Runwood Homes Limited

Caldwell Grange

Inspection report

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Tel: 02476383779

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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

The inspection took place on 10 October 2016 and was unannounced.

This service was last inspected on 30 April 2013 when Caldwell Grange was registered to provide accommodation and personal care for up to 35 people. We found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Caldwell Grange reopened in August 2016 following a major redevelopment and is now registered to provide accommodation and personal care for up to 76 older people, including people who are living with dementia. Care and support will be provided across two floors as occupancy increases, however at the time of our visit, only one floor was occupied and 30 people were living at the home. One person was in hospital.

The home is required to have 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post.

People enjoyed living at Caldwell Grange because people received care from staff, who enabled them to live their lives as they wished. People, who were more independent, were supported by staff to remain as independent as possible. People made, or were supported to make their own decisions, and care and support was given in line with their wishes.

Care plans contained relevant information for staff to help them provide the individual care people required. However the home manager and regional manager acknowledged some care plans required updating, especially in light of people moving back to Caldwell Grange from one of the provider's other homes. People's care and support was provided by a consistent staff team who were knowledgeable and knew people well.

People were encouraged and supported by a kind, considerate, patient and caring staff team. People told us they felt safe living at Caldwell Grange and staff knew how to keep people safe from the risk of abuse and potential harm. Staff and the management team understood what actions to take if they had any concerns for people's wellbeing or safety.

Staff received training to meet people's needs, and effectively used their skills and knowledge to support people and develop trusting relationships. Some staff wanted additional training in dementia and the provider had arrangements in place to deliver this.

People were supported to pursue a variety of hobbies and interests which enabled them to strengthen and

build relationships with other people and staff. Potential risks were considered positively so that people continued to enjoy what was important to them. People were encouraged and supported to keep in touch with those people who were important to them. Relatives told us they were able to visit whenever they wanted to, without restriction and felt comfortable visiting their family members in what they felt was home.

People had meals and drinks that met their individual requirements and people said they enjoyed the food choices provided. Drinks and snacks were available to people and visitors throughout the day.

People told us they could raise concerns or complaints if they needed to because the registered manager and staff were available and approachable.

The registered manager had quality monitoring processes which included audits and checks on medicines management, care records and accidents and incidents. The provider completed additional audits and checks to satisfy themselves improvements were being made.

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 felt safe living at the home. They were supported by enough staff who were available to provide their care and support at times people preferred. Staff understood their responsibilities to report any concerns about people's safety or if they believed people were at risk of abuse. People were supported with their prescribed medicines from trained staff. Regular medicine checks ensured people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained and knew people well so they could effectively meet their individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before Providing their care. The management understood and worked within the principles of the Deprivation of Liberty
Safeguards. Staff referred people to other healthcare professionals when required and followed advice and guidance given to support people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's preferences, how they wanted their care delivered and how they wanted to spend their time, whilst promoting and supporting their independence.

Is the service responsive?

Good

The service was responsive.

Staff had a thorough knowledge of the needs of the people they

cared for. People and their relatives were confident to speak with the registered manager and raise any issues or concerns knowing their concerns would be listened to. People were involved in care planning decisions, and how they wanted to spend their time pursing their own hobbies and interests.

Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to share their views and felt the provider and management listened to and acted upon their concerns. The provider had systems to monitor the quality of the service and when actions were identified, action plans were followed to ensure improvements were made.

Caldwell Grange

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 10 October 2016, was unannounced and consisted of three inspectors and two experts by experience. Both experts by experience had experience of caring for a person who used this type of service.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We spoke with the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas of the home and in their own rooms. This was to see how people spent their time, how staff involved them, and how staff provided care and support to people when required. We spent time observing how people and staff engaged with each other and whether people received the support they needed, and at the time they wanted.

During our inspection visit we spoke with 10 people who lived at Caldwell Grange to get their experiences of what it was like living there, as well as eight visiting relatives. We spoke with the registered manager, a home manager and the operations director to get their views of how the home was managed and the checks they made to assure themselves, people received a service they expected. We spoke with eight care staff and one activities coordinator (referred in the report as staff).

We displayed a poster in the communal area of the home inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback from people or relatives.

We looked at three people's care records and other records including quality assurance checks, medicines and incident and accident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Caldwell Grange. They told us they were secure and protected in the home and felt safe when staff provided their care and support. We asked people what made them feel safe, their comments included, "The whole place itself and the staff make me feel safe. They check on me at night and make sure I'm alright" and "When I came in to this home I felt very safe. In the last home I had people coming in to my room all the time. It hasn't happened here. No issues at all." Relatives felt satisfied knowing their relations were safe. One relative said their family member's health condition had deteriorated, saying, "Initially [name] had one staff looking after [name] because [person] is frail, they now have two." They explained knowing additional staff supported their relative gave them confidence they were safe in staff's care.

People were safe because they were protected from the risks of abuse. People were supported by staff who had completed training and understood what constituted abuse, and the actions to take if they had concerns about people's safety. A typical comment was, "Abuse could be emotional or physical. I would speak to the care team leaders or manager if I was concerned about anything, but I have no cause for concern." Staff understood that some people with limited verbal communication could not tell them if they were frightened or unsafe. They told us they would try to identify why people's behaviour might change or become more withdrawn by doing things such as checking for bruising. The registered manager knew what action to take and when concerns were raised to them, they notified the safeguarding team. Since the home reopened, there had not been any safeguarding incidents that needed to be reported to us.

Where risks were identified, people's care plans described the actions care staff should take to minimise them. Risks to people's mobility, lifestyle choices, and communication were assessed and staff were given guidance on managing the risks to ensure the best outcomes for the person. For example, the care plan for one person who had capacity to express themselves, said they needed support from one or two staff to mobilise, 'depending on how the person felt at the time.' For another person, who did not have capacity to express their needs, their care plan included significantly more guidance for staff. For example, their mobility care plan instructed staff to check the person wore suitable, safe footwear, that their walking frame was always available and to encourage the person to rest with their feet up as frequently as possible.

One person said staff knew what action to take to keep them safe when supporting them to move around the home. They told us when they lived in a previous home, "I had three falls over there but not here." Relatives told us they were confident staff knew how to care for their relative and minimise any potential risks. One relative said, "I'm impressed with the staff, they seem very aware of the changes in [person], especially their mobility."

Staff knew about people's individual needs for support and explained to us the actions they took to minimise risks to people's health and wellbeing. Staff told us they knew when people's needs or abilities changed because they attended staff handover meetings when the shift changed, and read people's daily records. Staff were confident they had the information they needed to support people who were not able to express themselves verbally. They told us when new people moved to the home there was a 'mini profile of

needs' attached to a memo board in people's rooms, to remind staff while they were getting to know people.

There were enough staff to support people's needs. People told us there were enough available staff to provide their care and support when needed. Most people told us they judged this on how long they had to wait for assistance. A typical comment was, "I have a call bell in my room, they usually come very quickly. The longest I've waited is about ten minutes, it depends how busy they are" and "I don't wait, they come very quickly."

Staff told us there were enough staff on the rota to support people safely, but, felt various domestic tasks such as washing up and laying tables that were also their responsibility took up time they could spend with people. A member of staff told us, "Domestic tasks steal time from bathing, chatting and quality time." We saw that staff were not rushed, and spent time with people in a calm and relaxing atmosphere.

We discussed staff comments with the registered manager, home manager and operations director because all staff shared this view. The home manager said it was about educating staff that domestic tasks described to us, were not an additional task, but part of their role. They told us these tasks 'should be looked at as an activity' as some people wanted to help clean or lay tables. The registered manager said domestic staff supported people at breakfast time whilst staff helped get other people out of bed, so this did not prevent people from following their normal routines, or not receiving personal care when required.

The registered manager told us they used a staff 'dependency tool'. This is a method of deciding how many staff are needed in relation to the levels of dependency and needs of people who lived in the home. They said they were confident there were enough staff. They said, "If we need to flex up or down on staffing, we can." They told us, "People are safe, we are monitoring any incidents and we are not averse to increasing staff numbers where required." The registered manager said they had only opened one floor and staffed accordingly to keep people safe, until people and staff were familiar with the layout of the home.

People told us they received their medicines when required. Medicines were delivered from the pharmacy in colour coded blister packs, which were marked with the person's name, time of day they should be administered and a photo of the person to confirm their identity. This reduced the error of administering medicines incorrectly. The medicines administration records (MAR) we looked at, were signed by staff as having been administered and up to date, which showed people's medicines were administered in accordance with their prescriptions.

Records did not show where on the person's body, patches which delivered pain relieving medicines to people, had been placed. This is, good practice because some patch relief medicines cannot be applied on the same parts of the body within certain periods of time. The registered manager said it was their expectation that patch medicines were recorded on a body map and MARs should record which eye the drops were required for. Following our visit, the registered manager told us body maps were now in place and staff were to record patch locations. This would ensure medicines were administered safely and in line with manufacturer's guidelines.

Care team leaders (CTM) were trained to administered medicines and the registered manager assessed CTM's administering medicines to ensure they remained competent and safe to do so. Medication checks were made to check medication had been given as required.

Systems were in place to keep people safe in an emergency. These included regular fire alarm testing and fire drills so staff knew what to do to evacuate the building. Each person had a personal evacuation plan

that provided the emergency services with important information about their mobility and any equipment needed to evacuate them safely. Coloured dots on people's doors identified to emergency services the levels of support people required. Staff knew what actions to take in the event of unplanned events and incidents.

Good

Is the service effective?

Our findings

People told us staff knew what to do and how to support them on a daily basis. People said staff were confident and competent when providing their care and support. They said staff were available and when they supported them, it was to the standard they expected. Comments people and relatives made were, "They seem to know what [person] likes and doesn't like" and "The staff seem very approachable."

People received care from staff who had the skills and knowledge to meet their needs effectively. We saw people were supported effectively by staff. Staff demonstrated an understanding of people's needs and how best to care for and support them. Staff's approach and behaviours resulted in smiles and positive responses from people.
We saw a new member of staff working alongside (shadowing) experienced staff to learn about people's needs and how to support them. They were additional to staffing levels so there was no pressure to provide support to people before they were trained and confident to do so. An experienced member of staff told us, "[Name of staff] will be shown how to use the hoist as well as shown around the building, the fire exits and how the call bells work." They told us shadowing experienced staff at delivering personal care was important to success in their role, because, "We get to know people better when we are assisting them with personal care, because it is done in private, one-to-one."

Staff told us they received training during their induction period, and training after induction to refresh their skills and knowledge. They told us they had training in subjects that were relevant to people's needs, such as using a hoist and slide sheet to assist people to move position safely. Staff told us they had been trained in dementia care but wanted further training to help them support people who lived with dementia. The operations director said the provider was addressing this. They told us the provider was building on staff dementia training by including additional 'face to face' training sessions provided by the dementia care services manager. Staff told us they had regular opportunities to discuss their practice, training needs and any concerns at one-to-one meetings with their manager. Staff felt supported by the provider to learn and complete training relevant to their job roles.

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 to comply with the Deprivation of Liberty Safeguards (DoLS). The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's freedoms were effectively supported and protected.

The registered manager understood their responsibilities under the Act. The home manager had applied to the supervisory body, for the authority to deprive seven people of their liberty because their care plans included restrictions to their liberty. For example, they could not go out independently, because they did not recognise risks to their safety outside of the home. During our visit, one person made repeated attempts to leave the home. The home manager told us the person would not be safe unattended outside the home, so

had made an urgent DoLS application which had been approved.

In the three care plans we looked at, risk assessments for people's understanding and memory, confirmed whether people could make their own decisions or whether decisions would need to be made in their best interests. People's care plans explained which decisions staff should make in people's best interests, if they were unable to make decisions. For example, for one person who lacked capacity to make decisions, staff made everyday decisions to support them to maintain their nutrition and health. The registered manager told us they had a copy of the documents issued by the courts so they could be confident that people's relatives and representatives had the legal right to make decisions on people's behalf.

Staff understood their responsibility to gain people's consent. Staff checked with people whether they wanted assistance before supporting them, especially with personal care. Staff told us that sometimes people did not initially consent to personal care but they tried various methods such as coaxing, or trying to gain their consent later in the day. For people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. An experienced member of staff was being shadowed by a new member of staff and we heard them explaining good practice to the new member of staff. For example, they explained that decisions about when to get up, go to bed were always made by people who lived at the home, not by staff.

People enjoyed the quality and choice of food saying, "You get a choice of food here, the mealtimes are enjoyable and the food is great." We saw people had a choice of main meals and desserts and staff had a list of people's choices. Before lunch was served, staff checked with each person that that they still wanted their original choice. The registered manager told us people were involved in menu planning and were asked for their likes and dislikes. They said as the home had been open for over one month, menus were being printed based on people's preferred choices. The cook went to each table in turn asking people if they would like 'seconds'. When everyone was served, staff sat and ate their meal with people, which encouraged a sense of family and belonging. People told us they enjoyed the mealtime experience because, "I sit with friends at lunch every day, it's pleasant."

After lunch people were offered a cup of tea or coffee and encouraged to stay at the table in conversation with staff. We heard staff talking about topics that people were genuinely interested in, such as acquaintances from their earlier lives and recent social occasion's people had attended. Staff reminded people about the afternoon's activities and reassured people there was 'no rush' to leave. A member of staff told us staff checked whether people had eaten well and noted if their appetites were 'unusual' in their daily records, as an indicator of their wellbeing. They told us, two people had been assessed as at risk of poor nutrition, so staff were instructed to record the actual amount both people ate and drank on 'food and fluid charts' to check their nutritional intake.

People were supported to maintain their health and were referred to other healthcare professionals, such as GPs and dentists, when needed. Records showed people were supported to maintain their health. For example, one person told us, "The doctor comes once a month because I'm a diabetic and they (staff) arrange the chiropodist for me." Records showed staff sought advice from healthcare professionals to support people. For example, in one person's care plan, we saw a dietician had prescribed supplementary drinks, when they were at risk of poor nutrition. Staff weighed the person regularly until the person's weight was to the dietician's satisfaction. The dietician's advice included prescriptions for supplementary drinks and for staff to continue to monitor the person for any changes, by regularly weighing them which was being followed.

Good

Is the service caring?

Our findings

People said the enjoyed being back at Caldwell Grange now the home had reopened. People said they got on well with staff and valued the continuity of staff who cared for them.

The registered manager told us how important it was to ensure people who lived at Caldwell Grange, had the right staff to support them. They said regardless of an applicant's technical skills, they only employed staff who demonstrated caring behaviours and values. The registered manager said they knew they had the right staff because they observed staff with people and saw people reacted positively with them.

Staff understood how people's life experience affected their values. Staff confidently engaged people in meaningful conversations. Staff understood people's anxieties and fears and were empathetic in reassuring them. For example, when one person voiced their anxiety about their poor memory, staff said, "Oh me too. I have to write things down, to make sure I don't forget them." The persons 'facial expression changed, as they were re-assured that they were not alone in 'forgetting things.' One person spoke with a member of staff about the war, saying members of their family went off to war and never returned. The staff member demonstrated sensitivity by saying, "Some people have got bad memories of the war and don't want to talk about it. Do you?"

Staff understood people's individual needs for reassurance and knew how to maintain their sense of self and wellbeing. For example one person's body language indicated they were confused, a member of staff who was passing held out their hand to comfort them, saying, "So, [Name], would you like a cup of tea, piece of cake?" We saw the person responded with a smile, accepted staff's invitation and went with them to the lounge.

Staff made sure people were settled and comfortable. One person had a colourful blanket over their knees and this became a topic of conversation between the person and staff who went over to them. Staff folded the blanket and re-arranged it around the person's shoulders, after asking the person if they would like to feel 'cosy'. We heard the person laughed out loud at something the staff said to them. Another staff member became aware of someone who was sitting at the dining room table and not joining in – "[Name] would you like to come over here and join us." They then noticed another person was leaning uncomfortably in their chair. They put some cushions behind them and the person thanked them. One person was concerned about getting confused. The member of staff empathised and gave reassurance without minimising their concerns. They explained how they often got confused if they had a lot to think about.

Care plans were written from the person's perspective, so staff understood the person's needs and abilities from their point of view. People's care plans included a document entitled, 'My Day', which was completed by their keyworker two weeks after the person moved into the home. The two-week timeframe to complete the document gave the person and their keyworker time to get to know each other. The document was written from the person's point of view under the headings of, 'I need, I have care plans for, I prefer, I like and I dislike'. Staff told us it was important to know people well and understand people's history, motivation and important relationships in order to deliver care and support in the way they needed. A member of staff told

us, "We read their files, but we get to know them better by chatting while we work." Staff recognised this was important for people who lived with dementia, "You can communicate with them more. Those with dementia can talk to you about those things they remember. If you know a bit about their background you can talk with them about what they used to do."

People were supported to maintain their dignity and were treated with respect. Everyone we saw wore clean clothes, and their nails were clean and manicured. People's care plans included guidance for staff to support them to maintain their appearance if needed. For example, for one person who did not have the capacity to assess their appearance, staff were guided in how to encourage and support them to wash their hair, keep their nails clean and to wear clothing that was appropriate for their daily routine.

People's bedroom doors had a picture frame with the person's name and a picture that indicated their interests. There was a brief life history for each person, including the name they preferred to be known as, pinned to a notice board just inside their bedroom door, which reminded staff about what was important to the person

Staff respected people's privacy. We saw staff knocked on people's bedroom doors and called out to the person, "Can I come in?" to make sure the person was happy for staff to enter. A relative said they always saw staff were respectful of privacy. They said, "I have arrived and saw that they had drawn their curtains and closed the door when [person] received personal care."

Staff said Caldwell Grange was a caring place and staff worked well as a team which helped people feel relaxed in their environment. One staff member said, "The girls are all lovely. If you all get on well, it is relaxing for the residents." Another told us, "All the staff are good. You have staff here who will go the extra mile and a lot have been in caring for years and years. You have got to have a caring nature" and "We all try to make them comfortable and feel that it is their home."

People told us their new home was, "Lovely." The environment promoted people's wellbeing. The communal rooms were large, filled with light and arranged to enable small groups of people to engage in separate activities at the same time. Communal areas opened out onto an enclosed sun terrace with tables and chairs for people and their visitors to enjoy. Corridor names had local connections such as Abbey Green, Arboury Way, Chilvers Close and Moreton Way. The latter, was named after Miss Moreton who was a local alderman (councillor). There were black and white photos of people who used to live at the home, which opened in 1956, all around the home, which was a caring tribute to people's memory and to acknowledge Caldwell Grange had been a care home on the same site for over 60 years.

The home had a café. The operations director said the café was a central and important focal point within the home. There were plans to make more use of this area, holding meetings with people and relatives and a place where families could socialise. The operations director said they spoke with one relative who said it was 'like being in a café, without having to go out'. Every afternoon, the café was used for tea and cake, with a speciality cake of the day being offered to people. In the café, two laptops were available for people to use and staff told us some people communicated with families over the internet which supported people to maintain relationships with those important to them.

Good

Is the service responsive?

Our findings

People and relatives were involved in planning their care and support. People who had capacity to plan their own care were able to say whether they wanted their relative to be involved in discussing their needs and abilities. For people who were not able explain how they wanted to be supported, and because of their complex needs, family were involved in planning their care. A relative said they were involved in discussions about the care provided to their relation, saying, "We came in (to the home) first and sat down with the (Manager) and we signed (to agree the care). The registered manager checked that the person's representative was authorised to speak on their behalf.

Staff knew about the people they supported and what support they needed, "You have got the care plans so you refer to them" and "When any new person comes in we have to read the care plans and sometimes the CTMs will pull major things out we need to know." Staff said they were kept informed about changes to people's health needs. One staff member said, "Elderly people can be fine one day and poorly the next. They change so quickly. The CTMs help and pass on information you need to know." Staff told us handover was useful because they were told information about how people were feeling and what to look out for.

Monthly care plan reviews were being undertaken however it was acknowledged by the registered manager that some improvements were required. In one care plan we found the information in the person's care records, and what staff told us about the person was not always consistent. We discussed this with the registered manager who said this was being addressed to ensure staff continued to provide the care people needed.

People were asked whether they had any specific spiritual, cultural or religious needs during their initial needs assessment, and the care plan recorded people's wishes. In a care plan we looked at, one person had expressed their need to regularly attend a centre for people who shared their culture and beliefs. The person attended the centre on the day of our inspection. A member of staff told us this person visited a centre where they could spend time with people of the same cultural background and who shared the same language. The staff member said, "[Name] likes to mingle and likes to chat." During our inspection visit, representatives from the local churches visited. They were working with the activities co-coordinator to offer a weekly church service within the home.

People were supported to maintain their interests and preferred pastimes. People told us they were involved in a range of activities they enjoyed. One person said, "I do some knitting, I saw other people doing it so it got me doing it", Another said, "They ask me if I want to go in the van (Mini bus) for a day trip" and "They tell me what's on. I have played bingo." People and relatives said there was, "always something going on." An activities planner informed people what activities were planned, and staff and the activities coordinator asked people what activities (if any) they wished to participate in. Some people preferred to stay in their rooms and their choices were respected. During our inspection visit, people played bingo and others took part in armchair exercises to promote movement. Future planned activities included a sing-a-long and a pint, trips to garden centres, a Halloween party and quiz, and staff's children decorating cakes with people – One person said, "I can do what I want when I want. I can sit outside and watch them playing

bowls, I get up when I want and dress myself. I do as I want; no-one bothers me to go to bed." Another person said they enjoyed being back because, "They (staff) bring me some cans of beer, it's great here." People said most of the staff returned with them (from one of the providers homes people stayed in during the refurbishment).

Black and white photos of the town in previous times were displayed throughout the home. Staff told us these were useful to promote conversation and reminiscence with people about their previous life experiences. We saw one person who liked to spend their time walking around looking intently at some of the photos. A member of staff told us, "The old photos are a talking point."

Staff told us they usually knew about people's interests because people or their representatives had explained how they enjoyed spending their time prior to moving to the home. People's history, interests and preferred social activities were explained in their care plans so staff knew the topics of conversation people might enjoy. A member of staff told us people adopted the routines they preferred and enjoyed spontaneous activities. They told us, "During the afternoon, we have time to have a chat, a cup of tea or to go for a walk outside. Then it is tea at 4:30."

One member of staff told us how individual people spent their day, which matched what we saw during our inspection visit. Staff told us, "[Name] likes to keep busy, dusting and washing up" They said, "I tell them 'I haven't enough time', so they feel appreciated" because they are helping us.

A member of staff told us the activities co-ordinator was always thinking of new ways to engage people in purposeful activities they enjoyed. They told us the activities co-ordinator spent time with people individually, as well as organising group activities. The member of staff told us, the activities co-ordinator had recently found out one person liked to knit. They explained that the person now knitted each afternoon and this had reduced their restlessness.

People and their relatives knew how to complain about the service but had not complained since Caldwell Grange reopened. Information was displayed in communal areas that informed people how to complain and the timescales for responding to complaints. People and relatives comments demonstrated they felt confident to raise concerns and action would be taken. Staff told us if anyone made a complaint to them, "I would fetch the CTM or the manager for them."

We looked at how written complaints were managed by the service, however records showed the provider had not received any formal or informal complaints since reopening. The registered manager said if complaints were received they would be investigated, responded to and action taken to reduce potential of further similar complaints. The operations director told us the provider looked at complaints and checked with the registered manager that action had been taken to resolve them.

Good

Is the service well-led?

Our findings

People and relatives we spoke with said the home had recently opened and the move was managed well. People told us they were brought to the home, shown around, and asked which room they would prefer to have as their bedroom. At the time of our inspection visit, all 30 people who lived at the home were supported on the ground floor only. On the second floor, we saw some rooms had 'reserved' on them. The registered manager said, "Once there are enough people, we will open the second floor and people can move into their reserved rooms." People were complimentary about their new home, "I think it is beautiful" and "It is lovely." People said they had opportunity to provide feedback at a 'residents' meeting. There had been one meeting since the move in August 2016 but more were planned and advertised within the home for people and relatives to attend.

The registered manager told us the movement of people out of Caldwell Grange and the reopening of Caldwell Grange was made in full consultation with people and their relatives. This limited potential disruptions and kept concerns to a minimum. No one we spoke with had been unhappy about the transition between homes.

The provider supported staff to manage the transition to and from the other home while the premises were refurbished. A member of staff told us, "All the staff moved to work at [Name of temporary location] when the people moved there. Almost all the staff came back to Caldwell Grange and one staff member told us, "I love being back."

Some staff were concerned that the registered manager was not allowing enough time between each new admission to the home, for staff to get to know people's individual needs. They felt the care records did not accurately reflect people's needs and they were relying on staff to tell them what people's needs were. The registered manager had planned a staff meeting at the end of October 2016, so staff had opportunity to share their concerns. The registered manager acknowledged certain areas needed improvement. The registered manager said there had been a period of settling in and they were confident they could address some of the concerns outlined by staff.

We looked at the checks which monitored quality and safety. We looked at examples of completed audits such as the regional care director's audit, health and safety, and fire safety. Regular monitoring made sure people received support in an environment that kept people safe and protected. Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed incidents for any emerging patterns and took measures to reduce the potential of further incidents. They told us their analysis meant necessary measures could and were taken to keep people safe. For example using alarm mats to alert staff when people were mobile in their rooms who were at increased risks of falling.

We looked at examples of checks that had been completed by the regional care director, operations director, registered manager and home manager. Once checks by the senior management team were completed, an action plan was devised to help staff know what actions were required, the timescales for the

actions, and who was responsible for completing the actions. Not all of the actions had been addressed within the timescales agreed. For example, the registered manager had asked that people's fluid intake was recorded and totalled. During our visit we found fluid charts had not been totalled, and some which had gaps in the recording. Medicines checks were completed to ensure people received medicines safely however we found some issues had not been identified. For example, one person had eye drops, however the MARs did not record whether left, right or both eyes needed treatment. Medicine stock counts identified incorrect stock balances. There was no evidence to show what action had been taken although we were satisfied people had received their medicines as required. The registered manager and operations director acknowledged improvements were required and told us they were committed to improving and delivering a service people wanted and expected. The home manager told us they planned to make improvements by end October 2016.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.