There were systems in place to monitor the quality of the service; however, we found the shortfalls found during the inspection had not been identified on the audits.

Requires Improvement ●

Cravenside 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.

We visited Cravenside Home for Older People on 4 and 5 April 2018 to carry out an unannounced comprehensive inspection. The inspection was carried out by one adult social care inspector.

The provider submitted a completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 11 people living in the home, six relatives, four care staff, the catering manager, the registered manager and the senior operations manager. We also spoke with one visiting healthcare professional.

We had a tour of the premises and looked at a range of documents and written records including three support plans in detail and another four support plans briefly, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff rotas, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

At the last inspection, in April 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

The majority of people spoken with told us they were satisfied with the management of their medicines. For instance, one person commented, "I always get my tablets when I need them." However, one person expressed concern that a prescribed anti-inflammatory gel was not available in the home and they had had to purchase a homely remedy. They added that when the gel was in stock the staff did not always apply it in line with the prescriber's instructions. The person told us, "I really need it (the prescribed gel) to help me with the pain I get." We investigated this situation further and found the gel was not in stock. Whilst a fax had been sent to the GP requesting a further supply, we saw there was no stock control sheet for the gel. This meant the staff may not have appropriately monitored the amount of gel available in the home. We looked at the record for the administration of topical creams and found that staff had signed the record twice a day on the majority of occasions, rather than the three to four times a day advised by the prescriber. On one day, they had also signed the record for the administration of the prescribed gel when they had applied homely remedy cream. This meant the record was inaccurate.

Whilst a best interests meeting had been held to support the covert administration of one person's medicines, we noted there was no information in their support plan to inform the staff of this decision. On checking the person's medicines administration notes, we saw there were several occasions when staff had withheld certain medication. There was no explanation seen as to reason for the omissions. We further noted that two people had not received some analgesics. The staff had written, 'insufficient time' on the people's medicine notes, with no further reason given. This meant some people were not receiving their medicines in accordance with their prescriptions.

Medicines were stored safely in locked trollies in four areas of the home and in individual locked cabinets in people's bedrooms on Dean and Stanley Close. Medicines in stock were stored in a designated room. We noted improvements had been made to the storage arrangements with the introduction of individual baskets for each person living in the home, however, we also found one cupboard was overloaded and items had to be balanced on top of each other. This meant it was difficult to check the stock without everything falling out.

We saw there was evidence of weekly stock checks and audits of medicines, however, the audits had not picked up the issues identified during the inspection.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Regulations 2014.

The service used a monitored dosage system where tablets arrived from the pharmacy pre-packed and in a separate compartment according to the time of the day. The provider had recently implemented a new medicines policy and procedure to fully support the use of this system. Staff designated to administer

medicines had completed a safe handling of medicines course and had undertaken competency tests to ensure they were proficient at this task.

People living in the home, staff members and a visiting healthcare professional expressed concern about the level of staffing. One person told us, "I find it difficult waiting to get up in a morning. It's not the staffs' fault. They do their best but they can't be everywhere" and another person commented, "The staff are lovely, but there is not enough of them to go round. They are always busy doing something." Similarly a staff member said, "We try to pull together to get things done, but you have to multi task and do a hundred things at once." We discussed these comments with the registered manager who advised us there had been an increase in the level of staffing since the last inspection. We noted a dependency tool was used to determine the number of staff required to meet people's needs. The dependency tool gave the registered manager a base level of staff, which they supplemented accordingly to meet people's specific needs. The registered manager agreed to continue to monitor the level of staffing and discuss any concerns with people using the home. During the inspection, we observed people's needs were met in a timely way on all areas visited.

People were protected from the risk of being cared for by unsuitable staff. Robust recruitment and selection processes were in place to ensure that staff had the appropriate experience and character to undertake the role. We looked at the recruitment records of two members of staff and noted the recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work in the home.

There were systems in place to ensure people were protected against the risk of infections. We observed the home had a satisfactory standard of cleanliness in all areas seen. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw the registered manager completed a range of infection control audits on a regular basis.

We looked at how people were protected from abuse, neglect and discrimination. People spoken with told us they felt safe and comfortable in the home. For instance, one person told us, "I definitely feel safe here. There is always someone to call on" and another person commented, "The staff make sure we all safe. They are very kind." Relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. We observed positive interactions between people living in the home and the staff and noted there was a friendly atmosphere.

Safeguarding policies and procedures were in place to provide guidance and information to staff. The registered manager and the staff spoken with explained how they would report safeguarding concerns to the appropriate person and organisation. Staff were confident any concerns raised would be listened to and acted upon. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had a whistleblowing policy in place. A whistleblowing policy outlines external bodies that staff can contact if they do not feel comfortable or able to raise concerns to internal management. Staff told us they understood how to follow the whistleblowing policy and would be comfortable raising concerns if

required.

Staff had had access to a set of equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

We saw that people were relaxed with the staff who were supporting them and readily sought support or assistance from any of the staff members present during our inspection. For example, when people asked for help, staff were nearby and swift to respond in a gentle, reassuring way. This indicated that people felt safe around the staff members.

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a regular basis or in line with changing needs. Where people had been identified at risk the records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate, the five-year electrical certificate and other safety certificates were all within date.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence. The registered manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and information was shared with staff. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item.

Is the service effective?

Our findings

At the last inspection, in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People told us they felt cared for by the staff and they were consulted about how they wished to spend their time. For example, one person told us, "I choose what I like to do. Sometimes I join in with everyone, but other times I like being in my room."

People were asked for their consent before care was given and they were supported wherever possible to make their own decisions. 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 authorisation 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 the staff had an understanding of the purpose and principles of the MCA and had received training. When people lacked the mental capacity to take particular decisions, such as consenting to aspects of their support plan, decisions had been made in the person's best interests. We saw people's capacity to make decisions had been considered during the support planning processes. However, we noted staff had not reviewed people's capacity as part of the monthly reviews of people's support plans and there was no information in one person's plan about the best interests decision to administer their medicines covertly. The registered manager confirmed they would address these issues immediately.

Staff spoken with confirmed they routinely 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 asking people for their consent when providing care, for example when supporting people with meals.

The registered manager understood when an application for a DoLS should be made to the supervisory body and how to submit one. At the time of the inspection, 12 applications had been submitted to the local authority for consideration. This helped to ensure people's rights were protected and they could continue to receive the care and support they needed. Whilst there were copies of the DoLS applications in the office, we found the applications were not available on people's files. This meant staff may not be fully aware of the contents of the application. The registered manager assured us the applications would be copied and filed in people's support plans, as appropriate.

The needs of people living in the home were met by staff who had the right knowledge, skills, experience and attitudes. One person told us, "The staff are brilliant and very good at their jobs. I think they do a difficult job well." We saw training records to show staff had received training in areas such as; moving and handling, equality and diversity, food hygiene, safe handling of medicines, health and safety, infection control, safeguarding, MCA and DoLS, first aid, and communication. Care staff also undertook specialist training which included best practice in dementia care, falls prevention and end of life care. We saw staff undertook regular updates of their training to help ensure their knowledge was in line with current best practice and they were competent in their role.

New staff completed a thorough induction programme to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate, which covered an identified set of standards which health and social care workers are expected to follow when they are new to work in the care sector. The induction period also included new staff shadowing experienced staff members and a six-month probation period.

The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. This was monitored by the registered manager using a training matrix. This gave an overview of the training completed at the service.

Staff told us they felt supported by the management team and they received individual supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. This gave staff the opportunity to discuss working practices and identify any training or support needs. We saw supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance. The registered manager had devised a schedule to ensure all staff received supervision on a regular basis.

People's physical, mental health and social needs were holistically assessed before they moved into the service. This enabled the registered manager to determine if the person's needs could be met effectively and safely in the home. The assessments also assisted staff to develop a support plan for the person to ensure care was delivered in line with current legislation, standards and guidance. People were encouraged and supported to spend time in the home before making any decisions. This enabled them to meet other people and experience life in the home.

Staff worked pro-actively to ensure people's health needs were met and people had access to healthcare services. This included GPs, dentists, district nurses, dieticians, and chiropodists and physiotherapists. There was information in people's support plans about their medical conditions and staff were confident in identifying when people required healthcare services. Contact with health professionals was recorded in people's records. This helped to ensure that people's changing needs were identified and appropriate care could be put in place. One health professional provided us with positive feedback about the service.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We noted people's names were displayed on bedroom doors and there were memory boxes outside bedrooms on Dean and Glen Close. These included photographs and memorabilia, which had been chosen by the person as something they related to. We also saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails. The registered manager informed us the home was due to be totally refurbished in the next 12 months.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats and

where appropriate door alarms. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link. We saw this system was used during the inspection.

People were supported to have enough to eat and drink and maintain a healthy diet. Where people were at risk of malnutrition, staff monitored their fluid and food intake and weighed them regularly. This helped to identify where there had been changes in their health. Individual likes, dislikes and any allergies had been recorded in people's support plan. People's weights were monitored and recorded at regular intervals. Appropriate referrals had been made to a dietician and speech and language therapist, when required.

People told us they were satisfied with the food provided, for instance one person said, "They do their best with the food and on the whole it is pretty good" and another person commented, "We always get two choices and they will make you something special if you don't like anything." We observed the mealtime arrangements on Dean and Glen Close on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was pleasant and cheerful. The meal looked well-presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments. People were offered a choice of meals prior to serving.

We spoke with the catering manager during the inspection, who explained the catering service had achieved a Soil Association Silver Award. This meant all meat was farm assured and food was of British origin. The manager added that all menus were carefully balanced to ensure the correct proportions for a healthy diet.

Is the service caring?

Our findings

At the last inspection, in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People and their relatives consistently told us the staff were kind and caring and that people were treated with respect and compassion. For instance, one person told us, "The staff are brilliant, always very caring. I can't find any fault in the way they approach their work" and another person said, "The carers are excellent. I don't think you could beat this place." Relatives also praised the approach taken by staff. One relative commented, "I can only praise the staff. They are always welcoming and very friendly. [Family member] is looked after so well. It's the best place we found when we looked round."

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.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or personal care issues. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them.

From our discussions with staff, we found they knew people well and were familiar with the routines, preferences and personalities of people they supported. Staff spoke about people with warmth and affection. 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 spoken with were familiar with their keyworker. Staff were knowledgeable about people's individual needs and backgrounds. 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.

Whilst people were involved in decisions about daily life, we found people were not familiar with the contents of their support plan. We looked at three support plans in detail and another four support plans briefly. We noted only one person had signed their support plan to indicate their involvement and agreement. The registered manager assured us people were consulted about their care and staff would be reminded to ensure people were given the opportunity to sign and read their plans, as appropriate.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, and faith. All staff had completed equality and diversity training and were aware of the importance of respecting people as individuals.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. When people received personal care, staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. 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. People were provided with a personal copy of the guide and there were copies available around the home. The guide provided an overview of the services and facilities available at Cravenside.

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.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. This approach was reflected in people's comments, for instance one person told us, "The staff never try and rush me. They let me manage as much as I can." The registered manager also told us about one person who had lost their ability to walk unaided, following a period in hospital. Appropriate guidance had been sought from a physiotherapist and staff had supported the person to complete various exercises. As a result, the person was now able to independently walk round the home.

People were encouraged to express their views as part of daily conversations, consultations, 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. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "Heartfelt thanks to every single member of staff. We will always remember the warmth and kindness shown by everyone" and another relative had commented, "Cravenside should be proud of its exceptional staff."

Is the service responsive?

Our findings

At the last inspection, in April 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

People made positive comments about the way staff responded to their needs and preferences. For instance, one person told us, "The staff are very helpful – night and day. You couldn't find better anywhere" and another person commented, "The staff do the best they can to look after all of us." Relatives spoken with felt staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff do an amazing job and are always cheerful and friendly."

We examined a sample of people's care files and other associated documentation. We found all people had an individual support plan, which was underpinned by a series of risk assessments. The support plans were split into sections according to specific areas of need during both the day and night. The majority of the plans included sufficient information to enable the staff to monitor the welfare and well-being of the person. However, we found one person's plan was very brief and contained minimal details about the person's needs and how best to meet their needs. The plan was dated January 2018. There was no evidence seen to indicate the plan had been updated since this time. We noted the person's plan was reviewed and fully updated during the inspection, however, we would expect such shortfalls to be identified and addressed without our intervention.

There were arrangements in place to review people's support plans on a monthly basis, however, we noted not all plans had been reviewed this frequently. This meant there was the potential of inconsistent care. The registered manager assured us the management team and staff would be reminded of the importance of updating support plans on a frequent basis.

We noted all files contained a one-page profile and details about people's life history as well as their likes and dislikes. The profiles set out what was important to each person and how they could best be supported.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, behaviour, nutrition and hydration and pressure relief. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's support plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

The provider had systems in place to ensure they could respond quickly 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 as well as details of any forthcoming appointments. However, staff had not been informed of one person's hospital appointment. This meant the person was unprepared when staff arrived to tell them they had an appointment. The person was disorientated and rushed drinking a cup of tea, while staff tried to help them with their coat. The person did

not know where they were going or the reason for the appointment.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Since our last inspection, an activities care assistant had been employed to organise and coordinate activities in the home. The activities care assistant and other staff had completed training in OOMPH! (Our organisation makes people happy). OOMPH! is designed to improve people's mental, physical and emotional well-being. We observed OOMPH! related activities on the second day of the inspection. Activities inside the home included movement to music, dominoes, singalongs, games, manicures and professional entertainment. A beautician also visited the home once every two weeks for nail care and hand massages. The registered manager informed us that young children from a nearby primary school visited the service on a weekly basis to participate in shared activities with people living in the home. The Friends of Cravenside group also arranged regular activities and trips.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's support plans about their communication skills to ensure staff were aware of any specific needs.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there were information leaflets about the procedure. We looked at the complaints records and noted the registered manager had received three complaints during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and outcome letters had been sent. This meant people could be confident in raising concerns and having these acknowledged and addressed.

People's end of life wishes and preferences were recorded and reviewed as part of the advanced care planning process. The registered manager worked closely with the GP and district nursing team to ensure people had rapid access to support, equipment and medicines as necessary. The registered manager confirmed all members of the management team and the majority of the staff had completed Six Steps to Success in End of Life Care training.

Is the service well-led?

Our findings

At the last inspection, in April 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

All people, their relatives and the staff spoken with made positive comments about the registered manager and the way in which the home was run. For instance, one person commented, "I often see [registered manager]. I can talk to her about anything" and another person said, "Everything runs as it should do. In my opinion it's the best home in Barnoldswick." Similarly, a relative told us, "The managers and staff are great. It's a lovely place."

The registered manager and management team used various ways to monitor the quality of the service. These included audits of the medicines systems, support plans, staff training and supervision, infection control and checks on mattresses, environment, commodes and fire systems. We saw action plans were drawn up to address any shortfalls. However, we found the support plan audits and medicines audits did not pick up the issues highlighted at the inspection. For instance, a support plan audit indicated all aspects of the review form had been assessed when we found the mental capacity assessment section had consistently not been completed. We also found the medicines audits did not thoroughly assess the management of prescribed creams. This meant there was the potential for the shortfalls to continue.

We recommend the provider seeks advice and guidance from a reputable source to strengthen the auditing processes.

Since the last inspection, a new manager had been appointed and they were registered with the commission in March 2018. The registered manager was knowledgeable about the needs of all the people living in the home and was aware of their personal preferences and wishes. She said she was committed to the ongoing development of the service and over the next 12 months planned to oversee the refurbishment of the home, improve the medicines management systems and further develop the activities. The registered manager also set out planned improvements for the service in the Provider Information Return (PIR). This demonstrated they had a good understanding of the service and how it could be continually improved.

There was a clear management structure in place. 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. Staff received regular feedback on their performance and had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. According to the PIR information, regular staff bulletins and management team updates from head office were made available to staff to ensure they were updated on current legislation and good practice information.

People, their relatives and staff members were involved in the service and regular feedback was sought by

means of daily conversations, regular meetings, consultation exercises and an annual customer satisfaction survey. Action plans were produced in response to any suggested areas for improvement to ensure that people's views resulted in changes where necessary and possible. Feedback had been given to people using the format "You said, We did." The annual customer satisfaction questionnaire was last distributed in October 2017. The results of the survey were displayed on a notice board. We noted that people and their relatives had provided positive feedback on the questionnaires.

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. An 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 operations manager.

A senior operations 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. The senior operations manager also completed a senior manager audit every three months. The senior manager audit covered all aspects of the operation of the home and followed the topic areas of CQC's methodology.

Our pre-inspection checks showed the provider was meeting the requirement to display the most recent rating for the service on their website. The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We also noted the provider was meeting the requirement to display their latest CQC rating in the home.

The registered manager had forged good links with the local community and other agencies, which helped to make sure people received care that was reflective of best practice. There was a well-established Friends Group, who were actively involved in raising funds and the profile of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)