RMH (Manor House) Care LLP

Lincombe Manor

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?	Good

Summary of findings

Overall summary

This inspection took place on the 27 September 2016 and was unannounced. The inspection started at 06:45am to allow us to meet with the night staff and see how staff were deployed for the day.

Lincombe Manor is a care home with nursing, providing care and accommodation for up to 48 people. The home is divided into a main care home (Lincombe Manor Care Centre) providing general nursing care and a smaller 8 bedded unit, Hewitt Lodge, which provides intermediate care commissioned by the local authority. This is aimed at providing an intensive rehabilitation service or intensive support to people to avoid hospital admissions where possible. People living in the main home may live at the home long term or come for short periods of convalescent care and support. At the time of the inspection there were 27 people living in the main home building and seven people in Hewitt Lodge.

The home had 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.

People received safe care because their needs were regularly assessed and risks mitigated and managed wherever possible. Risk assessments were in place for individual people and risks in relation to their health and well-being; for safe working practices and for the environment. Learning took place to reduce the risk of re-occurrences of incidents and accidents. For example, following an analysis of falls the service had re-arranged the furniture in one person's room which had led to a decrease in them falling. Where people had been assessed as being at risk of poor nutrition, actions taken had received additional support from community professionals and the home. As a result the people' whose care we tracked had put on weight. People told us they ate well and enjoyed their meals.

People received good quality safe care because staff received sufficient training and support to carry out their role. Enough staff were on duty to meet people's needs, including registered nurses both day and night. People were protected because a full recruitment process had been followed. Staff understood how to keep people safe from abuse, and how to report any concerns about people's well-being. Policies and procedures helped staff understand what to do if they had any concerns, and indicators of abuse or abusive practices. The manager told us they had an open door and that people could come to them at any time with concerns. Systems were in place for the safe management of complaints and concerns.

People were protected from the risks associated with medicines, because safe systems were in place for their storage, administration and recording. At Hewitt Lodge systems were in place to ensure that medicines bought to the unit with the person were in line with the most up to date prescriptions.

The home provided a comfortable and attractive environment for people. Many rooms had sea views, but all were clean, warm and well appointed. Hewitt lodge provided facilities in a small homely environment to

help people maintain their independence. The environment was very clean and well maintained. Infection control practices were well understood. Regular checks, such as for fire safety were carried out to make sure the home was safe.

People's rights under the Mental Capacity Act 2005 were being respected. Staff understood about people's right to refuse care and about decisions made in their best interests.

People were supported by staff who were professional in their approach, but still demonstrated affection, care and respect for the people living at the home. People's care was delivered in private and their confidentiality was respected.

Care plans identified people's goals for their care as well as areas of support needed. Care planning was individualised and people's wishes regarding their care were taken into account. People had good medical and community healthcare support.

People living at the home guided the provision of activities and made decisions about what they wanted to do. The home was busy and active for some people, others chose to spend their time more quietly. For people who were very frail the home's staff ensured they had one to one time with staff to reduce the risks of social isolation, or to provide sensory stimulation and comfort.

Systems were well developed to ensure the quality and safety of services at the home. The registered manager had put in place effective systems for the management of the service and to ensure people had a positive experience at Lincombe Manor and Hewitt Lodge. People were consulted about their views on how the service could be improved. People were encouraged to give feedback and any concerns or suggestions were addressed.

The manager took advantage of learning resources to improve the home.

Records were well maintained.

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 received safe care because there were systems in place to ensure their needs were regularly assessed. Risks to people were mitigated and managed wherever possible. Learning took place to reduce the risk of re-occurrences of incidents and accidents.

People were protected from the risks associated with medicines because safe systems for the management of medicines were in place.

People were protected from the risks of abuse because staff understood how to keep people safe and the provision of policies, procedures and staff training.

People's needs were met because there were enough staff on duty to meet people's needs, including registered nurses. People were protected because a full recruitment process had been followed.

People lived in an environment that was clean and well maintained. Infection control practices were well understood. Regular checks were carried out to make sure the home was safe.

Is the service effective?

Good

The service was effective.

People received good quality, safe care because staff received sufficient training and support to carry out their role.

People's rights under the Mental Capacity Act 2005 were being respected. This was because staff understood about people's right to refuse care and about decisions made in their best interests.

People lived in a comfortable and attractive environment. Many rooms had sea views, but all were clean, warm and well appointed. Hewitt lodge provided facilities in a small homely environment to help people maintain their independence.

People's healthcare needs were supported and they had rapid access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a warm, respectful and caring approach.

People's care was delivered in private and their confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and wanted. Care planning was individualised and people's goals and wishes regarding their care were taken into account by staff.

People living at the home guided the provision of activities and made decisions about what they wanted to do.

People could be confident that any concerns or complaints they had would be listened to and addressed.

Is the service well-led?

Good

The home was well led.

People living at Lincombe Manor and Hewitt Lodge received good quality, safe care. This was because systems were well developed to ensure the quality and safety of services at the home.

People's suggestions about improvements to the home were valued. People were involved in making decisions about their care, and were consulted about their views on how the service could be improved.

People benefitted because the registered manager took advantage of learning resources to improve the home.

Good clear well maintained records ensured staff had the information they needed to support people and meet their

needs.

Lincombe Manor

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 27 September 2016 and was unannounced. The inspection team was made up of one adult social care inspector. We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports and information sent to us by the provider in a provider information return or PIR. We contacted the local authority quality team and intermediate care service for their views about the service.

On the inspection we met with the registered manager. We spoke with or spent time with seven people receiving a service in the main home and three people in the intermediate care unit. We spoke with twelve staff members from both day and night shifts and including four registered nurses, a visiting physiotherapist from the intermediate care team and two visitors.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring and eating. We looked at risk assessments, minutes of meetings and feedback received and analysed from people using the service, staff and their relatives. We looked at six people's care plans and other records in relation to their care, including records of medicines administered. We looked at three staff files, including records of their training and supervision, and spoke with staff about the support they received. We toured the home buildings looking at the environment for people, cleanliness and adaptation of the environment.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. Some people were at the home for a short period of time recovering from ill health or surgery. They told us they felt well supported, that staff had a good understanding of their needs and of any risks associated with their care. One person told us "They know what they are doing so I leave them to it. Why wouldn't I feel safe? They are the professionals and I trust them".

People were supported to be safe because staff understood how to respond to risks and had information available to help them in an emergency. This included individual evacuation plans for people and information about local support services, such as community teams. In Hewitt lodge the staff team had access to the intermediate care team for additional support which was a multi-disciplinary team including doctors, physiotherapists and community nurses. People in Hewitt Lodge were reviewed by this team on a daily basis. Risk assessments were carried out and reviewed in conjunction with this multi-disciplinary team to ensure any risks to people's health and well-being were mitigated where possible.

Risks to people were reduced because learning took place from incidents or accidents. The home had a system for the monthly evaluation and analysis of all falls and incidents, and the registered manager told us that they would request physiotherapy input if patterns were identified. We saw that where the home had taken action following this analysis, risks to people had been reduced. For example one person had fallen several times. The home had reviewed the falls and re-arranged the person's furniture to allow them more support and easier access to the toilet. This had reduced the number of falls the person had.

People's needs were kept under review to ensure changes to risks associated with their health and welfare were quickly identified. For example, one person had been assessed as being at risk of poor health due to a decreased appetite. The person had been referred to the dietician and speech and language therapy service as they had been having difficulties in swallowing. They had been prescribed a pureed diet as a result. The home recorded all of the food and fluids the person ate and drank, and gave them additional support and encouragement with their meals, including regular weighing. As a result the person had put on weight and was no longer at risk.

People were kept safe because staff were clear about the actions they needed to take to manage risks to people's health and well-being from long term conditions. Some people at the home had health conditions which affected their breathing. Each person had a staged protocol which detailed the actions staff needed to take if the person's blood oxygen levels fell below a certain level, or they needed additional medicines to support their breathing. Their assessment clearly stressed the importance to the person of managing their anxiety at this time and acting swiftly to reduce the risk of a hospital admission. Another person had epilepsy. There was a clear protocol for staff detailing the person's condition, what medicines might be needed to be given at certain times and when emergency medical advice should be sought. This helped to reduce the risks of deterioration in the person's condition.

People were protected because staff managed people's medicines safely. On Hewitt Lodge systems

included the review and double checking of medicines for each person on their admission with both their GP and if appropriate the discharging hospital. This helped to ensure that the person was given the correct medicine they needed at the correct time. Staff at Hewitt lodge also told us they encouraged people to maintain managing their own medicines if they were safe to do so as a part of their rehabilitation process. Lockable drawers were provided to help keep medicines safe in this area.

We looked at the medicines management systems in the main home with a member of the nursing team. Medicines were stored safely in a locked and temperature controlled environment. The home had clear records to show the medicines people had taken. Regular audits were carried out, and staff competencies were regularly assessed to ensure they were following safe practice in administration. Policies and procedures advised staff on seeking medical support if people's "as required" medicines were being taken more frequently or did not seem to be as effective.

We saw staff giving people their medicines. We saw this was done with an explanation about what the person was being given and time for the person to take the medicine at their own pace. We saw people being offered regular pain relief. One person told us "They always ask me if I need any painkillers but I try not to take them if I don't need them". Another person told us they got their pain relief "Right on the dot. I never have to wait for a dose. I can't fault them".

People were supported safely because the home ensured there were enough staff were on duty with the appropriate skills to meet people's needs. This included three registered nurses in the main care home and one in Hewitt lodge during the day of the inspection, as well as housekeeping, six-seven care staff in Lincombe manor and two in Hewitt Lodge, catering and maintenance staff. The registered manager told us that they had slightly overstaffed the home to ensure they could provide cover from their own staff for holidays and training. This meant the home did not have to use agency staff, and so could be cared for by people who were familiar to them. Additional staff were on duty for peak times such as early in the morning or in the evening. People were protected from risks associated with staff recruitment. The home had followed a full recruitment process in the staff files that we saw. This included disclosure and barring checks (DBS) and obtaining a full employment history.

Procedures to keep people safe from abuse were well understood. Staff told us they knew how to recognise and report any concerns over abuse, and knew where to find information about how to do so. Procedures were in place to ensure that concerns could be reported to the manager and local authority safeguarding team and contact details of who to report concerns to were on display in the care planning rooms and staff room. Staff had received training in adult safeguarding procedures as a part of their core skills. There had been no safeguarding concerns about the home, but the home's staff had raised a concern about a person who they had felt was vulnerable but was not living at the home. This demonstrated a concern for people's well being in the community.

People were protected from risks within the environment. The registered manager ensured regular checks and audits were carried out of safety within the home. This included daily checks for call bells being accessible to people and working properly. Maintenance issues were addressed quickly. The maintenance person told us they there were clear and well understood systems in place for managing any concerns about the premises, and we saw that they also carried out regular audits for safety. Regulators were fitted to hot water outlets and the home had underfloor heating so people could not come into contact with unprotected hot surfaces. Windows had restricted openings; however the home were aware that changes to legislation meant that some additional restrictors would be needed and these had been requested.

Systems were in place to ensure equipment such as hoists were regularly serviced and so were safe for

people to use. Some people who were being cared for in bed had protective bed rails in use. These had been risk assessed and were regularly checked to ensure they were safe for the person. Pressure relieving mattresses were set at the appropriate weight settings for people and there were regular cleanliness and infection control audits in place, including pillow audits and laundering of curtains. People told us the home was kept very clean and was a nice environment to live in. One told us "Look – always fresh flowers – lovely". The staff told us that each day there was a 'room of the day' which was deep cleaned, including shampooing of carpets. Staff told us they were proud of the odour control and cleanliness at the home. One told us "Although it is hard work we are really proud of the fact that it doesn't smell. People are always remarking on it when they come".

Good

Is the service effective?

Our findings

People living at the home told us they received high quality care from people who understood their needs. One person told us "The clinical skills here are of a high standard – I can't fault them".

We found and staff told us they had received the training and support they needed to do their job. This included support for registered nurses revalidation. A registered nurse told us they received regular updates and assessments of their practice and competency, including dealing with medicines and taking blood.

Staff had the skills they needed to meet people's care needs. We saw staff responding competently to people's needs and escalating any needs they could not meet for example for the attention of the registered nurses. There was a training and development plan for the whole staff team and for individual staff. These covered general training such as in health and safety which all staff needed, and individual role specific training. Some training was also undertaken in relation to the specific needs of people living at the home, such as supported nutrition. Staff had an individual training needs assessment based on their overall training needs and observations of their practice and competency. These were identified in staff files. The registered manager could demonstrate that staff had completed training and regular updates to ensure their skills were maintained. The home was also keen to develop staff roles and skills.

Some care staff were training as care practitioners, which involved learning additional skills to enable them to take on some tasks previously completed by the registered nurses, such as helping to run shifts, administering medicines and helping formulate care plans. Staff in Hewitt lodge told us they worked in a different way to the staff in the main home, with a focus on encouraging people to be more independent rather than 'doing things for them'. Staff working in this area told us they placed a high value on consistency and team working to ensure people improved.

We saw staff working well as a team, and staff told us they felt supported. The registered manager told us that her "door is always open" and staff told us they knew how to get support if they needed this at any time. This included access to senior staff off site for advice 24 hours a day if needed. Staff in both settings received regular supervision and appraisal.

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 checked whether the home was working within the principles of the MCA. We found the home was taking appropriate actions to protect people's rights. Staff were aware of people's rights to refuse support and how they made or communicated decisions. Although the home was not a specialist home for people with dementia, some people living at the home had problems with their memory associated with other ill health conditions. Staff were clear about seeking people's consent for care and activities and we saw this

happening throughout the day. For example staff told us and we heard that a person was reluctant to receive care. Staff told us they would return to the person later to see if they were more amenable.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive people of their liberty at Lincombe Manor, although decisions had not been made about these by the local authority due to a backlog in applications. The applications had been made correctly to ensure people's rights were protected.

People received the support they needed from community medical support services such as dentists, podiatry and opticians. For people in Hewitt Lodge their care was reviewed by community professionals on a daily basis. We sat in on part of a handover in Hewitt lodge and saw that information was shared openly amongst the team about people's needs and plans for their shared care. In the main home we saw in people's files that they saw their GP or the community nurse promptly if they needed to do so, and were supported to attend hospital appointments either by the home or by family members if they chose. Where there had been changes in people's needs we saw referrals were made quickly to services such as GPs, district nurses or the local older person's mental health team for advice and review. People had access to specialist support staff, such as specialist nurses to manage health conditions, such as Parkinson's disease. Where information had been provided by specialist services this was available to staff and kept under review. For example one person had a sleeping system which helped ensure they were comfortable in their bed. Photographs were available of the person using this so that staff could see it was used properly. We saw that throughout the inspection staff took time to ensure this person was supported and comfortable.

The registered manager told us that the home was proud of the quality of the food they served, and people told us they enjoyed the meals very much. One person told us "The food is beautiful. I think they are fattening me up" and other comments included "highlight of the day", "the food is really good quality – much better than I have at home" and "excellent –good choice and plenty of it". On person told us how much they had enjoyed the pannacotta they had for dessert the evening before. They told us it had been "restaurant quality" with piping and 'decoration along the top'. People who needed their meals prepared to a particular texture due to swallowing difficulties had these prepared for them and their likes, dislikes and any medical instructions were detailed on a menu plan kept in the kitchen for staff reference. We saw staff referred to this before people were given meals or drinks. Coffee machines were available in the lounges for people to help themselves to drinks and visitors were able to join people for meals if they wished.

All areas of the home seen were clean, warm, odour free and comfortable. Lincombe Manor provides a high standard of accommodation, in all single rooms with en-suite wet rooms and toilets. Communal areas were bright and had panoramic sea views, and outdoor areas included a terrace with seating overlooking the coastline. Hewitt Lodge provided a smaller and more homely environment for people. The building provided a small kitchenette and laundry as well as lounge, so that people could practice or be assessed on their domestic skills before returning to their own homes. Each building had adapted bathing facilities including specialist baths to help people bathe safely, although the bath in Hewitt lodge was not in use at the time of the inspection. People all had access to en-suite wet rooms in this area. Each room had an alarm bell, and new more muted staff pagers were being bought to ensure people not disturbed by bells ringing at night.

People were able and encouraged to personalise their own rooms. There was a choice of communal areas so that people could choose to spend quieter time if they wished with family or friends, or join in activities being provided. We saw people using all areas of the home, from one person choosing to dance and sing in the dining room to group activities in a lounge, people reading in the conservatory and some people

enjoying the sun terrace with family.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person told us "They are very attentive. They always pop in to see I am alright" and another person said "Yes, very kind. They make me feel important even though I am not really". All of the staff had received training in good practice in customer service and dignity in care, and the registered manager told us in their PIR that they recruited staff for their compassion, life experience and empathy as well as their skills. One person told us "Staff are excellent - really kind. I couldn't be without them now but you never feel you are a nuisance – they say that is what I am here for".

Staff took time to understand and support people's communication. For example one person had difficulties communicating verbally. Staff understood how the person could communicate pleasure and told us they enjoyed seeing the person express they were happy. A staff member told us they wanted to spend more time taking the person out as they enjoyed themselves so much when they were out in the open air. We saw staff spent time talking to this person while they were assisting and supporting them in their room, even though they were not sure how much the person understood. The person's care plan contained information on how to communicate with the person as effectively as possible. Another person's care plan indicated that the person needed a lot of support and re-assurance and that staff should speak with them in a moderate and calm tone of voice. We saw this happened.

People were involved in having a say about how their care was delivered. There were regular resident's meetings where people discussed the home and any changes they would like to see. People were involved in contributing to and agreeing with their care plans. We spoke with one person who could not remember doing this, however when we spoke with staff they gently reminded the person what discussions had taken place which helped reassure and remind them about the agreements they had made with their family to do this on their behalf.

We observed staff caring for people during the inspection. We saw that staff were cheerful and positive when talking to people, and treated them with respect. People were dressed and presented well, their clothing was clean and co-ordinated, and nails and spectacles were kept clean. People who were being cared for in bed had their dignity respected. Room layouts were designed so that the person in bed was not visible from the corridor even though their door may be held open. This helped ensure that people were not isolated while they were in bed, but that their privacy was respected.

The home had a calm atmosphere. Staff understood people's needs and wishes. For example one person told staff they wanted to do some singing. Staff knew what music the person liked to sing along with and put on the music the person liked. The staff member then joined them in a dance which they enjoyed. Staff were able to speak with people about people or things that were of interest to them because they knew about people's personal and social histories. This demonstrated respect for the individual. Staff told us they enjoyed working at the home. One staff member told us" I love it with all my heart" and another said "I don't have to work here – I do it because I enjoy it".

We observed staff supporting people who were frail or not able to share their experiences with us. We sat with a member of staff who was supporting and guiding a person to eat a cake and drink coffee. The staff member spent time supporting the person at their own pace. They helped the person to focus on the task and remain as independent as possible. There was much laughing and affectionate touch involved and the person really enjoyed the interactions. The staff member ensured the person had clean hands afterwards and helped them find another seat of their choice to move to. The person thanked the staff member.

People's privacy was respected and all personal care was provided in private. Staff supported people in communal areas in a discreet manner, respecting their dignity. We heard staff being discreet when asking people if they needed support, for example to go to the toilet. Information about people was stored securely and kept confidential. Care plans were stored in a locked room and records demonstrated positive regard for the people being cared for. For example respectful and positive language was used to describe people and their needs. Staff ensured that discussions about people's care could not be overheard, and handovers took place in the dining room away from people being supported to get up. In Hewitt lodge the handover took place in the unit office where records were also kept securely.

People in Hewitt Lodge spoke very positively about the services they received. Two people we spoke with were very clear about the expectations for their admission and when they were going home. One told us "I'm getting the very best here" and "It's like a half-way house between hospital and home – I'm sure I'll be home in double quick time". They told us they felt the staff were working 'with them' to get them home as quickly as they could. Staff spoke about people positively, commenting on their independence and strengths as well as awareness of goals that needed to be met.

Some people had been referred to the main care home for end of life or palliative care, although no-one was receiving end of life care at the time of the inspection. We saw feedback and positive comments that the home had received about people's care at the end of their lives.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs and wishes.

On the inspection we looked to see what assessments were undertaken before people were admitted to the home, to ensure that the home could meet their needs. In Hewitt Lodge staff talked us through the referral and admission process, which included receiving direct referrals from the community intermediate care team members. Nursing staff at Hewitt Lodge reviewed any referrals to ensure the unit could meet the person's needs before any decision to admit was finalised. This helped ensure people could be cared for safely. We saw people were admitted throughout the day to the service. Each person admitted had an assessment and care plan completed in conjunction with community staff and the person themselves, which covered the person's usual abilities and what they were aiming to achieve from the admission. One person told us they were at the unit for "help with walking", to increase their strength and "eat some good meals and get stronger". We saw this was reflected in their care plan. They anticipated they were going to go home in around five days, which was close to the expectations from staff we spoke with. Plans were very individual and flexible, with people being very involved in setting goals and measures for 'success'.

In the main care home each person had a longer care plan, reflecting goals for their care and any individual needs or risks. Where people had wounds these were monitored closely and in line with good practice, for example with clear documentation and evidence of progress through photographs and measurements. Not everyone we spoke with knew about the plans and records the home kept about them; but they did tell us they had been asked by staff how they wanted to be supported regularly. One person told us "They tell me they are here to do what I want, so I tell them. And they do it. So everything is fine". The registered manager had plans to review the care planning systems in conjunction with other homes in the organisation as they felt the current system could be improved. Staff we spoke with confirmed the plans were very bulky, but contained sufficient detail to allow people's care needs and wishes to be understood, and for people's care to be provided safely.

We saw that people's care was delivered in accordance with their plans and reflected their wishes. One person's file contained clear information about the support they needed with positioning and keeping them comfortable. Their care plan contained photographs to help ensure staff understood how they were to be supported in comfort. We saw this person was supported in a specialist chair throughout the inspection. Staff attended to them during the day making sure they were not in direct sunlight or were comfortable, as they would not b able to reposition themselves if uncomfortable. Care plans contained goals to help people progress or return to good health where this was a part of their plan. One person's plan contained information on increasing their mobility. Another person who was at the home post operatively told us the support they received to recover was of a high standard, and had "exceeded" their expectations.

Care files contained information about people's life history where the person or their relatives were willing to share this. Plans covered all areas of need, from moving and handling, pressure relief to emotional support, and were reviewed regularly, usually monthly although this had been increased for some people due to changes in their health.

People at the home had opportunities to take part in activities and were actively involved in having a say about what they wanted to do. Meetings were held with people living at the home to plan the next month's activities. These were displayed on a wallchart for people to choose from a fortnight in advance, and included charity fundraising events, visiting musicians including a harpist, outings and in house activities such as parties, quizzes and games. On the day of the inspection some people went out for lunch in the minibus and others joined in games and quizzes in the upstairs lounges. There were activities organised at the home seven days a week. We spoke with an activities organiser who told us about how they made sure everyone was engaged in some social activity if they wished, even people who could only respond to 'sensory' type stimulation in their rooms. They told us they made sure that everyone who wanted one to one time with them received this. The activities organiser confirmed that the home provided the resources they needed to meet people's wishes including the use of a minibus, sensory equipment such as lights, music, and audio books. We also spoke with the chef who was working with the activities organiser to link some menu choices to activities going on in the week. People had chosen to take part in an activity game "Around the world" throughout a week, and menu choices were being themed with the activities of the day. People we spoke with told us how much they enjoyed the activities provided. One person told us "There is always something going on. Sometimes I join in, sometimes I like to spend time on my own".

People in Hewitt Lodge were only at the home usually for a short period of time and their focus was on their rehabilitation rather than social activities. However the unit provided lounge and outdoor seating areas and one person told us there was "always someone to chat". Another person told us that they didn't feel they mixed much with people while they were there.

The complaints procedure was on display in the home. The registered manager told us that their "door is always open" and contact details for the manager were given to people to enable them to contact her directly at any time if they had concerns. The registered manager ensured complaints, concerns or minor issues were acted upon promptly and a response sent to the person with an apology or an indication of actions to be taken to prevent a re-occurrence if needed. People told us they knew who they would raise any concerns with.

Good

Is the service well-led?

Our findings

Since the last inspection the manager has registered with the Care Quality Commission. The registered manager was an experienced manager and since working at the home had established systems to regularly monitor and improve the quality of people's experience. They had established a stable staff team

People benefitted from good quality, safe care because systems were in place to ensure the quality and safety of the services provided. Regular audits were being carried out by the registered manager to ensure that people's experiences met their needs and wishes. These included staff training, medicines, facilities management, and infection control. The registered manager told us that 'details' were important to people so for example they regularly audited the pillows to check they were clean and comfortable for people. Laundry systems had been improved since the last inspection with all staff spending time in the laundry understanding how the systems worked. Actions had been taken to address issues identified at the last inspection. There were daily 'heads of teams' meetings to ensure everyone was aware of what was happening across all the staff teams each day. This included any admissions, meals or events happening. This helped ensure for example that when new people arrived at the home everyone knew which room they were being admitted to and that it was ready and prepared for them.

Staff told us they considered the manager of the home approachable and supportive. One staff member told us they felt they could go and see them at any time and that they had a strong visible presence in the home. There had been regular staff meetings but these were not always well attended. The registered manager told us they had decided that any important information was now being put in with staff wage slips so that it could not be missed. Other systems for communication within the home included thorough shift handovers and diaries. The home appeared well organised and calm. Staff understood their roles and who they were supporting that day.

The registered manager attended manager's meetings within the organisation and learned from professional journals and from reading other reports about care homes to see if there were areas of good practice they could introduce. They also received support from within the organisation, for example from the company head of nursing, about developments and best practice in care.

People benefitted because the service monitored the quality of the care delivered through quality assurance and quality management systems. Questionnaires were sent to relatives, visitors and visiting professionals to gather their views about the operation of the home. This was then analysed and any actions needed or improvements suggested would be addressed. The registered manager told us they gathered feedback from people using the intermediate care service which was shared with the intermediate care team to help improve the service overall.

Records we saw were well maintained, and securely kept. Updates needed had been undertaken in a timely manner. Care plans, policies and procedures were available to staff in the home's offices in lockable cabinets, and some records that needed updating throughout the day were kept in people's rooms for easy access. Records for the administration of medicines were up to date and charts recorded people's food and

drink intake each day. Some people needed pressure area care to prevent tissue damage, and systems were in place to ensure records in relation to this were well maintained and up to date. There were safe facilities for the disposal of records no longer needed. Records were written using appropriate and respectful language.