HC-One Oval Limited

Perry Locks Care Home

Inspection report

398 Aldridge Road
Perry Barr
Birmingham
West Midlands
B44 8BG

Tel: 01213560598

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

At our last inspection on the 10 and 11 May 2017, we found the service required improvement in all of the questions, is the service safe, effective, caring, responsive and well-led. At this inspection we found there had been sufficient improvement to rate this service as an overall good.

The inspection visits took place on the 04 and 05 December 2018. Perry Locks provides accommodation and support for up to 128 adults with nursing care needs. The home comprises of four units, Perry Well House, Calthorpe House, Lawrence House and Brooklyn House. At the time of our inspection visit 110 people were living there. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

The provider's quality monitoring processes required some further improvement to ensure potential dangers were identified and requests for repairs were completed in a timely way. Some care plans were not consistently updated following professional visits. There were some gaps in the recording of medicines and administration of topical creams.

People were kept safe. Staff understood how to protect people from risk of harm. People's risks were assessed, monitored and managed to ensure they remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures to ensure suitable staff were recruited. People received their prescribed medicines when required by trained staff. Staff understood their responsibilities in relation to hygiene and infection control.

People told us they received support from staff they felt had the skills required to support them safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were encouraged to eat healthily. People had access to healthcare professionals when needed in order to maintain their health and wellbeing.

Staff encouraged people's independence where practicably possible. People received a service that was caring and respected their privacy. People were supported by staff who knew them well.

People received a service that was responsive to their individual needs. Care plans were personalised and contained details about people's preferences and their routines. People were supported to pursue hobbies and activities that interested them and processes were in place to respond to any issues or complaints.

Where people's faith was important to them, they were supported to continue with following their beliefs. This included their end of life (EOL) wishes.

The registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of the service provided to people. People and staff were complimentary about the leadership and management of the home and said the registered manager was friendly and approachable. The provider worked in conjunction with other agencies to provide people with effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were supported by sufficient numbers of staff.

People were protected from the risk of abuse and avoidable harm because staff knew how to report concerns and processes were in place to support safe practice. People were supported by staff that had been safely recruited and they received their medicines safely from trained staff

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to deliver effective care and support.

People's needs and choices were assessed and personalised to meet their individual requirements. People were supported to maintain a healthy and balanced diet. People were supported to access healthcare services to ensure they received effective care and treatment.

People's consent was sought by staff and they were involved in making decisions about their care. Staff understood when it was appropriate to
make best interests decisions that were made in line with the Mental Capacity Act.

Is the service caring?

Good

The service was Caring

Staff treated people with kindness and respect.

People were involved in making decisions about their care and support wherever possible and felt they could express their views.

People were supported to be as independent as much as

possible by staff that respected people's privacy.

Is the service responsive?

Good

The service was Responsive

People received personalised care that was regularly assessed to include their interests, hobbies, cultural and religious needs.

People knew how to complain and processes were in place to learn and make improvements where required.

People's preferences and choices were discussed to ensure the service supported people at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Improvements were required to the monitoring of care plans and medicine administration records to make sure they were up to date and accurately reflected changes.

Improvements were required to the provider's maintenance processes to ensure when repairs and damaged items were reported, they were promptly repaired and/or replaced.

Staff were supported by a management team that had the skills and knowledge to encourage and motivate. People and their relatives felt involved in the developing of the service that worked in partnership with them, local community services and agencies.

Perry Locks Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 04 December 2018 and was unannounced with a return announced visit on the 05 December 2018. The inspection team consisted of four inspectors, two assistance inspectors, two experts by experience and two specialist advisors on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisors were registered nurses with professional skills, knowledge and clinical experience in supporting people with complex nursing and dementia care needs.

The inspection was scheduled and as part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also reviewed the Provider Information Return (PIR) the provider had submitted to us. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. There were no additional concerns raised. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spoke with 17 people, 14 relatives, 13 staff members that included seniors, care and domestic staff, catering staff, four nurses, four unit managers, a quality assurance manager and the registered manager. We also spent time observing the daily life in the units including the care and support being delivered. As there were a number of people living at the service who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observations. (SOFI is a

specific way of observing care to help us understand the experience of people who could not talk with us.)

We sampled 15 people's care records to see how their support was planned and delivered and medication records to see how their medicine was managed. We looked at three recruitment files to check suitable staff members were recruited. The provider's training records were also looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At the last inspection in May 2017, we rated the service as 'requires improvement' under the key question, is the service safe. This was because staffing levels were not consistent to ensure people received support in a timely way. Some health related risks to people had not been consistently updated and recorded in their care plans. Staff could not consistently demonstrate how they sought pharmacist advice on how to prepare and administer medicines covertly. At this inspection we found there had been some improvement to now rate this question as 'good'.

We received mixed responses from everyone we spoke with across all four units concerning staffing numbers. Comments from people living at the home included, "Yes, there's enough staff," "Probably not enough staff, I'm calling and waiting and feel frustrated," "Not enough staff. When I want to go to the toilet, I have to go in the pad. The first time I did it I was upset, but used to it now." A relative told us, "[Person's name] likes to get up around 10.00am but sometimes isn't helped up until 11.15am." There were equally mixed responses from staff, comments included, "Yes we have enough staff to support people," "They [the management team] always try to cover staff shortages, the manager always tries to make sure there are enough staff." "We [staff] cannot answer the call bells and get to provide care to people when they want their care". A healthcare professional told us, "There always seems to be enough staff on duty when I visit." Our own observations in Perry Well and Brooklyn showed people were attended to promptly. On Lawrence and Calthorpe staff were available in the lounge to support people with their needs and we did not hear the call bell alarms ringing for long periods of time.

We looked at call response times and found a majority of calls were answered within 2 minutes. Some staff members told us they would respond quickly to the call bell activation and speak with the person explaining they were busy with someone else and they would return quickly. The PIR stated that staffing levels were monitored using a rota meeting twice weekly that incorporated a 'dependency review tool kit.' We were shown how staffing levels were calculated combining people's support needs. The registered manager explained there had been a slight decrease in care staff because there had been a reduction in the number of people living on the units. The registered manager continued to explain the senior staff were 'supernumracy' which meant they were available to support care staff when required and it was possible this may not have been happening as often as it should be. The registered manager gave their reassurance they would speak with staff on all the units to ensure care staff were provided with additional support when required.

Everyone we spoke with told us the service was safe. One person said, "I feel safe, they [staff] look after me." Another person said, "I use hand rails and the toilet frame so that I can stand without falling. The staff use the hoist to put me in the chair. I feel safe when they do that." Relatives we spoke with said, "Yes they [their relative] are safe, staff all around and everything is done for them." "Yes, they [their relative] are safe, without a doubt." Staff we spoke with were able to explain what they would do if they suspected anyone was at risk of being abused and were knowledgeable on the signs to look out for. For example one staff member said, "If I saw a resident was frightful or bruises on them, I would speak to them to see what happened. If their behaviour or mood changes. I would tell my senior, nurses or managers and if nothing

was done I'd call the safeguarding team to report my suspicions." We saw that the provider had worked with the local safeguarding teams; where appropriate investigations had taken place and action plans were introduced to reduce risk of any reoccurrence. The provider had systems in place to safeguard people from the risk of abuse and avoidable harm.

We saw that people received support to keep them safe from risk of injury. People that required to be moved with a hoist were supported safely. We reviewed the incidents and accidents that had occurred since the last inspection and we could see there had been appropriate action taken. We saw risk assessments had been completed for people that were at risk, for example, of sore skin, choking, falls, epilepsy and diabetes. Nurses spoken with were knowledgeable of the people under their care. We saw people cared for in bed had the correct pressure relieving equipment in place and were repositioned in line with their risk assessment. People unable to call for assistance received hourly checks. People that received their fluids, nutrition and medicine through their stomach had the appropriate protocols in place to support nurses and care staff to care for people in a safe manner.

People we spoke with told us they received their medicines when they needed them. One person said, "I take my medicine in the morning, it's always on time. I take them in front of [nurse's name] I have them after breakfast and have never missed them." Medicines that were to be administed 'as required' had protocols in place that informed staff when people who may not always be able to tell staff if they were in pain. We heard staff asking people if they had any pain and would they like their pain relief. We saw one nurse giving people their medicines, they explained to people what their tablets were and what they were for, offered people a drink and stayed with the person to make sure they took their medicine. Nursing staff were knowledgeable about people and their medicines and diabetic protocols. Nurses spoken with confirmed the pharmacist was always available and responsive for advice concerning any medicine problems.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

Staff had access to personal protection equipment (PPE) as required. Systems were in place to manage emergency situations such as fire. The provider had systems and processes in place for ongoing maintenance and routine repairs to the building. We saw records to indicate regular safety checks were carried out for example, on the fire alarm and hoists.

Good

Is the service effective?

Our findings

At the last inspection in May 2017, the service was rated as 'requires improvement' under the key question, is the service effective. This was because there had been some inconsistency to ensure staff had received up to date training. At this inspection we found there had been an improvement and the rating for this key question is 'good'.

People and relatives we spoke with told us they thought staff were trained to support them. One person said, "They [staff] do what I want very well." We saw the provider had introduced a new way of working to provide training for staff members. Two computers were situated in quiet areas within the service that were available for staff to use 24 hours a day. Staff told us they thought the training was good and it gave them enough information to carry out their duties safely. One staff member told us, "It (the training) is good as we have assessments and it's more flexible as it can be done at the home. There is a lot of different training here." Another staff member said, "I think the training is really good and the induction I had was great." Records we looked at showed recently recruited care staff worked through work books and were regularly assessed by senior staff. We saw staff putting their training into practice, for example safely transferring people from their wheelchairs to their lounge chairs and being able to explain to us what they would do in the event of an emergency. Nurses had received additional training in respiratory conditions, catheter care and phlebotomy. A visiting healthcare professional told us they thought staff appeared knowledgeable and competent to carry out their role.

Staff we spoke with all confirmed they received one to one supervision on a regular basis. One staff member said, "I have regular supervision with the unit manager. The last one was about two weeks ago. Staff we spoke with also told us that they were kept up to date about people on their respective units through handovers and staff meetings so that they had the up to date information required to support each person.

People's support needs were assessed and where appropriate, their relatives had been involved. People told us their care was delivered in line with their preferences and care plans we looked at showed as much as possible, people's choices were supported and contained information about people's likes and dislikes and these were followed by staff. Staff were knowledgeable about the people they supported and explained people's routines to us. One staff member said, "It's important to remember people are all individuals."

People we spoke with were generally satisfied with the quality of the food they received. One person said, "The food is nice here. I am happy with what is offered." Another person told us, "The food is always nice. There is a choice every day." We asked people after the midday meal what their views were of the meal. They all told us the food was lovely and they were, "Full up." Although we did not see pictorial menus, staff showed people two plated meals to enable people to make a choice of meal. On all units, we saw people received food which met their dietary requirements and where people had changed their minds or did not like what was offered to them, alternatives were provided promptly. For people who were non-verbal staff looked for visual signs to help them make choices, one staff member told us, "I watch people's faces when they are trying something new to eat, if I can see they don't like it perhaps by frowning, I will try something

else and tell the other staff what they didn't like." Staff were attentive and gave lots of gentle encouragement to people that needed it. There was a varied menu that catered for people's preferences. For example, vegetarian, gluten free or cultural and religious beliefs. The food looked and smelt appetising. People that chose to eat in their rooms received their meals at the same time as those seated in the dining areas. Records we looked at showed appropriate referrals had been made to dieticians or Speech and Language Therapists (SALT) and people's weights were regularly monitored. People were supported to drink on a regularly basis throughout the day. The service had a current food hygiene rating of five which is the highest that can be achieved.

People we spoke with confirmed they received care and support from healthcare professionals. One person said, "The doctor comes if I am ill." Another person said, "I have my eyes tested and my feet done." A relative confirmed, "They [family member] see the doctor and other healthcare people." Staff we spoke with told us that the GP visited regularly. One nurse said, "The doctor does a weekly surgery here. If people are unwell at other times the doctor will come out then too". We saw people's care plans had documented visits from professionals such as doctors, district nurses, dentists, optician and podiatrist. Where people's needs had changed referrals and support to access additional health care services were made promptly. This meant people were supported to access services to receive ongoing support to ensure their healthcare needs were being met.

People told us staff would seek their consent before supporting them with their care needs. Throughout the two days we were on site, we saw staff sought people's consent and offered and respected people's choices. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. We found that comprehensive, decision specific, mental capacity assessments had been carried out for those people that lacked the mental capacity to make specific decisions about their healthcare and support needs. Where these assessments had been appropriately completed, we could see a clear best interests process had been followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been submitted and at the time of our inspection the provider had acted in accordance with the law.

The units needed some investment although the lounge areas were decorated nicely for Christmas. However there were no dementia friendly signs to support people living with dementia to locate different aspects of the units such as toilets and bathrooms to aid people to remain independent. Storage was also an issue and we saw stand aids and hoists in bathrooms. The registered manager explained the provider was in the process of addressing the storage issues and this would be resolved. They also told us the home had been selected by the provider to pilot a new dementia scheme. They shared with us the provider's plans to revamp the dementia care unit to enhance people's experiences. There were shared areas for people to access and we saw that people could make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. People's bedrooms were personalised and people liked their rooms. There was a large secure garden area for people to access and the registered manager told us that there were plans in place to improve the general appearance and decoration of the home. The use of technology was also in place, for example to monitor when people at risk of falling had

tried to get out of bed or out of their chair promoting their safety.

Good

Is the service caring?

Our findings

At the last inspection in May 2017, the service was rated as 'requires improvement' under the key question, is the service caring. This was because some of the aspect of care was not always caring and people did not always receive the support they required when they required it. At this inspection we found there had been an improvement and the rating for this key question was 'good'.

People we spoke with told us that staff were kind to them. One person said "They're [staff] caring, they ask me how I am and when they pass by, they look in and say hello." Another person said, "The staff are absolutely fantastic." A relative told us, "Staff are very friendly and are nice. [Staff name] is so good with my relative." On all the units, we saw staff were kind and compassionate and had clearly formed strong relationships with people and knew them well. We saw some lovely examples where staff would come down to the level of the person they were speaking with, their tone of voice was quiet and calm and there were lots of reassurances given to people touching their hands, arms and shoulders to offer reassurance and comfort which people clearly enjoyed. When people appeared disorientated, anxious or upset staff were close by to support them appropriately. Staff we spoke with told us they enjoyed working on their units and spending time with the people who lived there. One staff member said, "I love my job and residents. I would recommend it to anyone."

People we spoke with told us they were involved in day to day decisions about how and where they spent their time. One person told us, "Staff discuss with me what care I need." There were areas throughout the units where people could choose to relax, for example, in the lounge and dining areas, in the garden area or quiet time on their own in their rooms. All of the people living in the home resided in individual bedrooms with en-suite facilities which gave them privacy. Everyone we spoke with told us they could contact friends and family when they wished. One person said, "Staff make visitors feel very welcome." People we spoke with confirmed they were supported to be independent. One person told us, "Yes they [staff] encourage me to do things for myself." Staff we spoke with told us they encouraged independence, for example, supporting people to wash themselves where possible and eat and drink independently. We saw one person struggled to drink their tea and one staff member watched them for a short while before offering support when it was evident they were unable to manage. We saw that, where possible, people were actively encouraged to be independently mobile around the units and, where appropriate, had their walking frames close by to support them to walk.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. One person said, "The staff always keep my dignity. When washing me they cover me up." People told us that staff treated them with dignity and were respectful of people's cultural and spiritual needs. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. The PIR stated the service was in the process of introducing a multi faith room for people to pray and notice boards containing information to support

people from the lesbian gay bisexual and transsexual (LGBT) community living in the provider's homes. At the time of our visit, all units at Perry Locks had the notice boards on display and people had access to the multi faith room. The management team explained how they created an inclusive environment and people encouraged to be open and comfortable within a safe and supportive environment. We found that people were given choices and were asked whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations.

Good

Is the service responsive?

Our findings

At the last inspection in May 2017, the service was rated as 'requires improvement under the key question, is the service responsive. This was because people and relatives did not always feel involved in the planning of their support and care needs and staff had not always been responsive to people's changing needs. At this inspection, we found the service had made some improvements and was now rated as 'good' under this key question.

People we spoke with told us they had a care plan that was tailored to meet their individual needs and could make decisions about their support. One person told us, "I did my (care) plan and am involved in reviews". A relative said, "I am involved and kept up-to-date with everything to do with [person's name]." We saw that new care plans had been introduced by the provider and that the new care planning system had encouraged, where possible, input from people and their relatives. The care plans we looked at were very person centred, they contained information about people's likes, dislikes, preferences, social history and family relationships. Staff we spoke with were knowledgeable about people and knew what was important to them. The PIR stated each day one person became 'resident for the day' and this meant on that day their care plan was reviewed, we saw this was happening and where possible people and their relatives had been involved.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We did not see on the units much in the way of accessible information for people, there were no pictorial menus, easy read complaints procedures on display and easy read activity plans. One unit manager acknowledged this was an area that could be improved. The registered manager and quality assurance manager explained that people's communication needs were assessed and if there was a requirement for large print, Braille, specific colours or easy read documents, these would be provided.

People were given opportunities to maintain their religious beliefs, hobbies and interests. One person told us, "My pastor comes to see me and the priest comes in on Sunday and gives me a blessing. I feel much better for it." There was a multi faith prayer room available for people and their visitors and staff to use. People were encouraged to take part in group activities. One person told us, "I do puzzles. I used to do knitting, but my hands are not good. I keep trying. I am still active in my brain. I can join in with the quizzes that [staff member's name] does." Another person said, "We made the decorations and yes there is enough for me to do in the day." There were some people that chose to remain in their rooms and did not take part in the group activities. Staff told us they would try to spend time with people in their rooms but people we spoke with told us this did not always happen and our observations across the four units saw little one to one activities in people's rooms. One of the activity coordinators we spoke with told us that they also organised trips out as often as possible which included visits to the local pub and shops. One person told us, "I don't want to do activities but I go shopping though." The provider had external organisations come into the units to provide additional activities for people for example ball games and exercises. The provider

had also implemented a 'Perry Locks social club' where people could meet from all units in one place to enjoy spending time together and socialising. Activities such as bingo and 'movie' afternoons also took place within the units, one person told us how they had helped out with the summer fayre. On Brooklyn House, the provider has introduced an area known as the Brooklyn Arms where people and their visitors can relax. Overall, we found there was a range of activities happening throughout the units with staff members engaging well with people in songs, games and quizzes.

People we spoke with told us that the registered manager, unit managers and staff were approachable and they felt confident to speak with them if they had any concerns or issues. Three people we spoke with all told us they had, "No complaints," and "I know about the complaints procedure. I would speak with the staff." Relatives we spoke with told us, "I will discuss an issue if important but no formal complaints." "There have been a few little things not even amounting to a complaint." Where written complaints had been raised, we saw the provider had processes in place centrally that recorded and investigated concerns and monitored for trends. Concerns that were raised verbally by people were recorded in their care plans but not recorded on the 'formal' written complaints system that was held centrally. For example, on Lawrence unit two people raised a number of issues with the inspection team. Following discussions with the unit manager and reviewing care plans, we found the issues had been investigated but there had been no recording of the action taken on the provider's complaints system because the issues were not seen as 'formal complaints' but concerns. We could see unit managers were dealing with the issues and concerns being verbally brought to them but because the outcomes were not being recorded this meant potential opportunities to identify trends were being missed. We discussed with the registered manager the need for a system to record all expressions of dissatisfaction and they agreed 'grumbles' books would be introduced to each of the units to ensure all issues raised as a dissatisfaction verbally or written were properly recorded.

We saw from people's care plans discussions had taken place about their personal preferences in the event of their health deteriorating. This included their end of life (EOL) wishes. Where people were identified as EOL, the provider had ensured the correct medicines were in stock to support the person with a comfortable, dignified and pain free death.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in May 2017, the service was found to be 'requires improvement' under the key question is the service well-led. At this inspection, we found there had been some improvement but additional improvement was required.

There was some further improvement required to the provider's monitoring and governance systems. For example, one record we looked at for a person at risk of sore skin had recorded checks on their mattress had been completed 11 hours in advance, this had not been identified by the senior staff or unit manager, therefore we could not be sure hourly checks had taken place. We discussed this with the unit manager and registered manager at the time. The registered manager explained that should not have happened and they took immediate steps to address this with the staff concerned. A second record we looked at did not have advice given by a professional following their visit updated into their care plan. There were also some gaps in recording when barrier cream was applied to protect the person's skin from becoming sore. There were several errors noted on two people's medicine charts, for example both were receiving their medicine covertly but only one was noted in the medicine administration sheet and the second was not. On Lawrence unit, a white board used for alerts, for example, people having pain relief patches was incomplete. This meant agency staff could be unclear of all medicine requirements. This was raised with the unit manager at the time who corrected the information on the day.

The provider's processes when dealing with environmental issues that were notified to them, required some improvement. For example, in Perry Well we identified two fire doors that required replacement, the damaged doors had been reported but had not been repaired or replaced in a timely way. The inspection team raised the doors as a matter of urgency and a further request to replace the doors was submitted by the end of our site visit. We were told the doors would be replaced. In Calthorpe we saw a number of hot pipes in toilets were not covered with temperature readings of 47 degrees, with the potential to cause burning to skin if a person had contact with the pipes. Environmental checks had not identified this potential hazard. We raised the risk with the management team and they confirmed by the end of the site visit, an urgent request had been made to the works department to rectify the potential danger.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

People, their relatives and visitors to the home, told us they were given opportunities to share information with the provider. We saw there were 'resident and relative' meetings. Feedback about the provision of care at Perry Locks was available to read through feedback surveys available on line. Some of the comments

included, 'All the staff treat each resident as an individual and take time to learn individual preferences regarding name and choice of clothes/food. This enables each to retain personal dignity. The menu is varied with food attractively presented and generally of good quality.' 'The rooms are clean. There is very good supervision with attention paid to specific needs.' 'I am very pleased with Perry Locks and staff are very good since my wife was admitted here.' 'Perry Locks is an excellent home.' 'The Brooklyn Arms is a nice pub as it keeps you in touch with the feeling of outside the complex. Staff are lovely as well and drinks are great. It's a must visit place.' People we spoke with also told us they were happy living at Perry Locks. One person said, "I am very happy here." Staff we spoke with agreed the management team were open and approachable and told us that they felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision. One staff member said, "[Unit manager's name] is alright, she talks to us. She is always early to work. She is friendly. She is always in the lounge talking to residents and have lunch with us, is hands on, she'll roll her sleeves up and help us if its needed." Another staff member told us, "[Registered manager's name] is lovely and very approachable."

The registered manager explained how they worked closely with partner organisations to develop the service they provided. They told us how they attended meetings with other service providers and healthcare professionals to identify areas for improvement and drive forward social care provision in the future. For example, on Perry Well the unit manager was a mentor for student nurses working on placement through a local University to encourage nursing students to consider a career in the social care sector.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they operated in an open and transparent way and we saw evidence of how they reflected this within their practice.

The management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.