Manor Lodge (Devon) Limited

Manor 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?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 12 December 2016 and arranged with the provider to go back for a second day on the 15 December 2016. Manor Lodge provides care for up to 38 older adults. The service had recently had a large extension and increased their registration to accommodate more people (they had previously been registered to take 27 people). There were 24 people using the service during our inspection. The registered manager said they were increasing their occupancy in phases. They said they were ensuring they had the required staff in place first so they were ready to meet everybody's needs and a smooth transition.

We last inspected the service in February 2014 and found they were compliant with the regulations inspected.

The service had a registered manager. 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 responsible person and the provider's representative referred in the report as the owners were at
the service when we visited. The registered manager confirmed they were at the service most days and actively involved with the running of the service. Everyone was positive about the registered manager and owners and felt they were approachable and caring. The owners were very active at the service during our visit and were seen to be caring and supportive to staff.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. Interactions between people and staff showed that staff were kind, friendly and caring towards people. Comments from people included, "They are all lovely" and "The care is absolutely excellent."

People received their prescribed medicines on time and in a safe way. Where people were able to self-administer their own medicines systems were put into place to protect them.

There were sufficient and suitable staff to keep people safe and meet their needs. The staff undertook additional shifts when necessary to ensure staffing levels were maintained and there was flexibility. If additional staff were required due to staff shortages, agency staff were used from the provider's local domiciliary service.

The registered manager had a clear understanding about their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA. However these had not always been formally recorded. Staff had a clear understanding about maintaining people's rights and about the MCA.

People were supported by staff who had the required recruitment checks in place. Staff had received a full

induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had received training and had the skills and knowledge to meet people's needs.

The home was very clean and tidy throughout and had a pleasant welcoming homely atmosphere. People were supported to eat and drink enough and maintain a balanced diet. People and staff were positive about the food at the service. There was a high emphasis by the management team to ensure people had a positive dining experience at the home.

Activities formed an important part of people's lives at the service. Staff treated people as individuals they took the time to ascertain their interests. Staff supported people to follow their interests and take part in social activities. Staff undertook activities at the home each day and external entertainers were arranged.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place. There had been no complaints in 2016.

The premises and equipment were managed to keep people safe.

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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed to ensure their safety.

There were effective recruitment and selection processes in place. There were sufficient staff to meet people's needs.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good

The service was effective.

The registered manager and staff knew their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received training and supervision which enabled them to feel confident in meeting people's needs and to recognise changes in people's health.

People's health needs were managed well. They saw health and social care professionals when they needed to and staff followed their advice. Positive feedback was received from professionals about the service.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

Visitors were encouraged and always given a warm welcome.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed. Care plans were developed to meet people's needs.

People had been involved in planning their care. Plans were in place for people to be involved in care plan reviews.

A range of activities were available which people said they enjoyed.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

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Is the service well-led?

Good

The service was well led.

People spoke positively about communication at the service and how the registered manager and owners worked well with them.

People, relatives, health professionals and staff views and suggestions were taken into account to improve the service.

There were effective methods used to assess the quality and safety of the service people received.

Manor Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 15 December 2016. The first day was unannounced and we made arrangements with the provider to visit on the second day. The inspection team consisted of one adult social care inspector.

The provider completed a Provider Information Return (PIR) in November 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law.

We met most of the people who lived at the service and received feedback from 13 people who told us about their experiences.

We spoke with eight staff, which included care and support staff, the deputy manager, the cook, maintenance person, registered manager, responsible person and the provider's representative. We have referred to the responsible person and the provider's representative in the report as 'the owners'. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two of them.

We looked at the care provided to two people which included looking at their care records and the care they received at the service. We reviewed medicine records for five people. We looked at three staff records and the provider's training guide. We also reviewed a range of records related to the running of the service. These included staff rotas, supervisions, policies and external agencies reports.

Good

Is the service safe?

Our findings

People said they felt safe at the home. Comments included when asked, "Oh yes…nobody has been unkind to me here"; "It is excellent here"; "I am as happy as one can be without being in their own home" and "I can't expect any more from them."

People were protected by staff knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. Staff said they would raise any concerns with the management team and were confident they would take action. Staff had received training in safeguarding and were in the process of doing a distant learning course to achieve a more in depth higher qualification in safeguarding.

There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to speak with people in a calm manner. People said there were adequate staff levels at the service to meet their needs promptly and that the staff worked hard. Comments included, "They never mind how many times you call them and come very quickly": "Oh yes there are plenty of staff" and "There is always someone around if I need anything."

We discussed with the registered manager and owners that two people had said they were not aware of how to call for help if required. One person said they had "reasonable confidence in the staff." If they fell they said they would open the door and shout. If they couldn't get to the door they "would have to wait." The owner confirmed there were call bells across the home including ensuite bathrooms. They said they were constantly reminding people about their call bells and would look at ways to help remind people who might forget. Following the inspection we were made aware that these people had memory difficulties. The registered manager confirmed the monitoring system in use at the home demonstrated these people had used their call bells on many occasions. The management team had also taken action in response to our concerns. These included putting a notice next to a person's call bell to remind them they could call for assistance.

The staff schedule showed that they designated a senior care worker or the deputy manager supported by three care workers throughout the day and two awake care workers at night. These were supported by a cook, housekeeping staff and a maintenance person. Housekeeping staff undertook laundry duties and assisted in the kitchen. The registered manager and the owners were in day to day control at the home and worked alongside staff. This enabled them to monitor that people's needs were being met and adjust the staffing levels as needed. The owners and registered manager said they were recruiting staff in order to increase the occupancy at the home. They were very clear that it was important to have the staff structure in place to ensure everybody's needs were met and to have a smooth transition. They said they had a full staff team for the people currently at the service and that in the first instance they were recruiting housekeeping staff. In the event that there was unexpected staff sickness or staff were unable to cover staff shortages the owners used agency care staff from their other service in the town which was a domiciliary service.

People said they received their medicines safely. Comments included, "Yes they are very good like that"; "yes we get them when we should" and "The staff know what they are doing. The time I get my tablets in the evenings varies a bit depending on what time the night staff get here." Staff administered people's medicines safely during our visit. They were patient and ensured people had a drink to take their medicines. They then signed the person's medicines administration record to confirm the person had taken their medicines. Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit trail. Staff had clear guidance about people's individual medicines from their pharmacy. The sheet gave clear guidance about medicines people were taking, instructions and further information about what the medicines were for.

People were able to self-administer their medicines at the home if it was appropriate and safe to do so. A risk assessment was completed with the person to assess the level of support they required. When a person administered their own medicines there were systems in place to monitor that they continued to take their medicines safely.

Cream charts were in use that care workers signed when they applied people's prescribed creams. The cream charts guided care workers where to apply people's creams, the type of cream and the frequency of the application required. We discussed with the registered manager and owner that there were a few signature gaps on some people's cream charts. They confirmed this was an area they had identified and had raised with staff. They took action between the two days of our inspection by meeting with senior care staff to remind them of the importance of signing cream charts. They also said senior care workers would undertake checks as part of their duties.

The pharmacist supporting the service undertook two visits a year and completed a medicines check and checked there were safe systems in place. At their last visit in September 2016 they raised no significant concerns regarding the management of people's medicines at the service. They had a few small suggestions. For example, hand written entries should contain more detail. Action had been taken to improve as we found all of the handwritten entries we looked at were details and signed by two staff confirming the accuracy of the entry.

Staff who administered medicines had received training in the management of medicines and had their competency checked. Where people had medicines prescribed, as needed, (known as PRN) there were protocols in place to guide staff about when they should be used.

People were protected against hazards such as falls, slips and trips. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. Risk assessments regarding pressure area damage looked at hazards due to medical treatment, mobility, age, mental health and continence. Where one person had been identified as at risk, a specialist mattress and pressure relieving cushion had been put into place. A plan had also been put into place to mobilise and reposition the person regularly and to check them two hourly at night. Another example was a nutrition risk assessment which had identified a person losing weight. The assessment had looked at the hazard this had posed to the person and staff had recorded 'could become malnourished also become dehydrated'. Then they had recorded the action they had taken. These included a food chart being put into place, weighing the person weekly, offer regular fluids and regular reviews.

The water system at the home was thermostatically controlled to protect people from the risk of scalding. Staff also checked bath water temperatures before people had a bath to ensure the temperature was appropriate. One care worker said "we make sure it is between 35 and 37 degrees." The temperatures were

recorded.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The staff reported and recorded all incidents and accidents that happened at the service. This included if a person had a fall or slipped out of the chair. These were reviewed and each month people's individual accidents and incidents were tallied as part of the monthly review process for each person. Where required the staff had made referrals to the people's GP. The registered manager confirmed they had measures in place to minimise the risks of further incidents to people. Two people had a number of falls recorded. The registered manager and owner explained that the staff were very responsive and recorded every incident. We discussed with them how they were managing the risk to these people to minimise the amount of incidents they had. On the second day of our visit they had undertaken a full analysis and investigated the potential cause and times and were putting in place measures to minimise the risks of further incidents.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) criminal record checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to maintain the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person. The maintenance person undertook regular checks during a walk around each week internally and externally looking for concerns and trip hazards. They also undertake a monthly check of the wheel chairs. Each year the provider also had a fire safety risk assessment completed by an external service.

The home was very clean and tidy throughout without any odours present and had a pleasant welcoming homely atmosphere. Cleaning schedules were in bathrooms and toilets and had been regularly completed. One person said, "Very clean here." Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff were observed using the PPE's when needed and had protective tabards they wore when dealing with food.

The laundry was well equipped and tidy. Housekeeping staff undertook the laundry tasks. The owner said they were looking to recruit a designated laundry person as part of their expansion plans. There was a system in place to ensure soiled items were kept separate from clean laundered items which included designated laundry baskets. People were happy with how their laundry was managed and said they received it back promptly and well presented.

People were kept safe from the risk of emergencies in the home. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. These were held in an emergency file available to emergency service in the event if an emergency. This provided information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. Where people needed oxygen therapy as part of the health needs, oxygen signs had been placed on their doors to make emergency services aware of the potential risk in the event of a fire.

The provider also had a major disaster plan in place. The plan contained emergency contact telephone numbers and emergency catering arrangements. They had also made reciprocal arrangements with other provider's for a place of safety for people to go in the event of an evacuation being required. In the folder containing the plan were relevant details of each person and a white card which could be taken off to record where each person had been taken to. This showed the home had plans and procedures in place to safely deal with emergencies.

There was a system in place to ensure the relevant information was sent to hospital with people in the event of an accident. There were populated emergency information forms for each person. These contained people's personal information and next of kin contact details. Staff could add the details of what had happened to these so health professionals had the information they required.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. People commented, "They all know what they are doing" and "They are brilliant, I can't fault them, not one of them."

Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Staff on induction shadowed senior care workers and undertook the provider's mandatory training. One care worker said, "I felt it was enough time. I am never made to feel I had to do things I wasn't ready to do." The registered manager had the Care Certificate, which is a nationally recognised Skills for Care training programme ready for when newly recruited staff were appointed didn't have a care background to complete. They said that all of the staff they had appointed had previous experience in care. They said in the past they had used the skills for care induction standards which was the predecessor to the care certificate. Staff said they felt the induction enabled them to perform their role well.

Staff had completed the provider's mandatory training which included, control of substances hazardous to health (COSSH), fire safety, health and safety, first aid, infection control, manual handling, Mental Capacity Act and safeguarding vulnerable adults. There was a system in place to ensure staff undertook updates as required. The provider had also arranged additional training which included tissue viability and nutrition and hydration. Staff were encouraged to undertake additional qualifications in health and social care.

Staff had received an annual appraisal and an annual work review with the registered manager. The registered manager explained that they asked staff before the work reviews to fill out a form scoring themselves which they would discuss at the review and their performance. At the work reviews staff had the opportunity to discuss their work performance with the registered manager. The appraisal was where staff could discuss their aspirations, training, targets and development needs.

Staff received regular supervisions with the management team to discuss their work performance, training support needs and development, work targets and standards required. This gave staff the opportunity to discuss any training needs or performance issues and to receive feedback regarding their work. The owners and registered manager operated an 'open door policy' for staff to report any concerns, discuss issues and share ideas. Staff said they felt supported by the registered manager and owners.

People who lacked mental capacity to make particular decisions were protected. The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. They had completed mental capacity assessments where they felt people might lack capacity. Best interest decisions had been made in line with the MCA. However these were not always formally recorded. Staff were clear about the principles of the MCA and had received training.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home were meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become,

deprived of their liberty. There had been two applications made to the local authority regarding the need to deprive them of their liberties.

Staff were not always aware of people's relative's rights regarding their power of attorneys (POA) and the authorities they had. The registered manager was aware of the different types of power of attorney. There was a place in people's records to record if relatives held a power of attorney but not which type and therefore the relevant power they held. The registered manager said they would review people's care records to ensure people's power of attorney information was accurate so staff were aware of which power of attorney relatives held either finance or care and welfare or both. Following the inspection we received an action plan from the registered manager confirming this had been completed.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. For example, GPs, community nurses, opticians and chiropodist. The registered manager said in an email following the inspection that staff accompanied people on hospital visits when family were unable to. Records showed that staff took appropriate action when needed and contacted appropriate health professionals. For example where one person had a urine infection identified they had contacted the GP regarding their concerns. Another example was where staff had sought the advice of the dietician. This was regarding a person whose health had deteriorated and was at increased risk of malnutrition. As a result new fortified foods were being used. One person said, "I had a pain on my side, I said to the staff and they have called the doctor." Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly.

During the first day of our visit there was an emergency situation at the home. The visiting GP involved in this emergency confirmed they were happy they had been called promptly. The registered manager wrote to us after the inspection complimenting the way staff had handled the situation, stating, "My staff handled it brilliantly. Our team work is second to none."

Staff completed an 'Infection log' of infections people had for example a urine infection or chest infection. This was so they could see if there was a pattern. They also regularly checked people's urine if they had concerns about a person and informed the relevant GPs.

People were supported to eat and drink enough and maintain a balanced diet. We observed lunchtime in the dining room. The tables were covered with tablecloths and had a small display of flowers with napkins and condiments for people to use. There was a white board in the dining area to advise people of the main meal choice. There was a four week menu which was changed seasonally with involvement and input from people at the service. People were able to choose where they had their meals. Some people liked to have their meals in their rooms but 14 people had chosen to use the main dining room and one the small dining area. The meal on the day of our visit was a special meal of fish and chips from the local chip shop. This was as a result of a resident's meeting where it had been agreed to sample the menu from a local award winning chip shop. The management team had arranged for them to be delivered and on this occasion owners and staff all enjoyed the meal.
During the mealtime staff were present and offered people sauces and refreshments. The atmosphere was very social with people chatting and enjoying each other's company. People were able to serve their own vegetables and potatoes from serving dishes on the tables. The registered manager told us after the meal there had been a lot of discussion on their table about adopting a donkey. Where people had difficulties with their meals the staff ensured they had the support and equipment they needed. For example one person had a plate guard another had special grip cutlery. They said, "It helps because I have trouble gripping the knife. They look after me very well." One person required support and prompting with their meal. The care worker sat with them and chatted and it was clear the person enjoyed their company. The

person said afterwards that they enjoyed the food.

People were very happy about the food at the service. Comments included, "The food is excellent"; "I like the food very much, very happy here"; "Food is alright" and "The food is very good here." People had a main menu choice each day and the cook said there were alternative choices if they did not like the main option. People on the whole said they knew there was an alternative. Comments included, "Yes there is, if you say you don't like something they will find something else for you to try. I try and go along with what they have got as they work so hard" and "The food is very good, we don't get a choice I seem to eat anything I am not fussy." One person said, "I am really easy with my food. We don't get a choice, if I didn't like it, I wouldn't eat it." When asked if they were offered alternatives they said, "I don't know to be honest; I eat what they give me we get plenty." The cook met with people regularly on an individual basis to ensure they were happy with the food they received.

The cook met with all new people to gather information about their dietary requirements likes and dislikes, when they first arrived at the home. They then revisited the person a week later to discuss if everything was to their satisfaction. This information was available for the staff working in the kitchen to inform them about people's requirements and a board identifying people's likes and dislikes. Where a person required their food to be a special consistency because they were at risk of choking the food was presented separately. The cook made us aware that they were purchasing specialist moulds to make the food look more appealing and the shape identifying the food. For example, peas and meat. The registered manager said they had arranged that staff had lunch with people to experience the dining experience at the home. This was to see if they felt it was good and to consider the ambience. They said it helped them know "how it feels to be a resident at the home" and had been really useful and improved staff awareness.

When people were identified at risk of malnutrition or dehydration, the staff had consulted with the GPs and dieticians. Care plans instructed staff to monitor the person's food and drink intake as well as checking their weight regularly. We discussed with the registered manager that it was not always clear what food and drink these people had received because staff were recording in several places. The registered manager said they would work with staff to ensure there was a clear record of what people had received to make the monitoring more effective. Where people had a poor appetite or were unwell, staff tried a variety of ways to tempt them to eat. This included snacks and fortified drinks. The deputy manager said the provider had recently purchased a sit on weighing scales. This was so people who were unwell could still be weighed so staff could monitor their weight.

Good

Is the service caring?

Our findings

Interactions between people and staff showed that staff were kind, friendly and caring towards people. The provider's philosophy of care states, 'First and foremost, it is the aim of Manor Lodge to provide an environment that all residents can regard as their home… We will always work in your best interests. We are aware of diversity and at Manor Lodge we will provide care that is non-discriminatory, which enables our residents to be treated with respect, regardless of age, gender, sexual orientation, race, marital status… This was the ethos we observed at the home. The environment was very homely, staff took time to speak with people in a dignified and respectful manner and ensured they were comfortable and had everything they needed. People were seen positively interacting with staff, chatting, laughing and joking. The staff were friendly and approachable and very well-liked by the people and relatives. Comments included, "They work so hard. They are all lovely"; "The care is absolutely excellent"; "very happy, just like a hotel" and "I can't fault them. They are always smiling and happy to help."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. Care staff knew this was an important part of providing care. Comments included "I knock on doors and wait for them to ask me to go in…I leave the door shut if they are in the bathroom so they get privacy."

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. People were wearing scarfs and jewellery as they chose. Staff explained how they offered people choices during the day, such as what to wear, or what to do. One person told us "I do as I please here. They are always available if I need help".

People's relatives and friends were able to visit without being unnecessarily restricted. People said their visitors were made to feel welcome and could visit at any time. A person commented, "You can have as many visitors as you like." Throughout our visits visitors were coming and going. They were greeted by staff and made to feel welcome. The owner said that everyone gets offered a refreshment tray when they visit. They went on to say "We work hard to create a homely environment so they feel they can invite their families." They said they were planning the installation of a bistro kitchen for visitors to help themselves to refreshments when they visit. The registered manager wrote to us after the inspection and made us aware; visitors could also arrange to dine with their relative at the service and were made welcome.

We were shown numerous thank you cards received from people and relatives. One thank you card recently sent said, 'I feel that you were all able to give an 'old sailor' a safe harbour and homely atmosphere over the period he was with you.' Others said, 'I wanted to drop you a note to let you know how much I appreciated the care and attention…in spite of having to leave his beloved home he was content with you'; 'We do appreciate what all of you do for (person) and are so pleased that he is comfortable and happy and feels part of your lovely family home' and 'She was always clean and tidy even during the difficult times towards the end'. One relative had written to thank staff for their support, 'Thank you for your support yesterday in getting mum out to come and have lunch at our house. It was a real help to have someone there to help her

in and out of the car and also to welcome her back after the outing.'

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. People were treated as individuals; the staff took the time to ascertain their interests and details of their life stories by completing a document with the person called, 'Personal and social profile'. This included people's family history, work history, interests, hobbies and religious activities and beliefs.

Each person had their needs assessed prior to going to the home. The registered manager said in an email after the inspection people were designated a keyworker. They went on to say that the keyworker and the registered manager would "meet and greet so they have a face and name to recognise. This makes them feel welcome." Pre admission Information gathered was transferred to care plans of how their needs were to be met. They also undertook a personal care assessment to assess what level of support people required. For example, whether independent or required minimal or full assistance. The care plans included what mattered to the person and how they and their family could be supported. The care plan included people's current physical and medical needs, personal care and appearance, skin condition, dentures and hearing. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives. People were involved in developing their care plans and asked to sign if they agreed with the information recorded.

People's care files contained their personal information and identified the relevant people involved in their care, such as their GP, optician and chiropodist. They also contained care plans and assessments. There was information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. The staff had worked with people to set goals. They had completed a document to assess if the goals were achievable and how people could be supported to meet their goals. Each month as part of the person's review staff calculated the amount of incidents or accidents they had had.

In each person's folder staff had completed an 'acute page' which was a summary of the person's needs and current health needs. This was a quick reference sheet to inform staff. It contained, continence needs, condition of skin and weight loss. They had recorded actions required by staff. For example in one person's file they identified that they were working with the community nurses and physiotherapist regarding their mobility. Staff said they were told about new people at the service at handover. They had the opportunity to read the information contained in people's care files which enabled them to support people appropriately in line with their likes, dislikes and preferences. Care plans included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support. It was clear from our conversations with them that they understood people's individual needs.

People were given the opportunity to be involved in reviewing their care plans. Every month a senior member of staff reviewed their care plans and assessments. They spoke with the person and their family where appropriate and the person's designated keyworker to ensure it was accurate and reflected the

support they required. People were then requested to sign the care plan to show their agreement with its content.

The owners and registered manager were trialling a new computer system and had transferred some people's information onto the new system. They still had reservations about using the system and had not decided if they would proceed. They confirmed that the management team would be inputting a care plan onto the computer system. They said "to see how it works. We do not feel it can be introduced to the staff unless we can do it ourselves and have faith it is the better system."

Activities formed an important part of people's lives at the service. Staff undertook the provision of activities on a daily basis. The registered manager said at four o'clock each afternoon staff were required to undertake activities with people. They said there was a program every day for people who wanted to join in and external entertainers also came in. Staff recorded the activities people had taken part in on a tick sheet. For example these included crafts, outings, watched television, games, visitors, communion, gardening and outside entertainer. One person said "There are all sorts of things going on in the sitting room, we have children coming to sing today and on Saturday they had some very good singers. There seems to be something on every day especially coming up to Christmas. I do sometimes go and join in. But I do like to come back to my room as well." Another said, "Activities are fine, the girls tell us and we get a sheet."

Our visit took place in the Christmas season. The home had been beautifully decorated throughout with festive decorations. This included a large ice queen display in the main lounge. One person said, "They are always lovely they take a lot of trouble to make it nice at Christmas." People who had consented had their walking aids decorated with tinsel and decorations. The registered manager wrote to us after the inspection to make us aware people and staff were proud of their decorations as together they created the Christmas scenes and displays. There was a Christmas diary setting out the activities planned for the holiday season. These included, going to look at the lights at Devon Court and enjoying afternoon tea, singing performed by the shanty men, Christmas skittles and a staff nativity play. We were also told by one person that the mayor was visiting on Christmas day which was something they were looking forward to.

People received a newsletter monthly setting out what was happening in the home, people's birthdays, staff changes, employee of the month and any special celebrations attended for example remembrance Sunday.

On the first day of our visit children from the local school performed a carol service for people. During which people looked very happy and were seen joining in. Following the inspection we received photographs from the registered manager showing people enjoying themselves at Christmas and meeting the Mayor. We were also made aware that one of the care workers opened a weekly shop which provided people the opportunity to buy basic provisions for those who find it more difficult to get out to the local shops.

Everyone at the service had supported a chosen local charity for seven years as do the management team and staff. At the time of the inspection people had requested a change in the charity they supported and were in the process of deciding which charity they were going to change to. They had four suggestions they were considering. The owner said they had an annual garden party and completed sponsored walks to raise money. The owner and registered manager said as part of sponsoring a charity they gift their own time to the charity. They confirmed that they felt it was important for people to be included in the local community and where possible take them out for coffee and afternoon tea and go to local events. They said they worked closely with the local Beacon School. They said the school supported them coming in and in return they take a particular interest in the school and where they can support them. The registered manager said to us in an email following the inspection, "The residents and staff like to be involved with the community so they also support many events and raise funds for a local school to provide instruments for their school

orchestra, they in return come in to entertain the resident's."

We were told there was a 'Men's night' arranged each week for the men at the service because they were outnumbered by the ladies. This was arranged in the dining room for men only to play dominoes have a beer or beverages of their choice, nibbles and a general chat. The owner said they will also have unprompted get together as well. The ladies had asked for a ladies only evening which had been tried but hadn't been so successful. However we were informed by the registered manager that the ladies at the home often had a sherry or beverage of their choice in the evening whilst watching the television. At the end of the year the management team send out with the newsletter, 'memory lane' about what has been done over the last year as some people were not at the home for the whole year.

People's rooms were very well presented. People had the opportunity to bring in their personal possessions, photographs and furniture to personalise them as safe to do so. The owner said they would assess to ensure the furniture was safe and electrical equipment would be tested. One person said, "I have my own bits and piece as you can see." We saw there were teddy bears on the bed and pictures. The communal areas were well spread out meaning people could socialise or have some time on their own. For example a small quiet lounge on the top floor, a small seating area in an area away from the main hub of the service. One person liked to sit in the quiet room on the top floor as it had a lovely view across Exmouth and was as they told us "Quiet." The registered manager said at people's request "to ensure a calm ambience there is always light classical music being played in the lounge."

The garden was easily accessible from the home and was set out so people could access freely when they chose. The owner said they had plans to develop it further to make it even more accessible with larger decking areas and better grip for wet and icy weather.

The provider had a complaints procedure which made people aware of how they could make a complaint. People were given a copy when they came to the home and the procedure was on the wall in the main entrance to keep people and visitors informed. They were also reminded at each 'residents meeting'. We discussed with the registered manager and owner that it directed people to the Care Quality Commission (CQC) if their complaint hadn't been dealt with satisfactorily at the service. This was incorrect as the CQC do not deal with individual complaints. They said they would amend the complaints procedure to guide people to the appropriate external bodies. People said they would feel happy to raise a concern and knew how to. Comments included, "I would tell deputy manager) or (registered manager) they would sort it out."

The provider had received no complaints in 2016. They said they were active within the home and dealt with niggles and concerns before they became a complaint. They were very clear how they would deal with complaints.

Good

Is the service well-led?

Our findings

People, relatives, health professionals and staff all gave us positive feedback about the home and the management team. The registered manager was in day to day control at the home supported by the owners who were regularly at the home.

The management team had a clear understanding of their responsibilities and were available at all times. They operated an open door policy for staff, people, families and visitors. The registered manager was supported by a deputy manager, senior care workers and care workers to support people's needs. People and their visitors described the management team as very approachable and always available if they wanted to talk with them.

The policies and procedures in place covered a wide range and were regularly reviewed to ensure they were up to date and effective.

People's views were sought. Residents meetings were held regularly and there was evidence of continuous improvements being made in response to people's feedback. The registered manager and owners met most people daily and asked them their views and kept them informed of things happening at the home. People, relatives and staff were asked annually to complete a survey to ask their views of the service. The last survey in January 2016 had received very positive responses. The registered manager said they had fed back the findings of the survey to people at residents meetings. Meetings for people who lived at the home were every couple of months and could be arranged adhoc if needed. Minutes of a meeting held on 6 October 2016 showed people had discussed the autumn menu, the complaints procedure and that the management team were always available. An adhoc meeting on the 22 November 2016 had been arranged for an air ambulance presentation because people were in the process of deciding which charity they were going to support. One person said, "You can say exactly what you think they are marvellous. We do not get officially told what was discussed at the meeting but others tell us if we couldn't attend."

There was an annual full staff meeting referred to as an "AGM" every February. The management team said it was to discuss the plans for the upcoming year, suggestions, predictions and general discussions. Meetings were held throughout the year with individual staff groups. This included the night staff, senior care staff and housekeeping staff. Each month, people, visitors, staff and the management team could nominate an employee who they felt had performed well and gone above and beyond in their actions. The employee of the month received a bunch of flowers and a certificate, their photograph on the wall and a mention in the homes newsletter. In December two staff had been given the award. The owner said the staff liked the scheme and in particular that health professionals and visitors would congratulate them and call them by name when they visited.

All the care workers we spoke to were very happy working at the home and felt well supported by the registered manager and owners. They said issues were dealt with quickly and appropriately. Comments included, "They are very much involved, they join in. I never feel uncomfortable with them…they join us for coffee"; "If not sure about anything they always help"; "They are lovely people to work for I wouldn't still be

here if they weren't" and "Everything runs smoothly here we work as a team." The owners took great pride in their high retention of staff. They said in an email they sent after the inspection, 'We retain our staff; they are loyal and proud to work with us and often gift their time voluntarily to events and the resident's.' They went on to say about different ways they rewarded their staff with bonuses, special events funded, meals provided for staff on duty, freshly baked cakes and each Friday bacon sandwiches. The registered manager also informed us "staff have expressed generally and stated formally through work reviews and appraisals how they feel valued and proud to work at Manor Lodge" They gave an example where one staff member had recorded in response to a survey, "I have worked in care for over 30 years and have never felt so appreciated and valued, I would never work anywhere else"

The provider had a quality monitoring system in place. This included a monthly medicine audit and six monthly pharmacy checks and an annual fire risk assessment. The registered manager, owners and maintenance person undertook daily environmental checks which they did not formally record. The registered manager said they regularly audited people's care plans, assessments and reviews but did not formally record these. The provider was trialling a computer based system to record people's care support. They said they were considering this as it had a clear audit trail and would flag up if reviews and assessment had not been completed. They were in the process of transferring four people's records and the management team would be using the system first to see if it would be an improvement on the paper system they were using.

In July 2016 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five with the highest rating being five. This showed the provider was working to ensure good standards and record keeping in relation to food hygiene.

The provider had systems to monitor the staff response times to call bells. The management team could access on the computer system data regarding call bell response times. They were considering getting staff to press the call button when they undertook a check so there was a clear audit trail. At night people were checked every two hours as required and more frequently if needed. The call bell system enabled care staff to press when they were present in the room alongside the manual recording system which is still used by the home.

The provider was reaccredited with 'gold' Investors in People award and said they were working towards achieving a platinum level. This was scheduled to be assessed in January 2017. To achieve the accreditation standards the provider had to demonstrate good leadership at the service, ways of supporting staff, making it a good place to work and sustaining improvement.

Incidents were appropriately monitored and acted upon at the time of the incident and monthly on an individual basis. The owners said they were aware on a day to day basis of incidents and accidents that happened at the home. However they did not formally analyse trends over time to establish whether there were any patterns to help reduce the risk of recurrence. This meant there was not a clear oversight of the over view of accidents and incidents at the home.

The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. The provider provides additional information promptly when requested and were working in line with their registration.