

# Carlisle Lodge Limited

# Carlisle Lodge

## Inspection report

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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

### About the service:

Carlisle Lodge is a care home that provides nursing and personal care for people over 65 and accommodates up to 19 people in an adapted building. At the time of the inspection there were 14 people accommodated who had a range of complex health care needs and some people were also living with a dementia.

### People's experience of using this service:

The service met characteristics of 'Good' in most areas.

- Since the previous inspection, significant improvements had been implemented to ensure the requirements of the Mental Capacity Act 2005 were being met. Quality systems had been improved to effectively monitor these requirements along with health and safety matters in the service. However, we found further improvements to the quality systems were needed to ensure suitable training programmes and records were maintained in relation to all staff training.
- The outcomes for people living at Carlisle Lodge were personalised care provided by caring and supportive staff. People lived in a safe, comfortable and homely care home. One person said, "They look after me and it's warm and comfortable, I feel very safe here." The emphasis was on a relaxed but a professional environment.
- Staff knew how to keep people safe. They responded to any risks and took measures to reduce these. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse. Medicines were handled safely with people receiving their prescribed medicines in a timely fashion.
- Staff knew people really well. They had a good understanding of each person's needs and choices. People's individuality was embraced with people's past life's and beliefs being recognised. Any restriction to people's liberty were made in the least restrictive way possible to ensure people's safety. These had been considered in line with the MCA 2005.
- The food provided was individually tailored to people's needs and preferences. There was a strong emphasis on providing what people wanted and enjoyed. One person said, "The food is very good. We have an excellent cook and she makes the effort to find out what people like, she sees me every day. At first, I found the meals were too much for me, so they have been made smaller. I only have to ask for anything. They come around with drinks but I can ask for different drinks at any time."
- Staff had a good relationship with people and interaction was positive and friendly. Activities and entertainment were person centred and ensured each person had the opportunity for social interaction.

- Staff worked closely with health and social care professionals to secure the best outcomes for people's health and well-being. Visiting professionals told us staff responded to their input in a positive way and worked with them for people's benefit.
- The registered manager supported staff development and learning. New ways of working were explored and appropriate training was given to ensure staff had the appropriate skills to look after people.
- The registered manager led by example in providing person centred care. She interacted positively with everyone at the service and ensured that relatives and visitors felt welcomed and included. Staff felt appreciated and well supported. Complaints were recorded and responded to in an open and transparent way and there was a culture of learning from accidents, incidents and any feedback received.

Rating at last inspection: Requires Improvement (report published 8 March 2018).

Why we inspected: We previously inspected Carlisle Lodge in February 2018. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. They provided us with an action plan. We inspected to follow up on the actions taken by the provider. At this inspection we found the provider was now meeting these legal requirements.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 remained safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Carlisle Lodge

## Detailed findings

### Background to this inspection

#### The Inspection:

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

#### Inspection team:

The inspection team consisted of one inspector, a specialist pharmacy advisor and expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses a care home and has a dementia. A pharmacist was included in the inspection team as we had received concerns about the inappropriate management of people's medicines. These concerns are being investigated by another regulatory authority.

#### Service and service type:

Carlisle Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager. The service had a registered manager who was also the registered provider. They are both legally responsible for how the service is run and for the quality and safety of the care provided. 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.

#### Notice of inspection:

Our site inspection was unannounced and was undertaken on the 20 and 25 February 2019.

#### What we did:

Before our inspection we reviewed the information, we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the information provided, spoke to people and staff and gathered information about the management of the service.

This included:

- Notifications we received from the service
- Staff recruitment files
- Training records
- Three people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with ten people using the service and two relatives.
- We spoke with seven members of staff, including the registered manager, a registered nurse, care staff, activity staff and the chef.

Following our inspection, we spoke with three visiting professionals who provided their view on aspects of specialist support provided to people who lived in the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. They were familiar with the safeguarding procedures and knew how to contact the local authority to make a referral if need be. Care staff had received regular training on safeguarding. One staff member said, "I know what to look for. I would not hesitate in raising any concern I had. Firstly, with the matron and registered nurses."

- The registered manager worked with the local authority and raised a safeguarding when needed to ensure people's safety. Individualised person-centred care planning promoted an equality of care for people who lived at the service. People were not discriminated against due to physical or mental health conditions or care needs. For example, recent work with care professionals had ensured one person enjoyed using the lounge but at times that were quieter so they felt more relaxed.

- People told us they felt safe and were glad staff were available at all times. One person said, "They look after me, and it's warm and comfortable, I feel very safe here. I press a buzzer and they come."

Assessing risk, safety monitoring and management

- Arrangements were in place to manage individual risks safely and appropriately. Risk assessments were used to identify risks and then recorded how that risk was to be managed. For example, people were routinely assessed for risks associated with skin damage. Any risk was responded to with provision of equipment including air mattresses when necessary. Staff were familiar with the care and support needed in addition to the equipment including monitoring people, the use of topical creams, moving people and checking the equipment. Records confirmed equipment was checked regularly to ensure its safety, and that staff provided additional support to minimise the risk of skin damage.

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. A fire risk assessment had been completed and recommendations made had been responded to. For example, an evacuation sleigh had been purchased. Routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Routine health and safety checks were completed along with required maintenance. There was an emergency plan which informed staff what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet the needs of people. Records confirmed a consistent level of staff was maintained and included a registered nurse on each shift. The care staff were

supported by catering, domestic and activity staff. The registered manager told us the staffing numbers were reviewed in line with people's dependency. They said, "We always provide extra staff if needed, for example when anyone is at the end of their life an extra staff member is provided to be with them." We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and agency staff were rarely used.

- Staff, people, their relatives and visiting professionals felt staffing numbers were suitable and people told us staff responded to their care needs in a timely manner. One person said, "The staff are quick to come and they take as much time as necessary when they do come. Therefore, you have to accept they may be helping someone else when you ring, but they always come within five minutes." Another said, "There are always enough staff and they are very competent. I don't sleep well and I see the staff around a lot at night, they keep looking in." A professional told us, "There is always staff available to come with you when visiting and discuss any matters."

- The registered manager followed robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The registered manager undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care.

#### Using medicines safely

- The management of medicines was safe. The registered nurses were responsible for ordering, administering and recording of medicines. They had received training and had had a competency assessment completed to ensure their practice was safe. People received their prescribed medicines when they needed them. One person told us, "The staff do my medicines they have always done it, which I expected, and I'm glad they do. I have my own cabinet so it's all done in my room."

- Medicines were administered in an individual way to ensure effectiveness. For example, some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them. There were individual protocols for their use to ensure they were given consistently. Medicines were also stored safely in locked cabinets in people's own rooms. During the inspection we observed time specific medicines being given at the correct times.

- The registered manager ensured that people's medicines were reviewed. This was in conjunction with relevant health care professionals and promoted the safety and effectiveness of the medicines given. A visiting professional told us, "Staff have worked with us to stabilize the correct medicines for this person. They have improved greatly." A monthly medicine audit was completed and any issues identified were followed up with relevant staff. When necessary formal procedures were followed to improve practice and further staff training had been provided.

#### Preventing and controlling infection

- Carlisle Lodge was clean and hygienic so that people were protected from cross infection. Dedicated cleaning staff worked in the service each day and infection control audits were completed to maintain standards. People told us the service was kept clean. One person told us, "It's always very clean everywhere, a lovely environment. People and the property are well looked after." Staff followed infection control procedures. For example, one staff member was sick following a car journey. They did not return to work for 48 hours to ensure the symptoms were not related to an infection that could be spread. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when needed. Hand hygiene was a



priority with hand washing and sanitizers were available throughout the service.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. Staff understood the importance of recording all incidents and accidents. Any serious incidents were escalated to other organisations such as safeguarding or mental health teams. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. This included updating people's risk assessments. For example, one person's behaviour was challenging to staff. All incidents of this behaviour were recorded to identify trends and patterns. These were shared with health care professionals for any learning and to inform the plan of care and therefore the safety of staff and people.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in February 2018, this key question was rated "requires improvement". This was because robust systems were not in place to identify if people were unlawfully deprived of their liberty. Improvements were needed to ensure the service was consistently meeting the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the registered manager had taken steps to address these matters and the Regulation had been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We were told that not everyone living at the service had the capacity to make their own decisions about their lives and were subject to a DoLS. The registered manager kept a record of all DoLS applications submitted and their status. Each DoLS application was decision specific for that person. For example, regarding restricted practices such as the use of bed rails and tilted chairs.
- Staff had received training in the MCA and DoLS. They understood the importance of gaining consent and that some people may lack capacity to make their own decisions. They knew processes were followed to support people when this was the case. The registered manager was familiar with the procedures to follow and included relevant representatives when decisions were made in people's 'best interest'. A visiting professional from the DoLS assessment team confirmed correct procedures had been followed when people lacked capacity to make decisions for themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs fully assessed before admission. These pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear

guidance for staff to help them understand how people liked and needed their care and support to be provided. People were involved in the assessment process as able and staff ensured their views were central to this process.

- Re-assessment and development of individual care plans was ongoing and included a regular monthly review. One person told us, "The manager visited me at home to see if the home would be suitable for me. I've got a care plan, that's all been done, it's what we have agreed." Another said, "I contributed to my care plan when I came in. The staff show good attention to my personal and health needs as we agreed." A relative told us, "I have input into the care planning and I have been able to share any views or concerns on my relative's behalf." People told us their choices were respected and gave us examples. These included where they wanted to eat, dressing how they wanted and having breakfast before or after their personal care needs were attended to.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. New staff received induction that included shadowing and working with a senior staff member. Staff who were new to the industry completed the Skills for Care 'care certificate' and other staff were assessed against these standards. Skills for Care are an organisation that provide resources on training and development. Promoting appropriate training to ensure health and social care workers working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

- There was an essential training programme for staff that had been developed with an external trainer who provided direct training to staff. This allowed staff to develop skills in the service and get hands on experience with equipment. The registered manager had recognised the need to develop core mandatory training across the whole workforce and was establishing a schedule and programme to ensure this.

- The registered manager supported staff to develop and maintain their skills. For example, care staff are supported to complete a Diploma in Health and Social Care and registered nurses are supported to update their clinical skills and develop professionally. The registered nurses had recently attended training on syringe drivers use and had been booked to attend a mentoring a supervision training day.

- People and their relatives said staff were skilled and good at their job. One person said, "Staff know what they are doing, they seem very well trained." Visiting professionals were confident with staff skills and told us they were keen to gain new knowledge to support people in the best possible way. For example, staff were working closely with professionals to see if 'doll therapy' would be effective with one person.

- Staff told us they felt very well supported and received regular supervision and an annual appraisal. Staff told us this gave them the opportunity to discuss any concerns or additional support or training that they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy balanced diet to meet their individual needs. Each person had their dietary needs assessed and planned for. People could eat on their own or in a social setting depending on choice. Any cultural or religious needs were taken into account.

- The chef worked closely with people and staff to identify and support people's nutritional needs and to respond to individual preferences. The chef told us, "People eat whatever they want, I do not have a limited budget and can buy whatever people want."

- People were very satisfied with the food provided at Carlisle Lodge. Comments included "They know what I like to eat and what I don't eat. There's a choice, they ask the day before. We can eat where we like." One relative said, "The cook is excellent and comes around routinely to see that mum is enjoying her food and that the kitchen are doing all they can to suit her." Another said, "My mother's food is pureed but it's always attractive how they do it. They have gone to great lengths to find what she can eat, and how. There's always a great variety of food and they will get anything in."

- Staff were knowledgeable about people's differing dietary requirements and any assistance required. Staff provided assistance in a calm and unhurried manner. When people had additional dietary needs such as weight loss appropriate referrals were made and advice provided responded to. For example, one person had lost weight and had difficulty in eating. A speech and language therapist (SALT) had provided guidance and a referral had been made to the specialist team regarding recent weight loss. Suitably modified texture diets were provided along with equipment to aide people to eat their food independently. One relative told us, "They obtained specialist drinking straws."

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to accommodate the needs of people. People had access to all parts of the accommodation including the garden. A new patio area had been provided. There was communal space on the ground floor that included a private room if wanted. Suitable bathing facilities had been provided that ensured people were able to have a shower or a bath. A new shower chair had been purchased to promote people's comfort during a shower. People's rooms were personalised and individually decorated to their preferences. One room had a poster positioned on its ceiling so the person using this room could enjoy the scene easily and in comfort.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with each other effectively about people's needs. They were encouraged to share their views on people's needs and well-being throughout the day and formally within staff handover meetings. Staff updated the care records following each shift and we saw staff taking the time to read these and to talk to each other to ensure care was consistent. Staff knew each person well, specific care needs and recognised when people's needs were changing. They recognised the importance of all needs including people's teeth, sight and hearing.

- People told us their needs were attended to quickly and they were supported when wanting to see their GP or other health care professional. One person told us, "They got the doctor when I needed them and supported me going for an x-ray appointment." Another said, "They have been persistent in getting my GP to visit me here." A relative told us, "Hearing has been an issue and they have followed through with audiology referrals."

- Staff had effective links with the visiting professionals who told us staff were appropriate and timely with their referrals. One professional told us, "Staff are well trained and only ask us to attend when necessary." The registered manager facilitated a multi-disciplinary approach to care and involved various professionals and family members that could improve outcomes for people. For example, for one person this had included the mental health team, GP and family.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff treated them very well and relatives were very satisfied with the care provided by staff. One person said, "I am very comfortable and all the staff are very kind, I like the way they care for me."

Another person said, "The staff are great here, you couldn't be better, they do anything for you. That's all the staff, not just the carers." Visiting professionals were also complimentary about the way staff treated people. "Staff are always polite, professional and genuinely care for their residents."

- Peoples' equality and diversity was respected. One person said, "One of the great things here is that all the staff come to say good morning and good bye, whatever their role." Staff supported people to maintain their personal relationships with who was important to them. Visitors were welcomed and encouraged to spend meaningful time with people. The registered manager told us relatives could stay for meals and people enjoyed having meals with loved ones.

- Staff talked about treating people equally regardless of their needs and any disability. "We treat people as we would want to be treated." People were supported to meet their spiritual needs and there were visits to the service from local religious representatives. Staff talked about making sure one person had their rosary close to them. Life style choices were respected and the chef talked about a person who used to be in the service who was vegan and how they responded to her choices and beliefs. One person told us, "They recognise we are all different. Some like to do a lot with others, some don't. The staff respect my way of life, including my religious preferences, they see if I'm taking time for prayer or meditation. I have satellite TV so I can watch my religion channel."

- Staff were attentive and friendly and had a good relationship with people who they knew well. One relative told us, "All the care workers know her personally and all the staff stop by for a chat, whether carers, cleaners or nurses." Friendships had developed between people, they greeted each other by name and sat chatting about each other's welfare. Staff took time to ask people how they wanted things done. Staff were caring and respected people's choices.

- Staff told us they thought the registered manager was particularly caring to them and people. They told us she demonstrated this when she bought from her own money individual Christmas presents for each person. She had taken the care to ensure they were personalised and individual.

Supporting people to express their views and be involved in making decisions about their care

- Staff consulted with people about all aspects of care and support provided. One person told us, "The kindness of all the staff is the first thing that makes this a good home. They always explain what they intend

to do and make sure I understand and agree." Records confirmed regular meetings were held with people and their relatives to discuss care. One person told us, "There is plenty of choice all together, I choose to get up at 6 a.m. and sit quietly for a time."

- Each person had an allocated 'key worker'. These staff work to promote people's individual rights and to support how they want their care delivered.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff recognised people's rooms as their own private space. They were furnished to reflect people's individuality. Staff knocked before entering a room and if the door was open they called out to check that they could enter.

- Staff understood the importance of confidentiality and had recently been training on ensuring confidential information was not shared unlawfully.

- People confirmed that their privacy was respected and felt staff understood dignified care. One person told us, "I can be private whenever I want, I just say I want to go to my room. I choose when I want to get up or go to bed, watch my own TV or spend time around the home. The staff are very patient, I admire them." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy always ensure people are seen in a private area when we come."

- A relative told us, "Mum feels very at home here now. The staff remain the same and they know her well. We've been able to make the room very personal." Staff encouraged people to be as independent as possible. This maintained people's feeling of self-worth. For example, people were provided with eating aides so they could eat independently for as long as possible.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their care and support needs. People and their relatives said they were involved and consulted in the assessment of care needs and the follow up reviews completed. One person said, "I was asked about the care I wanted before admission and we have talked since about how things are going." A relative told us, "Staff always keep me informed and we talk about how best to care for them."

- The registered manager used a computerised system for assessing people's needs and recording information and care plans. The assessments were comprehensive and identified a base line of people's abilities and needs. Re assessments were used to identify any changing needs. For example, people were weighed regularly and changes were used to inform the care provided or the need to refer on for additional advice and support, including GPs and dieticians.

- The care plans were relevant to each person and included clear guidance on how to support people, such as how many staff were needed to provide personal care as well as attention to detail such as the make-up and creams which was important to people.

- As well as personal care needs people's social, recreational and family relationships were assessed. Details of relationships, family background and preferred leisure were recorded. A recently appointed activities co-ordinator was working closely with people to identify specific areas of interest and different ways to motivate and stimulate people in a positive way. For example, they had developed an individual profile for one person on their senses. They had identified that they responded well to touch and soft and gentle hand massage.

- People and relatives told us they were impressed with the range of activities provided and spoke highly of the activity co-ordinators and the work they did. They were very impressed with the individual time that they spent with people. This ensured everyone in the service had an opportunity for social interaction. Comments included, "The activities co-ordinator organises games like Scrabble, she's a very nice person and has made a difference. Not many joins in, but she goes and sees people on their own as well. I'm going on a trip to Birling Gap. I've been on trips to the seafront and my daughter came and helped." "The activities co-ordinator takes people out in little groups. We had a Valentine's meal that relatives were also invited to, quite a few residents and visitors joined in."

- We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed to a good standard and

included details of how staff needed to recognise any non-verbal communication where this was appropriate. The registered manager told us information could be made available for people who had communication needs.

Improving care quality in response to complaints or concerns

- There were processes, forms and policies for recording and investigating complaints. The complaints procedure had been shared with people and their representatives.
- People told us they knew how to make a complaint and would if they needed to. One relative told us, "It's been made clear we should complain if there should be anything wrong and I know my mother would do so, as I would." People's complaints and concerns were listened to and responded to.
- The registered manager was refining the procedure to ensure dissatisfactions expressed were captured within the complaint documentation. This would demonstrate more clearly trends and action taken to address issues.
- There had been one formal complaint and there was evidence that the registered manager had taken appropriate action, which would improve practice, and the quality of the service in the future.

End of life care and support

- When people required end of life care, staff supported them to maintain a comfortable, dignified and pain free death. Staff had been trained in end of life care and the registered nurses had updated specific care needs with the local hospice to support good care. For example, they had attended training on pain control and management. Staff were familiar with good care principles including the need for regular mouth care.
- Advanced care plans were in place, these considered what the person's wishes were and where they would like to be cared for. One relative told us, "We've both spent time with the care plan, so it's what my relative wants and we have agreed, including clear wishes about end of life care."
- Staff demonstrated a compassionate approach to end of life care. The registered manager told us how people were never alone at the end of their lives. Staff also considered the well-being of family and friends. They were supported by staff and able to stay with their loved ones at this time.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care. Some regulations may or may not have been met.

At our last inspection in February 2018, this key question was rated "requires improvement". This was because the system to ensure registered nurses held registration with the Nursing and Midwifery Council was not robust. Nurses are only able to work with a valid NMC registration. The registered manager was unaware that their registration had lapsed. Failure to have fit and proper persons employed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Quality assurance systems had not identified some areas that needed to be improved. We made a recommendation that the provider reviews and monitors all audits to ensure they demonstrate improvements required and timelines for improvements.

At this inspection we found the registered manager had taken action to address the shortfalls identified and the regulation had been met. All staff working in the service as a registered nurse had a current registration with the NMC. Systems were in place to routinely check all registered nurse's registration. The registered manager had a greater overview of the quality issues within the service. Audits were reviewed and action plans developed. However, further improvements were needed to ensure the quality review was effective in all areas.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the providers systems of quality monitoring had not routinely identified and rectified issues such as ensuring the principles of the Mental Capacity Act 2005 were consistently adhered to and health and safety issues were fully addressed.
- Significant improvements had been made however quality reviewing systems had not identified gaps in the training programme. The training records did not confirm staff received a rolling programme of essential training along with appropriate refresher courses. Staff not involved in direct care, had not been included on training schedules to support safety and quality in the service. For example, routine safeguarding training. We could not see that any harm had come to people as a result of these quality issues and this was identified as an area needing improvement. The registered manager took immediate action to improve the training records and training programmes to ensure effective training was scheduled for all staff.
- The registered manager used a number of quality monitoring tools to review and improve the quality of the service. These included various monthly audits covering management, medicines, infection control and health and safety. Action plans were used to progress and record the outcomes from these. For example, findings from a recent fire risk assessment had been prioritised and progressed accordingly.

- The registered manager had an excellent oversight of the service and had a high profile in the service. She was committed to providing an individual and quality service. A visiting professional told us, "The manager leads by example, she has very high standards and maintains these with a very caring approach." A person told us, "Matron is a very competent and kind lady. She is very much in control, which is why we are well cared for, because she is clear with the staff what she expects for us." A relative said, "The manager is competent and caring, which sets the tone for all the staff to follow and she gets the best out of her staff team. Without her the home would be a different place."

- Staff said they felt well supported within their roles and told us the registered manager was central to providing a relaxed and homely environment where they could work effectively. All staff spoke highly of the leadership style of the registered manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had managed the service for a number of years and had established an open, homely and caring environment and ethos. Staff promoted a person-centred and inclusive culture where values of providing a homely service and promoting individuality were embraced. Staff were trained in equality and diversity and demonstrated they were committed to the values of treating people equally irrespective of any age or disability. One staff member said, "We give individual care taking account of people's choices and preferences. Everyone is different."

- Staff worked well as a team and communication systems were effective. A registered nurse co-ordinated and monitored the care provided on each shift and ensured standards were maintained.

- The registered manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to us promptly. She acted in an open and transparent way when dealing with incidents, accidents and complaints within the service. There was a culture of openness and learning. For example, following the last inspection the registered manager shared with people and relatives where improvements were needed and where she as a manager needed to improve. This was recorded within the minutes of meetings held.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were encouraged to share their opinions and views in meetings, supervision and on a daily basis. The registered manager had an 'open door' approach to management that staff appreciated. Staff told us they were listened to and appreciated. One told us, "The manager is always available she is friendly and interested in what you have to say." One told us how their suggestions about using a different serving dish to promote independent eating was listened to.

- The registered manager received feedback from people and relatives through surveys, meetings and informal conversations. Completed surveys indicated that people were very satisfied with the care and support provided at Carlisle Lodge. Notes from resident's meetings were recorded and circulated. People and their relatives told us they were listened to and had their views acted on. One relative told us, "We talk through any issues and they put them right. The manager always responds promptly. For example, mum complained about a lumpy pillow and a new one was provided immediately."

Continuous learning and improving care

- The registered manager was motivated to develop the service and the skills of staff. She developed an annual development plan to improve quality over the year. This was based on feedback from people,

relatives, staff and audits completed. It recorded areas being progressed. For example, improving environment and responding to new legislation which had included changes to data protection. The registered manager had taken positive steps to ensure compliance with this legislation. This had included staff training and changing the way records were made and stored.

- The registered manager kept up to date with changes in best practice guidelines and ensured important information was shared with staff. For example, new guidelines on the safest use of syringe drives was shared with all registered nurses.

Working in partnership with others

- The registered manager had established professional links with local social and health care professionals. Staff worked together to improve health and well-being outcomes for people.

- The registered manager prided herself on maintaining a friendly environment that supported links with the community. Students from the local school visited during term time and visiting religious groups supported people with pastoral care.