

Lancashire County Council

Castleford Home for Older People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We carried out an inspection of Castleford Home for Older People on 12 and 13 May 2015. The first day of the inspection was unannounced.

Castleford Home for Older People provides accommodation and personal care for 45 older people. The home is located close to the centre of Clitheroe. Accommodation is provided on two floors in 45 single bedrooms, 14 of the bedrooms have an ensuite toilet and

wash basin. The home is divided into four units, known as Henthorn Court, Eddisford Court, Castleview Court and the Rehabilitation Unit. Henthorn Court and Eddisford Court provide care for people living with dementia. At the time of our inspection there were 43 people living in the home.

There was a manager in post, who was in the final stages of registration with the commission. A registered manager

Summary of findings

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.

We last inspected this service on 9 September 2013 and found it to be meeting the regulations in force at the time.

During this inspection, we found the provider needed to make improvements to the recruitment process and supporting people to eat their meals. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

There were adequate numbers of staff on duty to support people safely and ensure that people's needs were met appropriately.

Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were safe.

Staff had the opportunity to complete training which was relevant to their role. However, we found the training records were unclear and one member of staff had not completed the induction workbook at the start of their employment. The manager assured us they had plans in place to address these issues.

Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had a good choice of meals and were able to get snacks and drinks throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were relaxed, comfortable and happy with the staff that supported them. Staff talked with people in a friendly manner and assisted people as required, whilst encouraging them to be as independent as possible.

Each person had an individual care plan. The care plans were well presented and contained information about people's personal preferences and any risks to their well-being.

People and their relatives knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

We saw there was a system of audits in place to monitor the quality of the service and people and staff were given opportunities to express their views and provide feedback on the service.

Summary of findings

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.

Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not always been followed.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Whilst people were provided with nutritious food, we found people were not always given appropriate support to eat their meals and staff had not consistently maintained records of people's weights.

Staff were provided with appropriate training. However, training records were being collated so it was not possible to determine what training staff had completed. We noted one member of staff had not completed their induction workbook at the start of their employment. The manager told us arrangements were in place to address these issues.

The manager had made appropriate applications for Deprivation of Liberty Safeguards and was due to implement appropriate documentation to monitor people's mental capacity.

Requires Improvement



Is the service caring?

The service was caring.

People made positive comments about the caring attitude and patience of staff. During our visit we observed sensitive and friendly interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



Is the service responsive?

The service was not consistently responsive.

People were satisfied with the care provided and systems were in place to ensure people's needs were assessed before they moved into the home.

Requires Improvement



Summary of findings

Each person had an individual care plan, which provided guidance for staff on how to meet their needs. However, from the records seen the frequency of reviews was not consistent.

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

This service was well led.

There was a manager in post who was in the final stages of registration with the commission.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



Castleford Home for Older People

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 May 2015 and the first day was unannounced.

The inspection team consisted of an adult social care inspector, a specialist advisor on dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor focused on the care received by people living with dementia.

Before the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. The provider also

sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted and received information from the local authority commissioners who also monitor the standards within the home and from a social worker.

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 15 people who used the service and three relatives. We spoke with the manager, nine members of the care team and the cook. We also discussed our findings with a senior manager. We spent time observing care throughout the service and carried out general observations of the care and support people were given. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

In addition, we looked various records that related to peoples' care, staff and the overall management of the service. This included seven people's care plans, two staff files, staff training records, meeting minutes, the complaints log, 15 medication administration records, accident and incident forms and quality assurance tools.

Is the service safe?

Our findings

All people spoken with were confident that their support was provided safely and effectively. One person said, “I definitely feel safe, all the staff are lovely.” Another person commented, “The staff are always understanding and courteous.” Relatives spoken with also expressed satisfaction with the service. One relative told us they felt reassured by the management team who informed them if their family member had any difficulties.

We assessed how the provider recruited new staff and looked at the recruitment records for two members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. An interview was held during the inspection and we noted a person living in the home sat on the interview panel. This meant the person was able to have direct influence on the selection of new staff. We found all appropriate checks had been completed before one member of staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

However, we noted there were gaps in one staff member’s employment history. The manager sent us details of the staff member’s history of employment following the inspection. We noted the new staff member had previously worked in a social care setting with vulnerable adults, which was not listed on the original application form. We also noted the gathering of evidence of satisfactory conduct in previous employment concerned with the provision of services relating to children and adults was flawed. The manager acknowledged that on this occasion she had not checked the gaps in this person’s employment record. The provider had a computer based recruitment and selection policy and procedure. At the time of the inspection it was unclear whether the policy and procedure covered the requirements of the current regulations. However, the senior manager offered to find out more information and send us clarification. It is important the

provider operates an effective recruitment and selection procedure which complies with the current regulations to ensure appropriate checks are carried out for all new employees.

The provider had not operated an effective recruitment procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the manager and staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The manager was in the process of collating the staff training records, so we were not able to determine when the majority of staff had last received training. However, we noted the provider made provision for all staff to complete a workbook every year in order to refresh their knowledge. Where safeguarding concerns had been raised, we saw the manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We noted staff had access to internal policies and procedures and information leaflets published by the local authority. The contact details for the local authority were displayed in all staff areas. This helped staff to make an appropriate response in the event of an alert.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people’s care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. There was documentary evidence of control measures being in place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual risks in a safe and consistent manner.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the

Is the service safe?

service in the event of adverse events such as loss of power or severe weather. From the information provided in the Provider Information Return (PIR) a risk assessment and evacuation plan had been developed in partnership with the Health and Safety Advisor. We saw the completed risk assessment during the visit.

Following anyone having an accident or where an incident had occurred, a form was completed and entered onto an electronic database. All forms were seen by the manager and referrals were made as appropriate, for example to the falls team. The manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. People spoken with told us there were sufficient staff to meet their needs. One person on the rehabilitation unit told us, "The staff are always there if I want them and I never have to wait long." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. During the inspection, we saw staff responded promptly to people's needs on all units visited. We saw evidence to demonstrate the manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. According to the PIR the manager was able to use a flexible staffing hours to respond to changing needs.

We looked at how medication was managed in the home. All people spoken with told us they were happy with the support they received to take their medicines. We observed a member of staff administering medication during the inspection and noted the member of staff was thorough in checking the prescription labels against the medication administration records before giving the medicine to each person.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and included a photograph of each person. The medication was stored in locked metal trolleys in locked rooms.

Staff designated to administer medication had completed a safe handling of medicines course and undertook competency assessments to ensure they were competent at this task. We saw completed competency tests during the inspection. Staff had access to a set of policies and procedures which were readily available for reference. The manager told us they were due to receive a copy of the NICE (National Institute for Health and Care Excellence) guidance for managing medicines in care homes the following day.

On the first day of the inspection we found there was some information missing on the medication administration records on Henthorn Court. However, we noted this was rectified on the second day of the visit.

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

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “The staff are very good, they help you in every way they can.” Staff told us they enjoyed their work and were committed to providing people with good quality care.

We looked at how people were supported with eating and drinking. People told us they liked the food provided and confirmed they were offered a choice each mealtime. We observed lunch time on the first day of the visit on Castlevue Court, Eddisford Court and Henthorn Court. We noted the meal looked appetising and was well presented. People were offered second helpings if they wanted more to eat. However, whilst people were assisted to eat, we noted one new member of staff was not given full instructions about one person’s needs on Henthorn Court. This meant they were unaware of the specific difficulties this person had when eating. The member of staff was kind and attentive, but the way they were assisting the person meant the person was retaining food in their mouth. We also noted staff had not ensured the person’s drink was the right consistency in line with the recommendations of the Speech and Language Therapist contained in the person’s care plan. This meant there was an increased risk of the person choking.

The provider had not ensured all people had adequate support to eat and drink. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the person’s records and found there was an instruction to staff to ensure the person was weighed once a week. However, the last recorded weight was in February 2015. This meant it was not possible to ascertain if the person had experienced any fluctuations in their weight. Similarly we found two people living on Eddisford Court had not been consistently weighed in line with instructions in their care plans. From the records seen one person had lost weight, however, there was no evidence any action had been taken to investigate this situation further. We were told on the second day this was because the scales had

been broken and new scales had been purchased, hence the decrease in weight. We were informed the person was weighed on the second day of the visit and found not to have lost weight.

We looked at how the provider trained and supported their staff. The provider had arrangements in place for all new staff to complete a team induction which included an introductory induction and the common induction standards workbook. The latter set out the standards care workers need to meet in order to carry out their role effectively. (This has now been replaced with the Care Certificate). We spoke with one member of staff who had been employed within the last six months and looked at their records. We found they had completed the introductory induction but not the common induction standards workbook. We also found their work performance had not been reviewed during their probationary period. This is important to ensure staff receive appropriate training and support at the start of their employment.

Staff told us they were provided with appropriate training opportunities and confirmed the courses were relevant to their role. We noted the provider had a training plan in place for all staff which included a mixture of face to face learning and the completion of workbooks. The service provider’s mandatory training included safeguarding, moving people, safe handling of medication, health and safety, Mental Capacity Act and person centred planning. The manager told us they were in the process of gathering information about the staff training and were working on the staff training matrix. It was therefore unclear when staff had last completed their training. The manager told us that staff training was a priority and she would ensure all staff completed the relevant training in a timely manner.

Staff spoken with told us they were provided with regular one to one supervision and they were supported by the manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home. Staff confirmed handovers

Is the service effective?

meetings were held at the start and end of every shift during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA 2005 and we found they had a working knowledge of the principles associated with the Act. We also noted there were detailed policies and procedures available on the MCA 2005 and DoLS for staff reference. At the time of the inspection, one person had an authorised DoLS and the manager had made five applications to the local authority. Following the inspection we received written confirmation from the manager that an application had been submitted for all people living on Henthorn Court.

We saw appropriate documentation in relation to mental capacity issues in two people's personal files. However, this documentation was not seen in six of the care files looked at in detail during the inspection. The manager assured us arrangements were in place to ensure all relevant paperwork and assessments would be in place by the end of May 2015.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. We noted healthcare professionals visited the home during our two day visit. People's healthcare needs were considered within the care planning process and we noted there was separate section in each person's plan detailing any healthcare conditions. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt and effective care.

The home was split into four separate units each with their own dining and living areas. Arrangements were in place for on-going maintenance and repairs. We saw records of repairs during the inspection. People had access to outdoor space in enclosed courtyards or the surrounding gardens.

Is the service caring?

Our findings

People and their families were satisfied with the care and support provided. One person said, “I am very happy with things here, almost perfect. The staff are great” and another person commented, “The staff always treat me with respect and I find it a friendly and relaxed atmosphere.” Relatives spoken with also expressed satisfaction with the service. The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. For instance we observed a member of staff asking a person if they would like to spend some time picking out some clothes for a forthcoming special occasion.

Staff told us about people’s likes and dislikes. One staff member told us about one person’s daily routine in detail and showed through their discussion that they really knew this person. They also told us about another person’s life history and showed an awareness of what was important to them, including information about their past employment history. Staff demonstrated that they had the knowledge to provide personalised care in accordance with people’s preferences.

People said their privacy and dignity were respected. One person told us, “I am treated with respect at all times. The staff are always courteous and I can’t find fault in any of them.” We saw people being assisted considerably and noted they were politely reassured by staff. We also observed people spending time in the privacy of their own rooms and in different areas of the home. We noted staff routinely knocked on bedroom doors and waited to enter to the room. There were policies and procedures for staff about maintaining people’s privacy, dignity and

confidentiality. According to information in the Provider Information Return a member of staff had been designated as a dignity champion as part of the Dignity in Care initiative. The Dignity in Care campaign is hosted by the Social Care Institute for Excellence, and aims to put dignity and respect at the heart of care services. The dignity champion acted as a role model for other staff and cascaded information to the staff team.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and customer satisfaction surveys, including regular consultation exercises. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

We observed staff encouraged people to maintain and build their independence skills, for instance supporting people to retain their mobility and eat their meals. There was a structured programme in place for people using the rehabilitation unit, which included input from a multi-disciplinary team of professional staff. People spoken with on the rehabilitation unit made very complimentary comments about the service and told us they felt confident and reassured about moving on after their six week stay. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people’s choices and opinions.

People were provided with appropriate information about the service in the form of a service user guide and brochure. This ensured people were aware of the services and facilities available in the home. We noted there was an extensive range of information displayed in the reception area. However, some of the information was out of date. The manager told us they had plans to review all the information and the layout of the reception. They also told us they intended to make available information of advocacy services. These services were independent and

Is the service caring?

provided people with support to enable them to make informed choices. None of the people living in the home were in receipt or in need of these services at the time of the inspection.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said, “I have no problem with the staff responding if I need to call them and very little I could complain about at all” and another person commented, “It’s great the staff will do anything you want them to do, you only have to ask and they always respond.”

We looked at how people’s care was planned and delivered. Before people moved into Henthorn, Eddisford or Castleview an assessment of their needs was carried out with the person and / or their family. We looked at a completed assessment and found it covered all aspects of the person’s needs. We noted the person had signed the assessment of needs to indicate their involvement in the assessment.

We were sent evidence following the inspection to demonstrate people using the rehabilitation unit had discussed their needs with a social worker before their admission to the home. During our visit we noted people were involved in a further assessment of their needs after they had moved into the home. People receiving rehabilitation support told us they were very satisfied with the service at Castleford.

We looked at seven people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and included information about people’s personal preferences. The care files also included a one page profile which set out what was important to the person and how they could best be supported. We saw documentary evidence to indicate some plans had been reviewed on a monthly basis, however, from the records seen the frequency of reviews was not consistent. For instance according to the records in people’s files one person’s care plan had not been reviewed since December 2014 and another person’s care plan had not been reviewed during the first three months of 2015. It is important to review people’s care plans on a regular basis to ensure staff are aware of any changing needs.

A member of staff had been designated as a “Dementia Champion”, which meant they took a lead role in the care of people living with a dementia. We spoke with the

member of staff who described their role with enthusiasm. They explained they had completed dementia care mapping training and the training was being applied to daily practice to enhance people’s quality of life. For instance people had been supported to engage in specific activities which were meaningful to them. Dementia Care Mapping is designed to evaluate the quality of care from the perspective of the person living with dementia.

We found people had mixed views about the activities provided. For instance one person said, “I am quite happy and don’t see the need for change other than we could do with a few more activities.” However, another person told us they had greatly enjoyed shopping for plants and planting them in the garden. On our first day we noted there was a limited programme of organised activities and staff arranged activities on a daily basis in accordance with people’s preferences. We saw records of the activities and noted they included reading newspapers, local shopping, quizzes, nail care and foot spas. On the second day of the inspection, the manager held a consultation exercise with people living in the home and as result developed a new weekly plan of activities. The new plan included choir practice, dominoes, movie afternoons, bingo and discussion on current affairs. The manager told us the activities were planned in different areas so people could move round the home and meet other people using the service.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the management team in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was incorporated in the service user’s guide and included the relevant timescales for managing and responding to complaints. The organisation had also produced leaflets to inform people about the complaints procedure as well as information on their website.

The manager kept a central log of complaints and had received three complaints in the last 12 months. We found

Is the service responsive?

the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainants. We noted action plans had been devised following the

investigation and outcome in order to minimise the risk of reoccurrence. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Is the service well-led?

Our findings

People spoken with told us the service was well managed and organised. One person using the rehabilitation services told us, “Since I have been here everything has gone very well. I’ve had nothing to complain about.”

The home was run by a manager who had been in post since 2 March 2015. She was in the final stages of registration with the commission in order to become the registered manager. The registered manager, along with the provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

The manager told us she was committed to the continuous improvement of the service. At the time of the inspection, the manager described her achievements in the last two months as developing a good management team, establishing a Friends Group and increasing staff morale. The Friends Group took an active interest in the home and were involved in fundraising and other activities. She also told us about her plans for the future development of the service and her key challenges. These included the development of staff training, the recruitment of additional staff and ensuring people have more opportunities for trips outside the home.

People living in the home had been given the opportunity to complete and submit a satisfaction questionnaire in July 2014. We looked at the collated results and noted the majority of people who responded to the survey indicated they were “very satisfied” or “satisfied” with the service.

People and their relatives were regularly asked for their views on the service. Every week a member of the management team carried out a survey called “How was your week?” The completed surveys seen during the inspection covered a wide range of topic areas including the attitude of staff, meals, cleanliness of the home, whether people felt their needs were being met. We noted action plans had been developed in response to any suggestions for improvement. Residents’ meetings were held on a monthly basis and people were supported and encouraged to add items to the agenda. We saw minutes of the meetings during our visit. In addition the manager ensured regular consultation exercises were held with people living in the home. The consultations focussed on specific topics for instance safety in the environment and

complaints and concerns. During one consultation a person indicated they would like to be involved in the recruitment of new staff. This was acted upon and we saw the person taking part in the interview of a new member of staff during the inspection. This meant people living in the home were able to influence the development of the service.

A senior manager visited the home at regular intervals and completed a monthly report. We saw the report included feedback from people using the service, their relatives and staff. The report was detailed and included an action plan which was monitored and reviewed. The senior manager also completed a section of an overall service audit. The service audit covered all aspects of the operation of the home. The senior manager told us that three sections had been completed including management and administration, the environment and medication. We noted each section was awarded a rating and an action plan was formulated.

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

Staff members spoken with said communication with the manager was good and they felt supported to carry out their roles in caring for people. They said they were confident to raise any concerns or discuss people’s care. There were clear lines of accountability and responsibility. If the manager was not in the home there was always a senior member of staff on duty.

The manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The manager also met with the head of operations at an annual quality and development meeting. We saw a detailed action plan had been developed following the meeting, which the manager was working to, this included the development of areas of good practice. The action plan was being monitored by a senior manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (2) (3) (a)).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

People were not always provided with adequate support to eat and drink in order to meet their needs. (Regulation 14 (4) (d)).