

Ward Green Lodge Ltd

Ward Green Lodge

Inspection report

High Ridge
Ward Green
Barnsley
South Yorkshire
S70 5HJ

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Tel: 01226786908

Website: www.brittohealthcare.co.uk

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

Ward Green Lodge is registered to provide accommodation and personal care. The home can accommodate up to 66 older people, some of whom are living with dementia. It is situated in the Ward Green area of Barnsley, close to local amenities and bus routes. The home is purpose built over two floors, accessed by a passenger lift. All of the bedrooms are single and provided with en suite toilet and shower facilities. Communal lounges and dining areas are provided. The home has an enclosed garden and a car park.

There was a registered manager at the service who was registered with CQC. 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.

This is the first inspection of Ward Green Lodge. The inspection took place on 9 March 2016 and was unannounced. This meant the people who lived at Ward Green Lodge and the staff who worked there did not know we were coming. On the day of our inspection there were 57 people living at Ward Green Lodge.

People spoken with were positive about their experience of living at Ward Green Lodge. They told us they felt safe and staff were kind.

Relatives spoken with had no concerns regarding their relative's care. They told us they knew staff well and were always kept up to date with any news.

Healthcare professionals spoken with reported a good relationship with the home.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires, the results of these had been audited to identify any areas for improvement.

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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Good ●

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were

meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well led.

Staff told us they felt they had a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Ward Green 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 registered 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 9 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). 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. The PIR was returned as requested.

We contacted Barnsley local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted eight health professionals who had contact with the service including district nurses, trainers, and the specialist falls team. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with ten people living at the home and eight of their relatives or friends to obtain their views of the support provided. We spoke with nine members of staff, which included the registered manager, the business and compliance manager, the deputy manager, the administrator, care workers, an activity worker and ancillary staff such as catering and domestic staff. We also spoke with three health professionals who were visiting the home during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not fully talk with. We spent time looking at records, which included three people's care records, three

staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All of the people living at Ward Green Lodge that we spoke with said they felt safe. Comments included, "I am safe here, very safe" and "I've no troubles at all. I am all right here."

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said they had no worries or concerns about the safety of their relative living at Ward Green Lodge.

We found questionnaires had been undertaken during November and December 2015 with people using the service, relatives, community professionals and staff to obtain their views. The results of the survey had been audited and were on display in the entrance area. We saw that 38 'residents and relatives', 15 staff and no community professionals had responded to the survey.

When asked 'Do you feel that your relative is safe?' all 38 'residents and relatives' respondents said 'yes'.

When asked if they were 'trained to understand, protect and recognise resident abuse?', 7 of the 15 staff respondents said 'strongly agree', 7 said 'agree' and one staff chose not to answer.

All of the staff asked said that they would be happy for a relative or friend to live at the home and felt they would be safe.

People told us they thought there were enough staff to deal with their care needs.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse, or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their registered manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed. Following discussions with the compliance manager regarding a recent incident, a safeguarding alert was sent to the local authority during the day of this inspection. We were given assurances that safeguarding alerts would be routinely sent by the provider to assure themselves correct actions had been taken to keep people safe.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had

been identified. Staff knew these policies were available to them.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so that important information was provided to registered managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

The service had a policy and procedure on safeguarding people's finances. We spoke with the compliance manager who explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The compliance manager informed us that audits and checks on financial records were undertaken and we saw records of these showing that checks had been made to make sure records were accurate. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 57 people were living at Ward Green Lodge. We found that eight care staff, two senior care staff, the deputy manager, an activities worker and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The registered manager explained that two care staff were always provided on each of the four units and two seniors were available in addition to these care staff to provide any additional support where needed.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the procedures to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a medicines management audit had been undertaken by a pharmacy technician and the NHS Integrated Care Home Team in July 2015. A follow up by the pharmacy technician had been completed in December 2015 to verify that any recommendations had been acted upon, for example, ensuring MAR were initialled and detailed when a medicine was not required. We saw that the follow up visit had noted regular audits were undertaken to make sure the recommendation was carried out. The compliance manager informed us the pharmacist had undertaken an audit visit on 8 March and were waiting for the report from the visit.

We found identified staff were designated to administer medicine. We observed staff administering part of the lunch time medicines. We saw medicines were given to people from a medicine pot and each person

was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Ward Green Lodge was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection. We saw records of an infection control audit undertaken by NHS Barnsley Clinical Commissioning Group (CCG) in February 2016 that noted the home was clean.

Is the service effective?

Our findings

People living at Ward Green Lodge said their health was looked after and they were provided with the support they needed. Comments included, "They [staff] are very good, they look out for you, see that you get help when it's needed" and "We can't complain, I see the nurse come, and the doctor comes here regular."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. Comments included, "We've been really pleased. Staff are all good. We had a difficult patch and the staff were brilliant, so compassionate and kept me informed. The GP and memory team were involved and my Dad got the care he needed. He is very settled now," "My first impressions of this home became lasting impressions. The staff are lovely. I have seen vast improvements in my Mum since she came here, the way she looks and the way she is. She has her confidence back. Mum sees the GP and a chiropodist when it's needed. She had an appointment at the falls clinic and didn't want to go, so the manager contacted the GP who arranged for someone from the falls clinic to visit the home. We were really pleased" and "I feel my Mum is being looked after. She had lost weight when she first came here, but she sees a dietician and is weighed regularly and is now gaining weight. Mum sees someone from the memory team and her GP when it's needed. I've no worries at all and would recommend this home."

In the 'residents and relatives' questionnaires, when asked if there were 'Skilled and experienced staff to care and support you to have a good quality of life?' 32 of the 38 respondents said 'yes' and 6 respondents chose not to answer.

We spoke with three visiting healthcare professional during our inspection. They told us they found the home "lovely" and that there were no concerns to date.

Prior to our inspection we received comments from a variety of healthcare professionals about Ward Green Lodge. They told us, "Overall the home is extremely well run and organised. Within the setting it is very well structured and the staffing levels and ratio to residents is well proportioned, managerial staff do implement lots of training and comply with all regulations in line with the CQC standardisation, best practice is paramount at the Lodge and is well promoted and displayed by managers and staff" and "I believe that the staff at Ward Green Lodge have good working relationships with other outside multi-professional teams for example, GP's, Macmillan Clinical Nurse Specialists and District Nursing Services. They access the services to help them provide the best care possible, giving focus on individualised and person centred care. I feel that the care being delivered to the individuals who are living at Ward Green Lodge is delivered in a caring, supportive and a compassionate way and that this is supported by the care home manager and the care home's philosophy."

People told us the food was good and they enjoyed the meals. In the 'residents and relatives' questionnaires, when asked 'Is the quality of food and drink provided good?', 36 of the 38 respondents said 'yes' and two respondents chose not to answer.

We saw some people in one dining area at lunch time. The room was clean and bright. There were clean

table cloths on the tables and we saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. No one was left waiting for help and the staff were cheerful and encouraging. People were sat in various dining areas of the home to eat their meals according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these. We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the Local authority in line with guidance.

In their questionnaires, when asked if 'Training resources are up to date?' 'Service users are involved and asked for their consent?' and 'Best interest decisions are obtained where consent is invalid?' All 15 staff respondents 'strongly agreed' or 'agreed.'

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT),

chiropractors and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed. Food charts were completed for people identified as needing this support to maintain their health. Those seen had been fully completed so that accurate information was available.

During our inspection one relative told us that on a previous visit they had observed a person trying to open the dishwasher whilst it was on. The person was intercepted by a member of staff. We found that each of the four units had a dishwasher in the kitchen dining rooms. The doors were easy to open, which created a risk. We discussed this with the owner and managers' who responded immediately and took actions to address the risk. We saw that appropriate locks were fitted to all four dishwashers and staff provided with keys during our inspection. This meant that the premises were appropriately adapted to meet people's needs and effective systems were in place.

Is the service caring?

Our findings

People told us they were happy living at Ward Green Lodge. Comments included, "It's like a first class hotel, nothing is too much trouble for them [staff]" and "It is smashing. I've no grumbles at all." One person told us they would prefer to live at home, but Ward Green Lodge was 'the next best thing'. We saw one person walking towards us, smiling. When they reached us they said, "It makes me happy, living here."

In the 'residents and relatives' questionnaires, when asked 'Staff approach in a dignified and meaningful way?' all 38 respondents said 'yes.'

Relatives told us the care staff were kind and caring. Their comments included, "We are really happy. The staff are good at caring, it's not just a job," "[Name of person] has flourished here. It has been a positive move and their dementia has improved. They are happy here," "This feels like my Dad's home and I am visiting family" and "We are very happy and satisfied. Staff have always got time for people."

Healthcare professionals contacted prior to our inspection commented, "The residents always appear well cared for, well dressed and appear to be well nourished. The care staff appear to be very caring towards the residents and have a good knowledge on the residents. The residents always appear happy and comfortable. The home is caring," "On numerous occasions we have worked together using a MDT (Multi-Disciplinary Team) approach as regards to palliative care and have worked together well using the 'My care plan'. The care staff provide excellent palliative and terminal care to the residents and also provide care and comfort to the family members" and "I have worked alongside and supported the staff at Ward Green Lodge on several occasions. I believe the staff's intentions are good for those who they are looking after. The staff are engaging and embracing the use of the 'My Care Plan' to support the care of the dying person and have an awareness of the five key priorities. The staff at Ward Green Lodge appear confident in contacting The End of Life Care Team, to access training and continual support in regards to end of life/ last days of life care."

Staff spoken with said they were provided with training in End of Life care. In their questionnaires, when asked, '(Are you) trained to understand end of life care, support choice for end of life and provide compassion and respect in end of life care?' All 15 staff respondents 'strongly agreed' or 'agreed.'

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care workers knock on bedroom doors before entering. We saw care workers listened patiently to people and gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

The SOFI observation we carried out showed us there were some positive interactions between the people we observed and the staff supporting them. Staff were sat chatting to people whilst supporting them to have a drink. We saw staff use touch and sit at the side of people or bend down to crouch at the same level whilst supporting and talking to them. Most people appeared content and we consistently saw staff were patient with people and repeated reassurance. Staff did not rush people.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found the home had a dignity champion whose role was to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful. In their questionnaires, when asked '(Are you) trained in equality and diversity, communication, to maintain privacy, dignity and supporting independence?' all 15 staff respondents 'strongly agreed' or 'agreed.'

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. Relatives told us they felt fully involved in care planning and told us they had been consulted. They said they were fully informed and updated by staff.

Relatives told us they had regular meetings and that the owner was accessible and made themselves available to talk to them at any time. We found monthly 'Your Choice' meetings were held with people living at Ward Green Lodge and their relatives if they wished to attend. We saw information was on display in the entrance hall relating to these meetings in the form of 'What we asked' 'What you said' and 'What we did' posters. For example, the Sunday lunch time had been changed in response to people's comments. This showed that people were involved and consulted.

The registered manager told us that people could access advocacy services if they wished and they would be supported with this. A leaflet on advocacy services was on display in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

We met a volunteer who also told us that they came regularly to visit the home. They had been interviewed and screened before they were allowed contact with the people who lived at the home. They told us that their involvement with the people who lived at the home was rigorously monitored but they now felt welcome by everyone and able to contribute positively to the life of the home.

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day. We saw the home was busy with visitors throughout the day and all were greeted warmly by staff that knew them.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "I get up when I want and go to bed when I want. It's our choice."

Relatives told us they found the home very responsive. Comments included, "The staff know my Dad really well, what he likes and what he doesn't like. They always ask how things are and they are very approachable. They listen." Some relatives gave us specific examples of how the staff had responded to their relative's needs. One relative told us that the person living at Ward Green Lodge had problems with their eyesight and the colour of their bedroom walls had been changed to a colour known to help their vision. Another relative told us staff had supported the person living at Ward Green Lodge to attend a friend's funeral who lived in the community when they were unable to help. One relative told us, "You just have to say and it's done. At a meeting someone suggested bigger bins in toilets and the next time I visited they had been changed. They are very good."

We found an activity worker was employed for 17 hours each week. We found a variety of leisure opportunities were provided for people to enjoy as they chose. We saw a calendar of activities on display and people told us the activities provided included quizzes and games, and crafts. We observed people speaking with the activities worker during the morning of our inspection. The activities worker had a good rapport with people who enjoyed their company. Some people told us they were happy with the activities provided and others said they would like more activities. People commented "The activities are good, but there's not enough to get involved in" and "There is not much of interest." We discussed activities with the compliance manager who gave assurances that the provision of additional activities would be discussed with the owner.

Staff told us a church service was held each month for people to celebrate their faith.

Staff told us that one person living at the home was provided with equipment to enable them to Skype their relatives on a daily basis as they lived away from the area. This gave them the opportunity to keep in touch and showed a responsive approach from staff that considered individual needs.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they would like to join in activities.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. Relatives spoken with said they had been involved in helping to write the person's life history, what was important to them so that relevant and important information was known to

staff. One relative told us, "The staff get to know people really well. They ask us. My relative often gets distressed about a very specific thing. Staff took the time to get to know about this so they can give them the reassurance and names they need to comfort them. It helps a lot." Another relative said "Staff even know the name of their old pet dog, so that when they ask about it they can reassure them."

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw that one person needed specific support to maintain their health. We checked the person's care plan and found clear details and explanation for this. We found another person had a specific medical condition. We checked their care plan and also found clear details of this and the actions required of staff at the home and the intervention from other healthcare professionals to support the person. These examples showed that care planning was person centred and care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Ward Green Lodge. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw records of appropriate action being taken in response to a complaint and the outcome of the complaint. People living at the home and their relatives spoken with all said that they could speak to staff if they had any worries. This showed that people felt they would be listened to and any concerns taken seriously. In the 'resident and relative' questionnaires, when asked, 'If you had a concern or complaint, was it explored and responded to in good time?' 34 of the 38 respondents said 'yes' and four people chose not to answer.

However, three people told us that they sometimes experienced problems with laundry. They said items sometimes go missing and another said they were often given other people's clothes. Staff told us that people had reported these concerns to them and had responded at the time to try and resolve specific issues but had not logged these as complaints. This meant that the managers did not have a true and accurate record of the extent of the problems within the home and the impact it has on people's dignity. We discussed this with the managers' and provider who told us they were exploring ways of improving the tracking of people's clothes. The registered manager gave assurances that all staff would be reminded to log all concerns received.

Is the service well-led?

Our findings

The manager was registered with CQC.

People living at Ward Green Lodge provided consistently positive feedback about the staff and management and said they would recommend the home. Comments included, "It makes me happy here" and "I've nothing to worry about. The staff are lovely."

We saw that people living at Ward Green Lodge knew the managers' by name and all appeared to have a good rapport with them. When asked, people said they were approachable.

Relatives told us that staff were approachable, friendly and supportive. One relative told us, "There is no defensiveness. They are open and always willing to listen."

Comments provided by healthcare professionals showed evidence of good partnership working. They told us they worked well with the management at the home and found them approachable. Comments included, "The managers of the care home are efficient and approachable, they take an active interest in the residents and ensure that the care staff provide a good quality of care. Overall I enjoy visiting Ward Green Lodge and hope that the close working relationship we share continues" and "I visit Ward Green Lodge care home on a regular basis. I work in a team of 6. We provide wound care, diabetic care, palliative care, phlebotomy and various other nursing interventions. I find the care staff friendly and approachable, and very accommodating. As part of my role I suggest and recommend various interventions and cares, and these are carried out by the care staff with ease. If the care staff or management are unsure about any care or procedures they will ask questions to ensure that all correct cares are provided. If any problems occur the staff are more than approachable and endeavour to help, sorting any problems, whether that be actual problems or potential problems." One professional spoken with during our inspection said they had "Good relationships" with staff and found them helpful. They had an agreed strategy for communication in place that was working effectively.

We found the home to have an open and transparent culture, willing to learn from mistakes and be proactive in dealing with problems. The managers and owner created a warm and welcoming atmosphere for everyone who worked at or visited the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive.

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the managers' around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the managers' to speak with them.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the

quality assurance process.

We found the owner had undertaken monthly visits to check procedures within the home and hold meetings with the managers. Records of the monthly visits showed that people living at the home were asked for their opinions. We saw that the owner knew people living at the home by name and people freely approached him to talk with him. This showed that the owner encouraged an open culture in the home.

As part of the quality assurance procedures, we saw that checks and audits had been made by the registered manager, compliance manager and senior staff at the home. These included: accidents and incidents, infection control, medicines, complaints, pressure areas, bed rail use, care plans and weights. We found that all audits had action plans where these were identified as needed. The action plans seen had been signed to confirm actions had been completed. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

We found that questionnaires had been sent to people living at the home, their relatives and professional visitors. Information from the returned questionnaires has been reported on throughout this report. We saw the results of the questionnaires had been audited. The registered manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this.

Staff spoken with said staff meetings took place so that important information could be shared. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found that regular monthly 'residents meetings' were held to share information and obtain people's views. One relative told us that whilst they attended 'residents meetings' they had approached the owner to suggest a 'relatives forum' so that detailed information and updates could be shared. The relative told us that the owner was quick to respond and the 'relative's forum' took place on a regular basis and they were fully involved in the meeting process. This example showed an open and transparent approach.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. This meant any changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager and compliance manager were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.