

Derby Lodge (Preston) Limited

# Derby Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 17 May 2017 and was unannounced.

Derby Lodge is registered to provide personal care and accommodation for up to 23 people living with a physical or learning disability. The home is in a residential area close to local amenities with access to public transport. Bedrooms are all single occupancy and 13 benefitted from ensuite facilities. Six of the rooms were set out with a lounge, kitchenette area, bedroom and ensuite. The home manager told us people who required less support used these rooms. There is outside space for people to use during warm weather and car parking facilities are available.

At the time of our inspection the registered manager who was also the nominated individual had left their post at the home and had submitted an application to deregister with the Commission. There was a new home manager new to post that had commenced the application process with Commission. The registration requirements for the home required a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 29 February 2016, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care, consent and risk. We asked the provider to send us an action plan on the changes they made to make improvements in the service. We also made recommendations in relation to recruitment, decoration of the building, supervision and the quality of the service. During this inspection we found improvements had been in the areas that we had identified concerns however we identified ongoing concerns relating to risk, staff supervision and quality monitoring as well as further concerns in relation to safeguarding, medicines and records. We made recommendations in relation to records for equality and diversity, supervision and training. You can see what action we told the provider to take at the back of the full version of the report.

Whilst some care records we looked at had some evidence of completed risk assessments, not all had been completed in full to reflect their individual needs. We could not find any evidence of personal emergency evacuation plans (PEEPs) that would assist the emergency services in the event of an emergency.

People we spoke with told us they felt safe in the home and staff were able to discuss the actions to take if they suspected abuse. However the systems to record any allegations of abuse; including details of the outcome and actions going forward were incomplete.

We saw medicines were administered safely by staff. We identified concerns in relation to the storage of medicines as well as the records in of medicine that needed to be returned to the pharmacy.

People who used the service and staff told us there was enough staff on duty to look after them safely. Records confirmed safe recruitment practices had been followed and where one concern relating to recruitment had been identified the proprietor responded quickly to demonstrate the actions taken to ensure people were recruited safely.

Staff told us they had received supervision and appraisal from the management in the home. Records we looked at identified supervision had not taken place recently.

Staff told us they had received the training they required to ensure they were able to meet people's needs. Records we looked at identified gaps in relation to the training staff had received.

The home manager told us all of the people living in the home had the capacity make their own decisions. Staff we spoke with understood the basic principles of the Mental Capacity Act (MCA) and confirmed they had received training in MCA. People told us they had been involved in decisions about their care needs and had agreed to their care.

We received positive feedback about the meals on offer in the home. Choices of meals were available and we observed the meal time experience was positive, relaxed and friendly.

People we spoke with and our observations confirmed they received good quality care from staff that met their needs. People were treated with dignity and respect. We saw staff knocking on people's bedroom doors and waiting to be invited in.

The home manager told us they would ensure people's needs in relation to equality and diversity was recorded in their care files.

There was system in place to deal with complaints. We saw evidence of complimentary feedback about the home.

We saw records had some evidence of how to support people's needs in them. Not all had been completed in full to ensure people's current needs were reflected to guide staff.

There was evidence that activities were accessible for people who used the service. Records confirmed a range of activities taking place and we saw people engaging with staff playing table top games.

We received positive feedback about the new home manager and the changes she was making in the service. There was some evidence of audits taking place on the environment in the home. We saw no evidence of audits taking place in relation to care files, care plans, medicines, supervision and competency checks.

Staff team meetings records were in place however record confirmed team meetings had not taken place for some time. Policies and procedure were in place and up to date to guide staff in home to care for people's needs and the operation of the home.

## 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.

Medicines had not been stored safely and records relating to medicines that required returning to the pharmacy had not been completed. However people told us they were happy with their medicines and how they were given to them.

People we spoke with told us they felt safe in the home. Records relating to outcomes of investigations and actions had not been recorded.

People's risk assessments were incomplete. Personal emergency evacuation plans had not been completed to use in the event of an emergency.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff said they received supervision. Records we checked in relation to supervision confirmed it had not been completed recently for all staff.

There was evidence of training taking place, this had not been completed recently. The home manager told us there were plans for training updates to be completed by staff.

Staff we spoke understood the basic principles of the Mental Capacity Act (MCA) and confirmed they had received training in MCA. We saw evidence of consent being sought before staff undertook care or activity with people.

We received positive feedback about the meals on offer in the home. Meal times were a relaxed and informal experience for people and people told us they enjoyed the meals on offer in the home.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

We saw a relaxed and clam atmosphere in the home. It was clear staff understood people's needs well.

Staff treated people with dignity and respect and we saw them knocking on people's door waiting to be invited in.

The home manager told us they would ensure people's needs in relation to equality and diversity was recorded in their care files.

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

The service was not consistently responsive.

We saw evidence of complimentary feedback about the home. Staff were confident that any concerns they reported to the management would be dealt with.

The care files we looked at had some evidence of how to support people's needs. Records had not been completed and up dated to ensure they reflected people's current needs.

People told us they took part in activities in the home. We saw staff engaging in table top games during our inspection.

**Requires Improvement** ●

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

The service was not well-led.

Staff told us they had seen a positive improvement since the new manager had commenced her post.

There was some evidence of audits taking place on the environment in the home. We saw no evidence of audits taking place in relation to the delivery of care to people who used the service.

Staff team meetings records were in place. Records confirmed team meetings had not taken place for some time. We saw evidence of meeting taking place with people who used the service which would enable them to be involved in decisions about the home.

**Requires Improvement** ●

# Derby Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 17 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we held about the service. Information included, compliments or complaints, investigations taking place and statutory notifications the provider is required to send to us. We also looked at the action plan sent to us following our last inspection and the Provider Information Return (PIR) we asked the provider to submit prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked a number of records relating to the management of the home these included, audits and quality monitoring and duty rotas. We also checked three staff files, five staff training files and three care files for people currently in receipt of care at the service.

As part of the inspection we undertook a variety of methods to identify the experiences of people who used the service. We undertook observations in the communal areas of the home looking at how staff supported and interacted with people and undertook a tour of the premises. We spoke with five people who used the service and one healthcare professional who visited the service regularly. We also spoke with four staff the home manager and the proprietor of the home.

# Is the service safe?

## Our findings

People who used the service with told us they felt safe and secure in the home. One person said, "I am very happy here, I feel safe." A health care professional who visited the service regularly told us, "People are safe and well looked after."

At our last inspection we found the service had failed to protect people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm as assessment of risks were not in place to minimise or eliminate risks. We told the provider they must take action to ensure people were protected from unnecessary risks. During this inspection we found that whilst some improvements had been made in ensuring peoples individual risks were assessed prior to admission and reflected in people's care records. We noted improvements were still required to ensure people's records reflected their current need and risks.

Care files we looked at had some evidence of risks assessments in place to guide staff on how to support their individual needs for example, bed rails and moving and handling. We saw that not all risks for people had been assessed to ensure appropriate actions to protect them. One person's who required the use of a wheelchair and strap belt had no risk assessment in place to guide staff how to safely manage this. Another record had no details relating to how to support them with their meals and what actions to take if their needs changed. We spoke with the home manager about this who confirmed risk assessments would be completed to reflect people's individual needs would be commenced immediately.

We asked the home manager, proprietor and staff about the systems in place in the event of an emergency that required an evacuation of the home. There was a business contingency plan in place that had information for staff to follow in the event of an emergency in the home for example loss of gas, heating electricity or severe weather. There was file that detailed the procedure to follow in the event of a fire. There was no evidence of any personal emergency evacuation plans for people who used the service that would guide the staff and emergency service's if required. We discussed the importance of ensuring evacuation plans that detailed the needs of all people in the event of an emergency. We referred our concerns to the appropriate agency for them to investigate further. Following our inspection the home manager confirmed records with details relating to the support people required had been developed to support people in the event of an emergency.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked how accidents and incidents were dealt with in the home. We were shown records that confirmed incidents and accidents were recorded and including any actions taken by staff to ensure people were safe.

We looked at records that confirmed the home was undertaking environmental and equipment checks to ensure risks were identified and assessed to protect people who used the service. These included; wheelchairs, emergency lighting, fire extinguishers, the exterior of the home, window doors and bedrooms.

We looked at what training staff had received in the protection of vulnerable adults. Where staff told us they had received safeguarding training they could not confirm when this had taken place. The staff training files we looked at identified safeguarding training had taken place but not all of them had records to confirm staff had completed safeguarding training. There was a training matrix on display that identified staff had completed safeguarding training however we saw that training for some of the staff was out of date. We discussed this with the home manager who told us they had plans to ensure all staff had up to date knowledge to protect people who used the service from risk of abuse.

We checked the system that was in place to deal with allegation of abuse. There was a policy in place to guide staff on the actions to take when dealing with any allegations of abuse. We asked the home manager about the system in place to record allegations or investigations of abuse. We saw a file that had details of complaints and safeguarding in them. We found the system was disorganised and difficult to follow. Where one allegation had been received there was no evidence of the investigation that had taken place or the outcome of the investigation.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about how they ensured people who used the service were safe. They said, "We deliver a good quality service people are safe here." Another told us, "I have no concerns people would tell you if there was a problem. I would report any concerns to the office and ring the safeguarding team to report it." Staff we spoke with were aware of the signs and types of abuse. This would ensure people were protected from risks because staff had the knowledge of signs of abuse and the actions to take to deal with any allegations.

People who used the service told us they received their medicines when they required them. Staff who were responsible for the administration of medicines told us and records confirmed that they had received medications training to ensure they had the knowledge and skills to deliver people's medicines safely. There was also an up to date policy in place to guide staff on the safe administration, storage and recording of medicines. We checked a number of staff files and could see no records relating to observed competency checks to ensure staff delivered people's medicines safely.

We looked at the system in place for the storage of medicines in the home. Whilst we saw the medication trolley was locked when not in use it was not secured to the wall in the clinic room. We also saw cupboards used for the storage of individual medicines had been left unlocked and the door to the clinic room was left open. This would increase the risk of misuse of medicines. We asked a staff member responsible for the administration of medicines about their system for returning any unused or refused medicines for disposal. Whilst any unused medicines were returned to the supplying pharmacy there was no record made of these to ensure a correct audit trail was in place.

We asked about how the home ensured medicines that required cold storage were stored in line with the manufacturer's guidance. Records identified regular fridge temperature checks were taking place this would ensure medicines were stored at the correct temperature. We saw that none of the medicines stored in the fridge had been dated to confirm when they had been opened. This would increase the risk of medicines that required disposal once opened past its recommended date could still be used.

We looked at the Medicines Administration Records (MAR) and saw all records had been signed and dated and included appropriate coding where medicines had not been taken by people. We asked about special instructions for some medicines. We spoke with one member of staff who was unable to confirm a medicine

that required specific time for its administration was given in line with the recommended guidance. The home manager confirmed systems would be in place to ensure people received their medicines in line with guidance on their administration. They also told us that where referrals were required to health professionals to review people's medicines, these would be completed in a timely manner.

We asked about audits and monitoring taking place in the home in relation to medicines. We saw an audit had been completed by the local pharmacy but this had not been done recently. The home manager told us no audits had been completed recently other than a MAR chart audit recently. They said plans were in place to ensure an audits of medicines was completed to ensure the safe, handling, storage, recording and administration was in place.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the inspection we undertook observation of part of one of the medicines round. Medicines were offered to people safely. Staff ensured people had taken their medicines and were patient whilst they took them.

We saw controlled drugs were managed safely. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We checked the stock levels and records of the controlled medicines which confirmed these were being managed safely.

At our last inspection we made a recommendation in relation to the decoration of the home. During this inspection we undertook a tour of the building and saw some refurbishments had taken place. For example a number of rooms had been decorated and carpets replaced in one of the public areas of the home. The home manager told us there were plans in place to continue with improvements in the home to ensure people lived in a well maintained environment. The PIR submitted prior to our inspection stated, "Service users (People who used the service) will be involved in the process of upgrading as they will be responsible for choosing their colour schemes in private rooms as well as being involved in the decisions for decorating the communal area." There were records to confirm remedial repairs were taking place and we saw the person responsible for maintenance undertaking jobs during our inspection. Essential checks on the building, appliances and equipment had been completed recently these included electrical safety, gas safety and portable appliance testing along with hoist and lift checks and maintenance. The home had also achieved a level five star rating at the last Food Standards Agency check. This is the highest rating award by the food standards agency. These checks would ensure the home was safe for people to live in.

Public areas of the home were free from clutter and corridors were wide and easily accessible for wheelchair users. People who used the service had access to two lounges, a large dining area and a games room with a pool table for them to use. We looked in a number of people's bedrooms and saw they had been personalised to their choice. People we spoke with told us they were happy with their rooms and that they were maintained by the staff. Access to the outside of the building was wheelchair friendly and there were gardens that people could access during warmer weather.

During our inspection we saw dedicated staff who were responsible for the cleanliness of the home. Supplies and equipment were available for them to undertake their duties and we saw staff using personal protective equipment such as gloves and aprons where required. Where we had identified areas that required cleaning during our inspection the home manager told us cleaning staff were working around the home to ensure all areas were clean and tidy. There were records to confirm regular checks on cleaning

were taking place.

At the last inspection we made a recommendation that the provider ensured that all the records relating to the safe recruitment of staff were properly maintained in order to promote and protect the best interests of the people living at the home. During this inspection we saw improvements had been made.

The staff files we checked had evidence that safe recruitment practices were in place. Records included application forms, appropriate references from previous employers, proof of identity and Disclosure Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services. We saw some files that had no details relating to any interview questions. We discussed these with the proprietor of the home who confirmed these records related to recruitment of staff a number of years ago and confirmed new staff to the service had completed records relating to the interview in their files. This meant the home manager could be confident only staff suitable for the post were recruited to the home. We looked at one person's record which identified concerns that would require further investigation by the home. We spoke with the proprietor about this who told us they had undertaken an investigation and were satisfied with the outcome however these had not been recorded. Following our inspection the proprietor of the service confirmed that the required records were in place to reflect their suitability for the post.

People who used the service and staff on duty raised no concerns about the staffing levels in the home. One person told us, "There is enough staff but I can sometimes feel rushed if the numbers are low for sickness for example." A healthcare professional who visited the home regularly told us, "There is a continuity of staff in the home; three of them have been there for many years." Staff told us, "We deliver a quality service there is enough staff to look after people" and, "This is a good team we work well together." This is the best team I have ever worked with." During our observations of the home we saw staff responded to nurse call bells in a timely manner. Where people were seen to require support from staff this was undertaken promptly. This would ensure people's needs were met when it was required.

During our observations we looked at identified the staff cover for all shifts and included senior staff that were allocated to each shift to undertake senior roles and duties in the home. We also saw records that confirmed who was on call during the night in the event of an emergency or concern. Where amendments had been recorded due to sickness and absence records noted cover arrangements to ensure shifts were covered to ensure people received a seamless and timely service.

## Is the service effective?

### Our findings

People who used the service told us they had been involved in decision about their care and had agreed to it. One person said, "I have no concerns, I have agreed with my care." People told us they were happy with the knowledge and skills of the staff delivering their care.

At our last inspection we made a recommendation to the provider that the home's supervision policy was reviewed, and ensure that it clearly stated its commitment to supervision and clarified its expectations regarding the frequency of supervision, and how the process will be reviewed and evaluated. The policy should also be clear about how the organisation identified the training needs of the staff with a view to meeting the specific and specialised assessed needs of people living at the home. During this inspection we found changes had been made to the supervision record which included discussions in relation to the training needs of the staff. Policies and procedures were in place and had been updated recently to ensure information to guide staff was relevant and up to date.

People who used the service and visitors to the home were confident that staff had the knowledge and skills to deliver effective care. One person told us, "The staff are good I have no concerns."

We spoke with staff and checked the appraisal and supervision records in staff training files. Records confirmed and staff told us they received annual appraisals. Staff told us they had received supervision from the management. However the supervision matrix on display recorded only four supervisions had taken place this year over the whole staff team. One staff member said, "I had supervision a couple of months ago." Another said, "I had an appraisal with the old manager last year and a supervision a couple of months ago" and "My last supervision and appraisal was last year." The records we looked at in the staff files had no evidence supervisions sessions had not been completed this year"

We recommend the provider ensures a planned programme of supervision was in place to ensure staff received regular and timely support and guidance from the management.

We checked staff training files and the training matrix and saw some evidence of staff training taking place however we saw these had not been completed recently. Topics covered included; fire safety, infection control, challenging behaviour, person centred care planning and safeguarding. We saw to people had completed the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The proprietor told us all new staff were expected to undertake this training on commencement to their post. We discussed the staff training with the home manager who was aware that staff required a number of updates in relation to training and sessions to update staff had been planned in the near future. There was a planning calendar on display which identified what training had been planned and when it was to be delivered. Topics included, nutrition, choking, MCA and DoLS."

All of the staff we spoke with told us they had received training to support their knowledge and skills to ensure people received appropriate and timely care. This included a nationally recognised training

certificate. However staff said that some of their training had not been completed recently. Comments included, "I have done medicines and safeguarding training in the past but nothing this year", "There is planned training to take place in June, people have been allocated training" and "I have done nutrition and moving and handling. I have signed up to do MCA and choking training."

We recommend the provider ensures staff received appropriate and timely training that was relevant to their role.

At our last inspection we found the service had failed to ensure the services provided at the home met the requirements of the Mental Capacity Act 2005. We told the provider they must take action to ensure assessments are completed and relevant for people's individual needs. During this inspection we found improvements had been made.

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 so that they can 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).

During this inspection 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.

The home manager told us they had no people living in the home that was subject to any restrictions or DoLS. They said all people currently living in the home had no concerns relating to their capacity and were able to make their own decisions. We asked staff about their understanding of MCA, DoLS and best interests. Staff we spoke with understood the principles of MCA and how to ensure people were protected from unlawful restrictions. One person said, "People are able to make their own choices. They can make their own decisions. If there are concerns there will be a best interests meeting with professionals to discuss this." Staff told us they had undertaken training in MCA and DoLS, the training records and the training matrix confirmed staff had undertaken DoLS training however this had not been completed recently. We spoke with the home manager who told us about planned training updates for all of the staff team. This would ensure staff had the knowledge and skills to protect people from unlawful restrictions.

We saw two of the three care files had individual capacity assessments that reflected people's needs. The home manager told us they were in the process of updating all people's care files. The home manager took immediate action to ensure individual capacity assessments had been completed in the third care file that we looked at.

During our inspection we observed staff knocking on people's bedroom doors and waiting to be invited in to their rooms. Staff were seen seeking permission from people before undertaking any care or activity such as support with meals or personal care. We looked at records and saw people's needs in relation to their choices had been recorded. These included likes and dislikes, personal care and family involvement. People we spoke with confirmed they had been involved in the development of their records relating to their care needs and had consented to this. This would ensure care was delivered in line with people's individual choices, likes and needs. However we saw one care file lacked evidence of the people signing and agreeing

to their care. We spoke with the home manager about this who immediately spoke with this person about their care who agreed to it.

We received positive feedback about the meals on offer in the home. People told us they were happy with the food they received. One person said, "The food is lovely we get lots of choices." The proprietor told us there were no budget restrictions on the food supplied for people in the home. They said, "There are no budget restrictions on food. People get what they want. If people request something and we don't have it I will go out and get it for them."

We spoke with the staff member responsible for ordering and preparation of people's meals who told us there were always plenty of supplies available to them. We saw plenty of food supplies in the kitchen and regular checks were taking place on fridges and freezers in the home. This would ensure food was stored and maintained at the correct temperature.

Menu choices were on display in the dining room and we saw people had choices available to them at all mealtimes. We saw people eating a variety of different options of meals. Where people did not like the choices on offer in the home people told us alternatives would be provided to them. During our inspection we observed there was a relaxed, informal and friendly atmosphere during the mealtime period. Staff were seen attending to people's dietary needs in a respectful manner ensuring people's dignity was maintained. It was clear from the interactions that staff understood people's needs and wishes well. This would ensure people received their preference and choice of meals in a timely manner. Tables had been nicely set and people had access to napkins and condiments of their choosing. Breakfast was provided informally and people were offered their choices of food when they wished on rising in the morning.

The care files we looked at confirmed people's likes dislikes and choices of meals had been recorded and discussed with them. One care file we looked at noted a special requirement in relation to how their food was presented. We discussed this with the home manager who told us there had been no change in this person's condition. There was reference to the involvement of relevant professionals where required for example the dietician. There were also records relating to weight recording for people who used the service. Whilst some records had evidence of regular weights being obtained we saw gaps in some of the records. We discussed this with the home manager who told us not all people required regular monitoring of their weight and gave assurances that records would be updated to reflect people's current needs. They told us there were plans to introduce recognised malnutrition screening into all people's files to ensure accurate monitoring was taking place where people were identified at risk.

We looked how the home ensured people's healthcare needs were reviewed. A healthcare professional told us, "They always call if there is a problem. I visit the service every six weeks." Staff discussed and records confirmed the involvement of health professionals to ensure regular and timely reviews took place. These included chiropodist, district nurses, general practitioner, occupational therapist and speech and language therapy team. Records relating to visits to appointments at the local hospital as well as visits taking place in the home confirmed reviews of people's health were taking place. This would ensure staff had knowledge of the up to date guidance to ensure people's needs were safely met.

## Is the service caring?

### Our findings

We received very positive feedback about the care people received in the home. Comments included, "I am happy with my care here", "The care is good. Since I have been here my abilities physically have improved considerably" and "I have an exercise regime that has to be done twice a day. The staff do this every day, my mobility has improved." A professional who visited the home regularly was complimentary about the care people received. They said, "I have been going to the service for over 15 years. It is one of the best homes I go too, it is a family atmosphere. I have no concerns I am happy with the home."

We looked at how the home supported people's individual equality and diverse needs. We saw staff understood people's individual needs in relation to their sight and hearing and whether people required aids or glasses. None of the care files we looked at had any record to guide staff on people's individual needs in relation to aids or glasses and how to support them. There was also no reference to guide staff of people's religious preference. We discussed this with the home manager who told us they would take action to ensure records reflected people's choice in relation to equality and diversity.

We recommend that the provider seeks nationally recognised guidance to ensure all records for people who used the service reflect up to date and current needs and choices in relation to equality and diversity.

Staff understood their responsibilities in relation to the care people who used the service received. One staff member said, "The care plans have all the information to make sure the care is person centred." Another said, "I enjoy looking after and getting to know people. It is nice when people come to you for support and you know how to do it."

We observed all areas of the home was calm with a relaxed atmosphere. It was clear from the interactions and chatty banter that staff know people's individual needs very well. People's care files although brief in their content identified how staff would support their needs. These included their likes, dislikes, life history and needs in relation to personal care. This would ensure people received care appropriate to their current needs and choices.

We saw people who used the service were treated with dignity and respect and it was clear there was a mutual respect between staff and people who used the service. Where staff were seen discussing people's needs with them this was done discreetly ensuring people's privacy and dignity was maintained. Whilst any care activity was being delivered we saw staff ensured doors were closed to maintain their dignity. Staff were seen knocking on people's bedroom doors and bathrooms and waiting to be invited in. A visiting professional to the service told us they were always offered private facilities to review people. They said, "They allocate a room to see people to enable their privacy."

There was information to guide staff on how to support people's privacy and dignity. These included the homes philosophy of care and dignity care charter, guidance on dignity and respect as well as up to date policies to guide staff on the homes values, privacy, dignity, choice fulfilment and rights of independence.

We also saw people had access to the service user guide which confirmed the homes commitment to provide, "Ensure people's privacy in maintained." This would ensure staff had the information to guide them on how to support people with dignity and respect.

## Is the service responsive?

### Our findings

During our last inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessments of the needs of people, design a plan of care to meet those needs, and reflect personal preferences. We told the provider they must take action to ensure people were protected from unnecessary risks. During this inspection we found that improvements had been made in relation to preadmission assessments to develop a plan of care to meet people's needs.

People who used the service told us that the staff had discussed their care with them and they had agreed to it.

We discussed the care files with staff and the home manager who us they had developed a new care record for people to ensure people received care that reflected their current needs. New records contained information to guide staff on how to support people's individual needs. These included, personal details, physical health, personal care, medication, emotional care and any equipment required. Care plans and risk assessments identified how to support people's health and safety, mobilising and their ability to make decisions. However we noted that records were brief in their content and did not contain all the information about people for example people's height and weight.

Information relating to any input from health professionals was stored separately from care plans and risk assessments which made it very difficult to confirm that guidance for staff on how to meet people's needs reflected the reviews of professionals. We saw care plans and risk assessments where in place however not all assessed needs had the relevant and up to date documentation in place. This would ensure staff met people's current needs and were aware of their individual risks. For example one record identified how to support a person's mobility however when we discussed their mobility with staff they told us the person's current needs were different than what had been recorded in their care file. Two of the care files we looked at had been completed recently however one file recorded monthly reviews of the care files was required however we saw that this had not been completed. This would increase the risks of unsafe and out of date care delivery.

The provider had a separate document that contained daily information such as, food and fluids, and pressure monitoring. There was also a 'daily checks file' which had records for each person who used the service relating to the monitoring of people's continence needs. However we noted there was guidance for staff to, "Only sign the record once each day and not multiple times" when attending to people's continence needs. We discussed this with the home manager who immediately removed the guidance and gave assurances that all continence needs would be documented on each occasion to ensure records reflected accurate information about the care and support people received.

We discussed the gaps in people's care files with the home manager who told us they were aware of the deficiencies in people's files and that the staff were working together to ensure records reflected people's current need and that there were plans in the future for staff to undertake care planning training.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was separate documentation of people's daily routines and the care that staff delivered such as personal care and meals. The home also completed day and night checks on each person which identified the support provided to people who used the service. Information that was recorded included; sleep patterns, activities such as watching television, personal care and dressing and continence support. A daily entries file was in place that had details for staff to access about their personal details, next of kin, general practitioner, emergency contacts and any relevant history if required.

We asked about the activities on offer for people who used the service. People told us they were able to enjoy a range of activities. One person said they were, "Looking forward to their planned holiday." Others told us of regular visits to a local football match. We saw evidence of people taking part in regular activities. This included church club, gardening, relaxation, pub quiz, Christmas party and trips out. There were basic records that detailed the activities undertaken by people who used the service which included trips to Lytham, pub quiz, walking and a football match. We observed staff engaging in table top games with people who used the service during our inspection. The PIR demonstrated their commitment to ensure people lived enriched meaningful lives. It stated, "A senior member of staff is sourcing various productions not just in the local area but to include, Manchester, Liverpool and Blackpool. We are planning a structured activity programme so that people can lead a more active life."

We saw a clear up to date policy and procedure in place to guide staff on how to deal with complaints. Staff told us if they had any concerns they would report them to the home manager.

We saw evidence of positive feedback from staff and people who used the service. Examples of comments recorded included, "Many thanks to you all during these trying times we have had lately. We appreciate all you do" and "Thank you for [name of person] for their birthday."

We looked at the system in place for dealing with complaints. There was a complaints file that had details of complaints received by the service. Included in the record were details of the actions taken in response to the complaint that would ensure lessons were learnt to reduce the risk of further concerns. The home manager told us they were planning to set up a system to effectively audit and monitor any complaints received by the home to ensure they were dealt with in a timely manner.

## Is the service well-led?

### Our findings

At our last inspection we made a recommendation that the registered provider ensured effective systems were in place to monitor the quality of the service. Whilst we saw evidence of some improvements we identified further concerns in relation to the quality monitoring, leadership and management of the home.

People who used the service and staff told us they were happy with the management arrangements in the home. They said that there had been improvements in the service since the new manager came to post. Comments included, "Things are a lot better now [home manger] came. I like her she is good and supportive", "[Home manager] is great she was here before as a deputy manager. She is supportive and would listen if I had any problems. She is trying to sort things out it is better now in the home." and "[home manager] is lovely I feel very much supported. She is implementing new things in the home. A lot of the residents speak very highly of her." The PIR and staff told us the home manager operated an open door policy that would enable people to discuss their views ideas and concerns.

At the time of our inspection the registered manager had recently left her post and a home manager who was also the registered manager for another home with the provider had been recruited to their post at the home and was responsible for the day to day operation and management of the service.

We looked at how the home monitored the quality of the service provided. We saw evidence of completed audits on the home and environment which included notes where actions were required to reduce any future risks. These included fire, safety, kitchen, bedrooms, shower and legionella checks. There was no evidence of any audits or analysis taking place to ensure any shortfalls were identified and measures implemented to reduce any future risks on audits for care records, care plans, MAR, supervision and competency checks.

We found systems to respond to and record allegations of abuse were insufficient, medicines were not stored safely and records relating to medicines were incomplete, risk assessments relating to people's care needs had not been completed in full, people's records were not completed in full or updated in line with their changing needs, systems and processes were not established or operated effectively, there was no planned programme of supervision to support staff, training for staff was incomplete and some staff training was out of date, and records did not recognise people's needs in relation to equality and diversity.

Staff told us team meetings were taking place in the home. Records included dates of the meetings along with attendees. Topics covered within the meetings included induction programme, smoking, bath temperatures, care plans and supper. However we saw the last date of a team meeting was 15 months prior to our inspection. This meant staff were not provided with structured updates about the home and any relevant information they required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home regularly asked for feedback from people who used the service and relatives. This would ensure the care delivered to people was appropriate and timely and met their individual needs. Feedback about the care people received was positive and where comments or suggestions were made the proprietor told us they acted upon these accordingly. Topics reviewed within feedback included the premises, meals and meals time, equipment, personal care, daily living, the manager and being cared for in a safe environment. Comments documented by people included, "We are always made to feel welcome", and "There is always snacks and drinks available." We saw evidence of meetings taking place with people who used the service that provided them with information in relation to how the home was run and gave people an opportunity to voice their views. The PIR stated, "Service user meetings are done regularly which allows people the opportunity to make suggestions in a group setting or to openly discuss issues, problems or concerns."

There was a comprehensive and detailed policy and procedures in place that provided guidance for staff to follow to ensure people received safe effective care as well as the operation and management of the home. Policies included; moving and handling, promotion of continence, quality management, food safety and nutrition, care planning, accidents, equal opportunities and advocacy.

We saw relevant certificates were on display in the public areas of the home that demonstrated the home was safe for people to live in. These included the latest inspection rating from the Commission, employer's liability insurance, food hygiene rating and a Lancashire care association certificate. There was also evidence of checks and servicing on equipment such as, gas and electrical safety, lifts, hoists and wheelchairs.

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 failed to ensure systems were in place for the proper and safe management of medicines. The provider failed to ensure systems for assessing the risks to the health and safety of service users. Regulation 12. – (2) (a) (g)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure systems and processes were operated effectively to prevent abuse and to investigate allegations of abuse. Regulation 13. – (2) (3)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure care records were accurate, complete and contemporaneous. The provider failed to ensure systems and processes were established and operated effectively. Regulation 17. (1) (2) (c)