United Care (North) Limited

Oaklands Nursing and Residential Home

Inspection report

Talbot Street
Briercliffe
Burnley
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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 Oaklands Nursing and Residential Home on 14 & 15 June 2016. The first day was unannounced.

Oaklands Nursing and Residential Home provides accommodation for 44 people who need either nursing or personal care. At the time of the inspection there were 40 people accommodated in the home.

The service is situated in a quiet residential area in Harle Syke on the outskirts of Burnley. There are two floors that can be accessed by a passenger lift or stair lift. All rooms are single occupancy and some of these offer ensuite facilities and there are a variety of comfortable communal areas. There are attractive garden areas and adequate parking for visitors.

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.

People told us they did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided and told us they felt safe and well cared for.
Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People living in the home considered there were enough staff to support them when they needed any help. People received support in a timely and unhurried way. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. Arrangements were in place to make sure staff were trained and supervised at all times

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

We found people lived in a clean, safe, pleasant and homely environment. All areas were tastefully decorated and furnished to a high standard and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them.

People using the service had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. People's care and support was kept under review and they were involved in decisions and discussions about their care. Risks to people's health and safety had been identified, assessed

and managed safely. Relevant health and social care professionals provided advice and support when people's needs had changed

Care plans were written with sensitivity and basic rights such as dignity, privacy, choice, and rights were considered at all times. We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We observed good relationships between people. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

Activities were varied and appropriate to individual needs. People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People had no complaints and were aware of how to raise their concerns and were confident they would be listened to.

People using the service, relatives and staff considered the management of the service was very good and they had confidence in the registered manager. There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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 told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were very well trained and supervised in their work. Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

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

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

People told us they were happy with the service they received and with the caring approach taken by staff. Staff responded to

people in a caring and considerate manner and we observed good relationships between people.

People and their relatives had been involved in ongoing choices and decisions about their care and support and information about preferred routines had been recorded.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported people to be as independent as possible.

People were very well supported to keep in contact with relatives and friends who were welcomed and involved in home life. People were supported to take part in a range of suitable activities.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and had been involved in the review of their care.

People had access to information about how to complain and were confident the registered manager would address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Oaklands Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 14 and 15 June 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and local commissioning teams for information about the service.

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 deputy manager, two care staff, the cook, the maintenance person, a member of the domestic team, four people living in the home and with two visitors. We also spoke with a visiting healthcare professional. Following the inspection visit we spoke with the registered manager.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits.

We observed care and support in the communal areas during the visit and spoke with people in their rooms.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, "I feel safe here; I don't regret moving here", "Everyone is very friendly; I have no worries about anyone. I know everyone is treated very well" and "Everyone is very nice; the atmosphere is very relaxed." A visitor said, "It's a fantastic place. Everyone is well looked after." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible. There was information about recognising and reporting abuse displayed in the entrance hall and on the notice board for people living in the service and their visitors to read.

Staffs told us they had received safeguarding vulnerable adults training. Records we looked at confirmed this. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at how the service managed risk. Environmental risk assessments were in place and were currently being reviewed. People had a personal emergency evacuation plan which recorded information about their mobility and responsiveness in the event of a fire alarm; the information was easily accessible to staff in an emergency. The deputy manager told us the assessments were being reviewed. Individual risks in relation to pressure ulcers, nutrition and moving and handling had been identified in people's care plans and kept under review. However, we noted a number of risk assessments in people's files were not fully completed. We discussed this with the deputy manager who assured us this would be reviewed. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded.

We saw equipment was safe and had been serviced. Training had been given to staff to deal with emergencies such as fire evacuation and to support them with the safe movement of people. There was doorbell entry to the home and visitors were asked to sign in and out of the home. This helped to keep people safe.

People and their visitors told us there were sufficient numbers of staff to meet their needs in a safe way. Staff told us planned leave or long term sickness was covered by existing staff and agency staff were not used. This provided continuity of care for people living in the home.

We looked at the staffing rotas. We found the rotas did not clearly identify the role of ancillary staff. This meant it was difficult to determine the numbers of available staff on duty in each department. However, we found there were sufficient numbers of staff available. There were one or two nursing staff each morning with seven or eight care staff, a nurse and six or seven care staff in the evening and one nurse and three care staff at night. Laundry, domestic and kitchen staff were available each day with an administrator, maintenance person and activity person available during the week. Staff and people spoken with confirmed the registered manager was available throughout the day. There was an on call system in place for any out of hours emergencies. We noted there was a stable team of staff and staff told us they had a stable team who worked well with each other.

We looked at staff recruitment records. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found the service managed people's medicines safely. We found appropriate processes and records were in place in relation to the storage, ordering, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People told us they were given their medicines when they needed them.

A traditional boxes and bottles system of medication was in use. Nursing staff who were responsible for the safe management of people's medicines had received appropriate training however, formal checks on their practice had not yet been recorded. The deputy manager assured us this would be followed up. Policies and procedures were available to support staff with medicines management.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were no records to support 'carried forward' amounts from the previous month which would help monitor whether medicines were being given properly. The deputy manager assured us this would be addressed immediately and included as part of the audit system.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register.

People's medicines were reviewed by their GP which ensured they were receiving the appropriate treatment. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We looked at the arrangements for keeping the service clean and hygienic. The areas that we looked at were clean and odour free. Infection control policies and procedures were available and all staff had received infection control training. There was a designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

Staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and bathrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available and we observed staff using them appropriately. There were contractual arrangements for the safe disposal of waste.

Domestic and laundry staff worked each day. Cleaning schedules had been followed and we were told sufficient cleaning products were available. People living in the home told us, "The place is always beautifully clean" and "My room is very clean and fresh."

Good

Is the service effective?

Our findings

People told us they were very happy with the service they received at Oaklands. People felt staff were skilled to meet their needs. People also told us staff gave them the opportunity to do things for themselves. They said, "It's a very nice place; the staff know what they are doing", "I've been told I can do what I want. They told me 'It's your home' and I'm glad it is." A health professional told us, "I have no concerns. Everyone knows what is expected of them."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their mandatory training and felt they had the training they needed. They said, "We get all the training we need to keep us up to date with everything" and "I have had the support and training I need and I can ask for additional training if I think I need it."

Training was provided in areas such as moving and handling, fire prevention, dementia, end of life care, health and safety, food hygiene and first aid. The training was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had completed a nationally recognised qualification in care or were currently working towards one. Additional training was provided to enhance the skills of the staff. Records showed new staff had received a basic induction into the routines and practices of the home which included a period of working with more experienced staff. Staff confirmed an induction was provided for all new staff.

Staff told us they were supported by the management team. Staff spoken with told us they were provided with regular supervision and were able to take an active part in planning their training and development needs. 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 attended regular meetings; they told us they were able to express their views and opinions.

Regular handover meetings and a communication diary helped keep staff up to date about people's changing needs and the support they needed. A record of the care provided was maintained in people's bedrooms. This enabled staff to monitor and respond to any changes in a person's well-being. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of

Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection DoLS applications had been made in respect of two people which would help ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members. People's consent or wishes had been obtained in areas such as information sharing, photographs and medicine management although not with regards to gender preferences. The registered manager told us this would also be improved as part of the care plan development. This would make sure people received the help and support they needed and wanted.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that consent forms were in place and found clear evidence that discussions had taken place with relatives, the person the DNAR related to, and the person's GP. The information around DNAR decisions was easily available to ensure people's end of life wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are very good we are offered a choice", "I enjoy my meals; I always get enough to eat" and "I can have something during the night; there is always something I can have."

Records indicated people were offered meal choices and that alternatives to the menu had been provided. We saw that people were consulted about the meals provided and the menu was a regular feature in quality monitoring audits. The kitchen and care staff knew what people's food likes and dislikes were. We were told people were involved in changes to the menu and 'taster' sessions had been arranged.

During our visit we observed breakfast and lunch being served. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred. Adapted cutlery and crockery was provided to maintain dignity and independence. The meals looked appetising, attractively served and hot and the portions were ample. The dining experience was very much a social affair with friendly chatter and banter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals and being offered drinks and snacks throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits. The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A healthcare professional told us staff contacted them for advice when needed and they were knowledgeable about people's healthcare needs. The service had access to remote clinical consultations;

this meant staff could access prompt professional advice at any time and avoid, where possible, unnecessary hospital admissions.

We looked around the home and found all the areas we looked at provided a very pleasant and homely environment for people. The management team were able to describe planned improvements and a development plan was available to support this. A system of reporting required repairs and maintenance was in place.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of comfort and familiarity. People could have keys to their bedrooms. Bedrooms provided single occupancy, some with en-suite facilities. Suitably equipped bathrooms and toilets were within easy access of communal areas and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort.

Good

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. People told us, "Staff are very nice. I am being looked after", "The care is wonderful; they can't do enough for me" and "I can talk to any of the staff they are all very caring and kind." Visitors comments included, "The staff are very friendly" and "It's a good family home. Everyone is looked after and the care is very good." A health care professional made positive comments about the care given to people.

People were encouraged to maintain their social links and continue relationships with family and friends. People confirmed there were no restrictions placed on visiting and they were made welcome in the home. Visitors confirmed they were invited to become involved in social events. We observed people visiting and noted they were treated in a friendly and respectful way. One visitor said, "I enjoy coming here; everyone is so friendly. It's a good atmosphere."

During our visit we observed staff responding to people in a good humoured, caring and considerate manner and we observed good relationships between people. People who required support received this in a timely and unhurried way. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

Staff spoke about people in a respectful, confidential and friendly way. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff were seen knocking on people's doors before entering and closing doors when care was being delivered. Staff spoke to people respectfully and appropriately. A member of staff was designated the Dignity in Care Champion for the home; they raised awareness of staff in this area.

All staff had been instructed on maintaining confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how their right to confidentiality would be respected.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home. People said, "I can do as I wish; the staff respect my choices" and "They listen to me and are interested in me as a person." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

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

People were encouraged to express their views during daily conversations, residents review meetings and by

completing the customer satisfaction surveys. We were told residents' meetings were not held although people we spoke with were up to date with proposed events and any changes in the home. Visits by the provider were advertised and people were encouraged to meet and chat with them. People told us they were aware of the plans for the development of the home; a copy was displayed on the notice board for people to comment on. People had been involved in reviews and discussions about their care and support. One person said, "I have been involved in planning my care." Visitors told us they were kept up to date with any changes to their relative's health or well-being.

The home had achieved the Gold Standard award in End of Life care. They had received re-accreditation in March 2015 and at that time had achieved a 'merit' for good practice in this area. Records showed the home ensured staff had the right competencies, knowledge and skills to meet people's needs supported by family and friends.

On admission people had been asked to record their choices and preferences for the future; this information was shared with appropriate healthcare professionals. People were given the opportunity to formulate advance plans and monthly meetings were held with external health professionals, nursing and care staff to ensure people's identified needs, wants and wishes were being met. As people neared the end of life an 'End of Life Dignity and Comfort' care plan was formulated. This ensured they received consistent, compassionate supportive care. We noted specialist equipment was made available to support people's care and comfort.

Records showed people's families and friends had been involved and supported throughout the process and were given appropriate advice and information. People were asked for the views on the support they received and were asked to comment on the process. This helped the home to improve and develop in this area.

Good

Is the service responsive?

Our findings

Everyone we spoke with was complementary about the staff regarding their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I have not had any complaints about this place since I arrived", "They ask if I am alright and whether there is anything I am worried about. I always say no because I am very happy here." Visitors said, "In my experience if you have anything that is worrying you they will sort it out straight away; I have had no complaints about anything" and "I have seen the procedures but have not had cause to use them."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for external organisations including social services, local commissioners and the local government ombudsman. We noted there was a complaints procedure displayed in the home. Records showed there had been no complaints made about this service in the last 12 months. We saw 26 complimentary comments had been received about the service in the past 12 months. Comments included, "[My relative] appreciated the love, care and patience of all staff", "[My relative] was cared for with warmth, dignity and compassion" and "[My relative] was cared for and looked after in such a wonderful home."

Before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. Daily records were maintained of how each person had spent their day and these were written in a respectful way. The information had been reviewed and updated on a monthly basis or in line with changing needs. Visitors and people using the service told us they were kept up to date and involved in decisions about their care and support. Some people told us they were aware of their care plan. All people we spoke with said they had been involved in discussions about their care.

Staff were kept well informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, amid morning meeting with all departmental staff and the use of communication diaries.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We

noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. One person said, "I like to stay in my room, I like to be quiet and do what I want but I am never lonely; staff check on me to see if I am safe and whether I want anything doing. They take time to chat with me."

People were able to participate in a range of suitable activities and entertainments. An activities person was employed and activities were provided either in small groups or given on a one to one basis. Activities included games, crafts, gardening, cinema sessions and baking. People told us, "I stay in my room but staff come and have a game of dominoes or a chat with me", "They tell me what is going on; I can choose whether I want to get involved", "We are planning a party for the Queen's birthday and we have done some baking; the singers are very good, I like a sing song" and "There is always something to catch your interest and always someone to have a laugh with." A visitor said, "There is lots going on." On the day of our visit we observed a small group of people involved in a game of dominoes; we observed staff being included in the game and being given instructions to play the game.

People were supported to follow their faith and this was respected by staff. Church services were held each week and people were supported by staff to take part in worship services according to their individual beliefs.

Good

Is the service well-led?

Our findings

People made positive comments about the management arrangements at Oaklands Nursing and Residential Home. Comments included, "It's fantastic here", "The manager is lovely and runs the home very well. Everything runs smoothly even when the manager isn't here; it is run just as the manager would expect" and "It is a good home with a very good reputation in the area." A health professional told us, "Oaklands is a very well run home." A member of staff told us, "The manager is lovely and the owners are nice people."

People made positive comments about the registered manager and it was clear the registered manager was held in high regard. The registered manager was described as being 'strict and fair', 'kind', 'professional' and approachable'. There was a positive and open atmosphere at the home. We noted the registered manager had an 'open door' policy to promote ongoing communication and openness.

The registered manager had been employed at Oaklands Nursing and Residential Home for a number of years and was supported by the directors of the organisation. The registered manager had developed good links with other agencies and kept up to date by attendance at various meetings such as Lancashire County Council provider meetings, care home forums, End of Life forums, care managers meetings, patient participation groups and GP palliative care meetings.

From the information provided in the Provider Information Return (PIR), it was clear the registered manager was aware of achievements so far and of any improvements needed. There was a business and development plan available to support this.

The deputy manager told us they could contact the owners to discuss any concerns about the operation of the service. We were told the owners visited the service each month and were available to talk to staff, people using the service and their visitors. Records of the visits were available to support any agreed actions.

There were systems in place to assess and monitor the quality of the service in areas such as infection control, finances, medicines management and the environment; care plan auditing was being further developed. Where shortfalls had been identified we saw appropriate action had been taken to improve the issues. The registered manager also completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home.

People were encouraged to voice opinions informally through daily discussions with staff and management or more formally at open meetings with the provider. One person said, "The owner visits to make sure everything is running well; I can have a chat if I wanted to." People told us they were encouraged to be involved in the running of the home and were kept up to date with any changes such as menu changes, improvements to the home and activities. People using the service, their relatives and staff were asked to complete bi- annual satisfaction surveys to help monitor their satisfaction with the service provided. Results of these surveys showed a very high satisfaction with the service. The management team reviewed the results of the surveys to help improve practice and shared their findings and any action taken with people.

Staff told us they were very happy in their work. They told us there was good communication with the management team and they were well supported. Staff were aware of who to contact in the event of any emergency or concerns. All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. One person told us, "The staff know what is expected of them."

We observed a good working relationship between the management team and staff. Staff meetings were held following regular training sessions. Staff told us they were able to voice their opinions and share their views and were confident they would be listened to and appropriate action would be taken. We saw there was an agenda for each meeting however a record of the discussions that had taken place at the meetings was not maintained. Following the inspection we discussed this with the registered manager. People told us about the recent ceremony which was held to recognise the long service of staff. Awards were given to staff and people using the service, their visitors also attended.

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.

The registered provider had achieved the Investors In People (IIP) which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management. They had also achieved the Gold Standard Framework Accreditation in End of Life Care; this recognised the achievement of the management and staff to support people and their relatives at the end of their lives.