Thornton Lodge Care Limited

Arnside Lodge

Inspection report

1 Arnside Crescent
Morecambe
Lancashire
LA4 5PP

Tel: 01524832198

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08 January 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 04 and 08 January 2019.

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

Arnside Lodge is registered to provide care and accommodation for up to 32 older people living with dementia and or other mental health conditions. The home is based over two floors with two stair lift access to the second floor. There were 29 people residing at the home at the time of inspection.

Although there was a registered manager in place, they were unavailable at the time of the inspection. The service was being overseen by the care manager in the absence of the registered manager.

Arnside Lodge was first inspected in May 2016. At the inspection in we identified no concerns within the care provided and the service was rated good.

At this inspection visit carried out in January 2019, we checked to see that all good levels of care had been maintained. At this inspection we found the service remained Good. We found the registered provider had continued to invest in the building and promoted excellent standards of care.

The registered provider had made significant changes within the building to promote excellent living standards for people at the home. This had included adding additional communal areas within the home, an on-site hairdressers' and an accessible bathroom for people to use.

Additionally, the home had developed a safe outdoor space which people could access at the own free will. Design and adaptations had been researched to ensure the environment was safe and met the needs of people who lived at the home.

The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met. The registered provider took a holistic approach to meet health needs of people who used the service which had resulted in positive outcomes for people. Relatives praised the ways in which people's quality of life had improved since their family members had used the service. We were repeatedly told staff made a difference and promoted a good quality of life for people.

Risk was appropriately addressed and managed. Risks assessments were in place to ensure staff were aware of risk to keep people safe from harm.

Since the last inspection visit a designated room had been developed for the safe storage of medicines. Medicines were stored and administered in line with good practice.

The registered provider had developed a stable staff team to support people who lived at the home. Relatives told us staffing levels were good and people were supported by a staff team who knew them well.

People and relatives told us safety was considered at all times. Staff could identify types of abuse and the associated responsibilities they had in reporting abuse.

Staff understood the importance of providing person centred activities. Activities routinely took place within the home and the wider community. Relatives told us there was always something happening at the home to keep people occupied.

People and relatives told us staff were caring. We observed staff providing care and found they were patient, kind and caring. The registered provider understood the importance of effective auditing systems. Audits were routinely carried out and action was taken when concerns were identified.

Care plans for people were person centred, in depth and detailed. Care plans provided staff with the correct information to enable them to care for people in a person-centred way. The principles of the Human Rights Act were embedded throughout service delivery.

Infection prevention and control processes were embedded throughout the home. We found the home was maintained to an excellent standard. Relatives agreed hygiene standards within the home were excellent.

There was a whole home approach to training. Both staff who provided direct care and support and ancillary staff in the kitchens and housekeeping were expected to complete a range of training to ensure they all had a good understanding of the needs of the people who lived at the home. This enabled the service to deliver responsive care. Staff praised the training provided and the opportunities made available to them to enhance their career.

Staff told us the management team was supportive. They told us Arnside Lodge was a good place to work and said staff morale was good.

People and relative praised the quality of the food provided. Good practice guidance had been considered and the service worked innovatively to ensure people's nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Consent to care and treatment was routinely sought. When people lacked capacity to make their own decisions good practice guidance was followed to ensure best interest decisions were made on behalf of people.

People and relatives said they had no complaints and were more than happy with the standard of care provided.

Relatives and staff, we spoke with told us they considered the service to be well-managed. They praised the commitment of the registered provider in ensuring services were person-centred and of exceptionally high quality. We were repeatedly told the home was like an extended family and was focussed on outcomes of people, not profit.

The registered provider liaised with health professionals when people required end of life care at the home

to ensure people received care in line with good practice.

Staff told us prior to being employed at the home, recruitment checks took place, to ensure staff were of good character and had the correct skills for working with people who could sometimes be vulnerable.

The registered provider was committed to ensuring the service was well-led. Since the last inspection visit the home had been reassessed by an external accredited body. The external assessor concluded the service was well-managed and invested in staff.

The registered provider continued to demonstrate they understood the importance of networking with other similar groups and professionals to ensure good practice was shared and followed.

Further information is in the detailed findings below.

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 who lived at the home and their relatives told us people were safe Staff understood how to keep people safe from abuse.

Processes within the home were firmly embedded to ensure people were safe.
Risks were suitably managed and addressed.

Is the service effective?

Good

The service was very effective.

The registered provider understood the importance of working within good practice guidance. They took a holistic approach to meet health needs of people who used the service which resulted in positive outcomes for people.

The registered provider was committed to developing an open learning environment in which staff were nurtured and developed. Relationships with key professionals were embraced so partnership working could take place.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind, compassionate and caring.

People were treated with patience, dignity and respect.

Visitors told us they were always made welcome.

The registered provider had systems to recognise the use of advocacy when people had no family and could not speak for themselves.

Is the service responsive?

Good

The service was responsive.

Relatives repeatedly told us staff were responsive placing people at the centre of their care. Equality and diversity was promoted and respected throughout the service.

There was an emphasis on empowering people, developing independence and enabling people to have positive outcomes within their life.

The registered provider had a complaints process to manage and address complaints.

End of life care was addressed to ensure people had pain free, dignified deaths.

Is the service well-led?

Good

The service was well led.

People and relatives considered the service well-led.

The registered provider was committed to providing high quality care and support to people using the service.

The management team involved people, their families and staff in reviewing and improving the service.

The registered provider had systems and processes to monitor and make improvements.

Arnside 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 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 comprehensive inspection took place on 04 and 08 January 2019. The first day was unannounced.

Arnside Lodge provides accommodation and personal care for up to 32 people who are living with dementia. The home is situated in Morecambe. The home is made up of several buildings, with the main area being on one level. There are stair lifts to bedroom areas on the second floor. Communal facilities include two lounges, two dining rooms, an orangery and a conservatory. The home also has a secure outdoor area which people could access at all times.

Before the inspection took place, we spoke with the Local Authority contracts teams, and reviewed an enter and view report completed by Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

On the first day the inspection was visit was carried out by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of caring for an older person.

The adult social care inspector returned alone on the second day to gather further information and to complete the inspection process.

Throughout the inspection visits we gathered information from several sources. We spoke with five people who lived at the home, six relatives and three health and social care professionals to seek their views on how the service was managed.

We also spoke with the care manager who managed the home, the cook, the housekeeping team, and the activities coordinator. We also spoke with three members of staff who were responsible for providing care and support to people who lived at the home.

Because not all people who lived at the home could communicate with us we carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

To gather information, we looked at a variety of records. This included care plan records relating to five people who lived at the home. We also looked at other information related to the management of the service. This included health and safety certification, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People and relatives told us safety within the home was always considered. All people spoke with agreed they felt safe whilst residing at Arnside Lodge.

Relatives we spoke with praised the way in which safety was addressed and managed within the home. Feedback included, "People are safe here. They [staff] had a word with me when they thought [relative] may be putting themselves at risk. I was very pleased they had identified this so quickly and asked me for my view." And, "Yes, I think they are safe here. I once witnessed three staff using a hoist to get a resident into a chair. The resident was extremely relaxed the whole time".

We looked at how personal risk was managed and addressed to ensure people were safe. The registered provider had a variety of risk assessments in place including assessments for managing personal care, medicines, eating and drinking and falls. Good practice guidance had been considered and implemented to manage people at risk of falling. Referrals had been made to health professionals for advice and guidance to keep people safe.

Risk assessments viewed were person centred and individualised for each person who lived at the home. Consultation had taken place with relatives and professionals to ensure risks were identified and managed in line with good practice. Risk assessments had been reviewed following any significant incident or monthly as minimum.

Good practice was followed to manage behaviours which sometimes challenged the service. Health professionals had been consulted in a timely manner for advice and guidance. Staff had a good understanding of people's needs and how to manage challenging situations safely. For example, consideration had been taken to understand what triggered some people's behaviours and adaptations had been made within the environment to remove the triggers which reduced people's anxieties.

The registered provider had developed a person-centred risk-taking culture in which people were supported to take risks to promote their own self development. We observed one person going out for the day, staff prompted the person to ensure they had their mobile phone fully charged and upon them so they could seek help if required. Another person told us the registered provider had replaced all steps in the garden area with ramps so they could use the space independently without the fear of falling.

People's safety was monitored and managed. We observed one area of the home which was specifically used for people with significant support needs. Staff routinely monitored risk within the environment to ensure people were safe. This was done in a subtle and discreet manner to prevent people from feeling restricted.

Technology was used within the environment to promote peoples' safety. When people required assistance with mobilising or were at risk of falls, pressure mats were used to alert staff people required assistance. Also, CCTV was placed around the external building to monitor access to and from the home.

We looked at safeguarding procedures to ensure people were protected from harm. People told us people they were treated with compassion. They said they were aware of how to speak out if they felt vulnerable. Feedback included, "You can talk to any of the staff." And, "If I was not happy I would say something." We spoke with one relative who visited the home on a regular basis. They said, "I sometimes sit and observe what is going on, people obviously are feeling safe and secure here."

Staff told us they had received training to support them to respond and report abuse. They could describe different forms of abuse and were confident if they reported anything untoward, the senior management team would take immediate action. The registered provider had a comprehensive policy for reporting and responding to safeguarding concerns which included the local authority reporting guidance. Posters were placed around the home which informed people of their rights and contact numbers to ring if there was any suspicion of abuse.

Medicines were managed safely and in line with good practice guidance, "Managing medicines in care homes." (National Institute of Clinical Excellence, 2014.) Since the last inspection visit carried out in May 2016, the registered provider developed a secure space for the specific management and storage of medicines. This included a computer station so staff could have access to up to date information of all medicines being administered at the home.

Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely. We observed medicines being administered and saw good practice was followed.

During the inspection visit we were made aware one person who lived at the home sometimes required their medicines concealing within foods. We saw appropriate processes had been followed. This included consulting with the doctor and pharmacy to ensure it was okay to mix the medicines with food. Additionally, the cook had received medication training as they were sometimes involved in consealing the medicine within the food. This showed us the registered provider had looked at all risks and processes to ensure the best outcome for people.

People and relatives told us there were plenty of staff on duty and they were never rushed. When asked, people expressed no concerns about the time it took to respond to call bells. Feedback included, "They come instantly." And, "They are fairly quick".

Staff also confirmed they were happy with the staffing levels at the home and said they had plenty of time to carry out their duties. We observed staff going about their duties and noted they had appropriate time to respond to call bells, carry out their duties and respond to people's needs.
The care manager confirmed staffing at the home was good, there was little staff sickness and said they did not use agency within the home. Relatives said they felt assured people's needs were appropriately met by a team of staff who knew people well.

The registered provider continued to implement processes to ensure suitable checks were carried out for all staff employed to work at the home. Staff told us they were not able to commence work without first completing all the necessary checks. This included checking on previous employment history, checking they had the correct skills for the job and ensuring they were suitable for working with people who at times could be vulnerable.

We looked around the home and found it was clean, tidy and maintained. People and relatives praised the standard of cleanliness throughout the home. One person told us, "My room gets cleaned every day." The

care manager oversaw the environment and carried out audits to ensure the home was appropriately cleaned.

We found premises and equipment were appropriately maintained. All safety certification was in place to demonstrate equipment had been tested to promote safety.

We looked at how accidents and incidents were managed. Accidents and incidents were logged and documented. Action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring.

Good

Is the service effective?

Our findings

Relatives told us Arnside Lodge provided highly effective care which had contributed to better health for people. Feedback included, "[Relative] has been cracking jokes and teasing people, we haven't seen this for years. Both my [relative] and I say this has been the best he has been for years." And, "I have seen such a difference in [relative] since they have been at the home."

Three health and social care professionals told us they had no concerns about the service. They were confident staff had the appropriate skills and knowledge to ensure peoples healthcare needs were met. We viewed written feedback provided from a health professional who had visited the home to carry out a dementia review. They had praised the staff's advanced knowledge of dementia in comparison to other providers.

The registered provider understood the importance of developing care in consultation with other health professionals and in line with good practice guidance. Good practice guidance was on display throughout the home and we saw evidence of staff completing research before implementing care and support within the home. One relative praised the professional support created around their family member since they had moved into Arnside Lodge. They said, "We were left alone to cope at home. [Following admission] we now have a hugely supportive team of professionals to help us." The relative told us they were so confident with the care and support provided to their relative they had been able to organise a short break away. They said they had been unable to consider this before.

When people lacked capacity to make their own decisions, relatives were equipped with knowledge to support them in making appropriate decisions about peoples' health care. One relative told us they were unhappy with the care and treatment offered by professionals. They told us the care manager had provided them with up to date advice and guidance to help them consider other options so they could be prepared for discussions with the health professional.

Relatives told us the registered provider carried out rigorous pre-assessment checks prior to people being offered a service. The registered provider employed a mental health nurse within the organisation to provide advice and support within the assessment process. In addition, the care manager told us people were invited to visit the home before agreeing to move into Arnside Lodge. The care manager said this was important as it helped people get a feel for the home and allowed them to ensure the home was the correct place to meet the person's needs. One relative praised the assessment process and the way in which information was gathered before their family member moved into the home. They told us the registered provider considered all aspects of care to ensure the placement was suitable for the person. They said, "It's all about quality of life."

Two relatives told us prior to moving to Arnside Lodge, they had experienced other care homes but the placements had broken down. They said the skills, knowledge and commitment of the staff team at Arnside Lodge and their ability to make sure people's needs were understood had contributed to their family members settling well at the home. One relative said, "It was such a relief when I got this place. It was like a

burden had been lifted."

The registered provider understood the importance of holistic health care. On the second day of the inspection visit we spoke with a physiotherapist who was visiting the home. The physiotherapist was employed by the registered provider to visit the home on a weekly basis. They offered massages and treatments such as reiki to reduce stress, anxiety and associated aches and pains. They told us this was well received by people who lived at the home, especially those being nursed in bed.

There was a strong emphasis placed upon the importance of eating and drinking. People and relatives were extremely satisfied with the food provided. We observed lunch being served and noted meals were organised and staff were efficient in delivering meals to people. People were not rushed and were given time to eat at their own pace. When people required support, staff were patient and discreetly motivated people to eat.

There was a strong emphasis on ensuring people received high quality nutritious meals. On the first day of the inspection the cook was preparing fish and chips as a food choice. The fish had been delivered that morning from a local fishmonger and the cook then battered the fish. The chips were also made fresh on the premises. We overheard one person praising the standard of the food, stating, "That was delicious!"

The cook told us they had good relationships with people who lived at the home and communicated with people on a regular basis to ensure they were satisfied with the meals provided. Menus were adjusted dependent on feedback from people.

We spoke with the cook about the quality and range of foods provided. The cook told us they had no budget constraints and could order fresh supplies of fruit and vegetables whenever required. They told us a local butcher delivered fresh meat every day, except Sunday. On a Saturday they had lamb delivered for Sunday lunch which was then slow roasted. They explained "People here like the lamb falling apart when they eat it."

People were offered regular snacks in between meals. We observed a staff member taking a bowl of crisps around for people to snack on. One relative confirmed snacks were routinely offered. They said, "I regularly seeing them bringing around little nibbles, pieces of chocolate, fruit, that sort of thing. My [relative] has put on weight since coming here." The cook told us, "I am always experimenting to find what the residents like in snacks."

Peoples dietary needs were communicated with the cook so they could prepare food according to people's needs. When people were at risk of malnourishment the kitchen staff maintained a log of all foods eaten so they could monitor people's intake. The cook had a good knowledge of people's dietary needs and how to meet specific needs. For example, they could tell us how to fortify a diet for a person who was malnourished.

We saw evidence of multi-agency working when people had specific dietary needs. One relative told us their family member was losing weight so they were referred to a dietitian. They said staff at the home followed advice and guidance and the person no longer required support from health professionals.

Staff understood the importance of ensuring people's dietary needs were met. One relative told us they were consulted with when their family member would not eat. The relative was encouraged to visit the home at meal times and eat alongside their family member. They said this made the experience more pleasant for their loved one and encouraged them to eat. The care manager told us one person in the home was

reluctant to eat but said the person had a good relationship with the cook. They told us the cook therefore spent time with the person encouraging and motivating them to eat.

The registered provider had consulted with good practice guidance and had developed creative ways to encourage people to eat. For example, moulds were available for pureed foods to be shaped into specific shapes to make them more appetising.

People were supported and encouraged to drink suitable amounts of fluid. Water dispensers were readily available in all communal areas and we observed staff reminding people about the importance of drinking fluids.

The registered provider was committed to ensuring the environment was responsive to meeting people's needs, dignity and independence. Dementia friendly signage was placed throughout the home which promoted independence for people living with dementia.

Since purchasing the property in 2015, the registered provider had significantly invested in the environment to ensure it met the needs of people who lived at the home. The home had been refurbished throughout with all bedrooms being redecorated. We spoke with one person who told us they had been consulted with about the colours and decoration of their room. They told us they did not like laminate floor so had chosen a carpet in their favourite colour. This showed us people were consulted with about the design of their environment.

Rooms were individualised with photographs and pictures of friends and relatives. On some occasions people had brought their own furniture from home. These homely comforts supported people to feel at home. One relative told us, "I was so pleased [my relative] was able to bring their own bed." Another relative said, "When [relative] came in they said I could make his room as personable as we wanted. We have brought things in from home. They now think this is their home." We saw people had been consulted with about the environment. One person had said, "It is amazing in the first degree."

Since the previous inspection visit in 2016, the registered provider had fitted a new adapted bathroom in the home. This allowed people to have access to a fully accessible bath and promoted dignity and independence. Additionally, the registered provider had maximised space and extended the home by adding a conservatory and an orangery. The orangery overlooked the garden area and was fitted with sensory lights which could be used to influence mood. The care manager told us this space was used as a low stimulus environment to promote calmness and well-being. We observed people sitting in this space looking relaxed and content.

Since the last inspection visit the registered provider had also created a secure outside space which was accessible to everyone who lived at the home. The registered provider had considered all aspects of safety to ensure the area was fully accessible and met people's needs. This had included taking out steps and replacing them with ramps. The registered provider had also worked with a landscape gardener to ensure plants used within the area were suitable for people living with dementia. The care manager told us, "We did some research and all the plants in the garden are edible. No one can come to any harm if they eat them." Sensory items were also placed around the garden area, many of these had been made by the people who lived at the home. Consideration had been taken to ensure the sensory equipment was age appropriate and met the needs of people living with dementia. Additionally, the registered provider had created a hairdressing salon within the home. This was equipped and decorated as a fully working salon. Staff told us people could visit weekly to have their hair done. They said people enjoyed visiting the salon and it was seen as a time away from the main home.

The registered provider had identified that space wasn't being used to its full potential and told us people did not readily use the new conservatory. They told us they were currently reviewing the space and were planning on developing an area for people to use for worship. The care manager had discussed partnership working with one relative to create a space for reflection and worship. This showed us the registered provider was committed to meeting people's cultural and spiritual needs.

The registered provider was committed to ensuring people were supported by a highly trained and competent workforce. All the people and relatives we spoke with said staff were extremely knowledgeable. Feedback included, "They are all very capable". And, "Staff are definitely well trained here."

Staff told us training was a continued high priority within the home. All staff were expected to complete two training modules each month. Training was provided in a variety of formats, including e-learning and classroom based training. The senior management team also carried out quizzes with staff to get them thinking and to promote discussion. We spoke with staff who were not responsible for carrying out direct personal care. They told us they were expected to complete the same training as care staff. They said this enabled them to help in emergencies, for example, if a person fell they could assist with moving and handling.

The care manager understood the importance of gathering information, skills and expertise to develop training for staff in line with good practice guidance. Champion roles had been introduced at the home so staff could take the lead in receiving up to date training, gathering information and sharing it with other team members. People with specific interests were encouraged to become champions in their field of interest. At the time of the inspection visit the service had champions in dementia, activities, safeguarding, dignity and infection prevention and control. Champions in Lancashire are supported by meetings across the county in their area of interest to share best practice and disseminate the information and good practice within their own service. Whilst these roles were still new and still in the process of being developed staff told us they had already been able to implement changes throughout the home after attending training. For example, following attendance at training the dementia champion had implemented a system using symbols within people's bedrooms to discreetly show when a person had a Do not attempt cardio pulmonary resuscitation order (DNACPR).

Staff told us they were supported by the registered provider to build skills and progress their careers. Staff had been encouraged and supported to gain nationally recognised qualifications. We spoke with one senior carer they told us they had started in their role as a domestic assistant but had been supported to progress their career to senior management. All staff spoken with said the registered provider was committed to investing in staff.

Staff worked in partnership with families to develop information and to provide awareness training to staff. The care manager told us relatives were invited into the home to talk with the staff team about their family member. They told us this awareness training worked well, allowing staff to have empathy for people and their family. We spoke with one relative whose family member had recently moved into the home. They told us they were considered as a key player in providing advice and guidance about their family member to staff. Another relative said, "They work with us as a family."

Staff confirmed they were happy with ongoing support provided from the management team. They told us they undertook an induction which included a period of observing and working alongside more experienced staff members. They told us they were satisfied with this induction process said they were suitably supported at the beginning of employment.

We spoke with staff about supervisions. Supervision is a process between staff and manager where discussions are held to review their role and responsibilities. Staff told us they received frequent supervision. Staff told us the management team had an open-door policy and could approach senior members of staff in between supervision sessions if they had any concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions documentation was suitably completed to highlight this. We saw good examples of capacity being reviewed and best interest decision making taking place when people could not make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider had a good understanding of the DoLS procedures and had followed process when people were being restricted of their liberty. When people's needs changed we saw evidence of these changes being communicated to the appropriate body. The registered provider was aware of the need to ensure restrictions placed upon people were time-limited and only used when necessary. Restrictions were reviewed and removed when they were no longer necessary. For example, one persons medicines had been used to stabilise their behaviours. This had been reviewed with health professionals and stopped once a person's mental health had stabilised.

Good

Is the service caring?

Our findings

People and relatives told us the service was caring. Feedback included, "Staff are absolutely wonderful, I can't think of one negative thing. They always go above and beyond every day." And, "The ones I have seen are thoughtful, kind and caring." Also, "I would rate it as outstanding, for the care and the way they look after [relative.]"

We found the caring ethos ran throughout the organisation and was driven by the registered provider. Relatives and staff spoke extremely highly of the registered provider. They consistently praised their caring manner, personal values and dedication to making a difference in people's lives. Feedback included, "He really is a great guy. He is there for the people who live at the home and that makes a difference. He cares, it is not just a business, it shows he cares and he never loses sight of this." And, "The home has a family feel, it's run as a family home not a business. I feel like we are part of a family now."

Dignity and respect was considered within all aspects of care and support provision. Since the last inspection visit, the registered provider had developed a 'dignity tree' in the entrance hall. People, relatives and staff were encouraged to add information to the tree to show what dignity meant to them. One staff member told us it was important that dignity and respect were always highlighted and considered to ensure people had equal opportunities. Some of the comments left upon the dignity wall included, 'Dementia does not rob people of their dignity, it is our reaction that does.' And, 'We need to listen and support people.'

Everyone we spoke with said privacy and dignity were respected at all times. Feedback included, "They [the staff] make sure everything is private". And "My door is locked so no one can get in".

Staff displayed empathy and understanding and were committed to ensuring people's needs were met. One relative said, "They will do whatever is necessary for the person." Staff were patient and offered advice and guidance when they felt it necessary. For example, a staff member noted a person was looking restless. The staff member asked the person if they were in pain and asked them if they would like some pain relief. On another occasion we observed staff communicating with a person who was experiencing a temporary loss of hearing. Staff were patient and committed to ensuring they suitably communicated with the person so they could make their own choices.

We observed positive interactions between people and staff. Staff routinely enquired about people's welfare and took time out to spend time chatting with people. Staff had a good understanding of people, their family and their life history. This enabled staff to develop and maintain conversations with people who lived at the home.

People and relatives told us independence was always promoted and encouraged. Feedback included, "They help but if I am ill they look after me properly". And, "They are always trying to get [family member] to do things for themselves." During the inspection, we observed this was the case. We observed two people had tennis balls attached to the bottom of the legs of their Zimmer frames. Staff explained they had been fitted to lessen the friction between the vinyl flooring and the Zimmer frame and therefore made walking

easier for people. Staff told us this idea had been shared from another provider and it had worked in enabling people to maintain their independence and mobility.

There was a light-hearted atmosphere throughout the home. We observed staff laughing and joking with people. We saw this humour was well received. Additionally, we viewed photo's around the home, which showed people looking relaxed and happy. Two relatives told us their family members moods had improved since they had moved into the home. One relative said, "[Family member] smiles now."

The registered provider understood the importance of promoting and maintaining relationships. Relatives repeatedly likened the home to an extension of the family unit and praised the way in which they were encouraged to remain involved in the care and support of their family member.

One relative said, "I am very sad that [family member] has to be here, but it is brilliant. I still feel married to them. They [staff] have nurtured that relationship and I can visit anytime. I take them to the pub." Another family member told us the registered manager had organised a Christmas party at the local football ground. They said they were invited to attend alongside their relative and other people's families.

People and relatives told us there were no restrictions on visiting and said visitors were welcomed always. One family member had a key to their relative's room so they could access the room as required. We observed relatives visiting people in their rooms and taking people out for the day.

The registered provider was committed ensuring people's voices were heard and listened to. People who lived at the home told us they were consulted with and supported to make their own decisions. One person said, "They always ask [before they do anything]". When people lacked capacity to make their own decisions, we saw evidence the registered provider consulted with other family members or advocates to ensure the persons needs and wishes were considered. Advocates are independent people who provide support for those who may require some assistance to express their views. We spoke with an advocate who confirmed they provided support to a person at the home. They praised the staff for their balanced approach to meeting the person's needs.

Good

Is the service responsive?

Our findings

Relatives told us people who lived at Arnside Lodge received responsive person-centred care. Feedback included, "They are brilliant at working out who the person is and they work with this to get the best out of them." And, "Staff think about what life is like for that person and work with it. It's not about what we want or finances."

People and relatives told us they were consulted with and had services designed around their needs. One relative said, "We went through a questionnaire as to [relatives] needs. They really thought hard about; and involved us [relatives] care plan."

We were told people had freedom and choice as to how they lived their lives. One person said, "I can get up whenever I want." A relative told us their family member liked to get up very early in the morning. They said staff supported their family member with this choice and offered support when required. They said, "[Relative] tends to get up about four or five in the morning. This is not a problem. They give them tea and toast. They don't fit them into routines."

Staff understood the importance of providing responsive care. One staff member told us they previously supported a person who had worked nights most of their lives. Because of their history the person liked to stay awake during the night. Staff supported these decisions and provided support and activities to keep the person occupied during the night.

Staff understood the importance of maintaining peoples' self-identity. During the inspection visit we were made aware one person who lived at the home had a career in caring for others. The person was living with dementia and believed they were at the home to care for others. Staff did not contest the person's reality and nurtured the person's skills allowing them to feel as if they were contributing to the care of others. We observed the person in a lounge offering emotional support to one person. We spoke with the person's relative. They said, "[Person who lived at the home] thinks they are at work. Staff work with this. They go with [persons] experiences and just go with it. They [staff] know what [person] needs. They have a sense of purpose." This showed us care was provided around people's needs and life history.

The care manager told us staff were appointed key-worker roles within the home. They said key workers were not allocated straight away but were allocated after the person had been in the home for a number of weeks. They said this occurred as they liked to get to know the person, their personality, likes and interests so staff could be matched to the person. We spoke with one relative who said, "[Staff member] is their key worker they are very thoughtful and understands their needs."

Care plans were detailed, up to date and addressed a variety of topics including managing physical and mental health conditions, personal care, mental capacity and personal safety. Care plans detailed people's own abilities to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were regularly reviewed and updated when people's needs changed. Consent was routinely sought.

The registered provider understood the importance of ensuring people were encouraged to live as full a life of possible. People and relatives praised the activities offered to each person who lived at the home. Feedback included, "If it is possible I do join in – but the choice is mine. They do ask if I would like to make things, especially at Christmas, which I do enjoy." And, "There is always something going on. They concentrate on quality of life here."

During our inspection visit we observed activities taking place. The registered provider had installed smart TV's in lounges so music channels and other ways of streaming information could accessed from the TV. On the morning of the first visit we observed people watching the TV whilst music was playing. The TV displayed the song words so people could sing along. People enjoyed this activity joining in with the singing. We overheard one person saying, "Oh isn't this lovely." On the afternoon of the first day an external singer visited the home to sing to people. Again, this activity was well received.

For people who wanted peace and solace there was another communal area where sedate music was playing. People had the opportunity to move between areas if they so wished.

We spoke with the activities coordinator at the home. They spoke passionately about the provision of activities and the importance of encouraging people to remain active. The activities coordinator said they were an activities champion for the home and attended regular forums. The forums were organised so staff from other homes could meet to share ideas and good practice so activities within homes could be developed.

We reviewed a file maintained by the activities coordinator which showed activities were creative, fun and inclusive to all. People had been encouraged to get involved in making crafts for special days of the year such as Halloween, Christmas and Remembrance Sunday. The activities coordinator told us they part-prepared some of the arts and crafts at home before they carried out the activity with each person. They said this allowed them to simplify each activity so everyone who lived at the home regardless of disability could join in. We saw arts and crafts made by people were on display around the home, providing the home with a warm and inclusive feel.

We saw pre-planned entertainment from external agencies was displayed on the wall. We spoke with one relative. They explained the service did not have an internal rigid activities program. They told us the activities coordinator was flexible and responded to people's needs and wishes each day. We saw this was the case with activities being provided when required.

People were encouraged to pursue their own activities and interests. During the inspection we were made aware a small number of people who lived at the home had set up a dominoes group which was led by one of the people who lived at the home. We were told the group met daily, organised by the people themselves. Another person had an interest in knitting. The person's relative told us staff at the home had motivated the person to knit. They said a member of staff had brought in patterns which were suited to the person who was living with dementia.

People were supported to visit places within their community. The service had access to a minibus and people had been supported to go on days out. Members of the community were welcomed into the home. The care manager told us Morecambe Football Club visited the home once weekly as part of a community initiative. Additionally, the service had taken part in a 'Morecambe in bloom' competition. The competition was aimed at encouraging people to showcase their horticultural skills whilst at the same time promoting community pride and green spaces. The service had received several awards for their achievements and the registered provider had conducted a private awards ceremony to celebrate the achievements of everyone

who had taken part. We looked at photographs of each person with their award, beaming with pride.

Technology had been considered and implemented to encourage people to engage. The provider had purchased tablets so people had access to the internet if required. We were shown photographs of one family supporting their relative to skype family in a different country. We could see from the photograph the person was elated to be in contact with their family member. The care manager said it created special memories for the person when their family member started singing a favourite song to the person. A member of staff also told us the tablets could be used to access dementia friendly activities. They told us they used the tablet to play games which were designed for older people with an aim of improving cognitive thinking. They said people responded to this as it took age into consideration and was age appropriate and not demeaning.

The registered provider was aware of the accessible information standard. The care manager said adjustments could be made to documents using photographs if required. The care manager said they had tried using words and pictures with one person but this wasn't well received by the person. However, they would consider using it in the future if required.

We reviewed systems for end of life care for people who lived at the home. End of life care was included within people's plans of care and covered topics including pain management and cultural needs. We were informed the service worked alongside other health professionals to coordinate end of life care. Staff understood the importance of providing high quality care at the end of people's lives. We reviewed feedback from families following the deaths of their loved one. Feedback was consistently positive.

People and relatives told us they had no concerns about the service provided. Feedback included, "No complaints whatsoever. They can't do any better than what they do." And, "I've never had to make any complaints. People can't believe how lucky we are to have this place."

When asked, people knew how to make a complaint and said they would feel comfortable doing so and believed their concerns would be acted upon. The complaints procedure was on display throughout the home for people and relatives to refer to. A box was also on display in the communal area for any complaints or compliments to be left anonymously. One complaint had been received since the last inspection visit. This had been dealt with in line with the registered providers policy.

Good

Is the service well-led?

Our findings

Relatives praised the way in which Arnside Lodge was managed. Feedback included, "The home is well-managed, you only need to look around the home to see it." And, "I was really impressed from the moment I looked around the home. I could see the home is well-managed." Also, "They are outstanding in what they do, all the time."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Since the last inspection carried out in July 2016, the registered provider had worked hard to embed positive values and staff culture within the home. The registered provider had been innovative developing a values tree on one of the main corridors of the home. Staff, people who lived at the home, relatives and professionals were encouraged to express their thoughts and feelings about the how the service could achieve their core values upon the tree. For example, one individual had written a poem about ensuring a person retained their identity when they were living with dementia, other key themes included respecting uniqueness and ensuring people received holistic person-centred care. The care manager said these values were kept alive through discussions at team meetings, supervisions and appraisals. From speaking with staff and relatives, it was evident these values were embedded within the service. Staff spoke proudly of improvements made both in the environment and within the quality of care provided. Feedback included, "It's like a posh hotel now." And, "I have seen a difference. People are offered opportunities now." One relative said, "When I first viewed the home I had a sense of shared leadership. I could see management went through service. I instantly had confidence in the service. I could see staff had a shared vision."

The registered provider was committed to ensuring the home was well-led. There was a positive leadership style within the home which focussed upon dignity, independence and empowerment for both people who lived at the home and staff. We saw evidence of staff being provided with skills and opportunities to develop themselves so they could develop their career if they so wished. Staff told us the positive leadership style resulted in high staff morale and low staff turnover at the home.

We spoke with one health professional who had worked with the home for several years. They told us they had seen positive changes at the home since the home was registered under the new registered provider. They said they no longer had no concerns and commended the way in which the home was now managed and improvements made.

Staff told us teamwork was good and said the home was a good place to work. They said relationships between staff and management were positive. They described managers as approachable and said they had confidence in the senior management team. Staff told us communication at the home was good. Staff were communicated with daily through handovers and through regular team meetings. They said their views were listened to and said they were encouraged to contribute to discussions through team meetings.

The registered provider understood the importance of partnership working. The registered provider actively encouraged staff to attend forums and champions training. Relationships with health and social care professionals were encouraged and nurtured. The care manager was supported by other senior managers within the company. They said they could seek advice and guidance as required from other managers.

Relatives told us there was a great degree of partnership working. We were repeatedly told that valued relationships had been formed so positive outcomes could be achieved for people. One relative said, "There has been partnership working through and through."

The registered provider had a range of quality assurance systems in place. Audits were scheduled over a 12-monthly basis to ensure all aspects of the service were audited. The care manager told us they had recently trialled a system in having a manager from one of the other registered providers homes conduct the audit. The care manager said this had worked well and they were going to look at other ways of including senior staff in auditing processes. We saw audits were effective in ensuring concerns identified were acted upon.

Since the last inspection visit, the registered provider had completed re-assessment and had sustained their 'Investors in People' status. Investors in People is a nationalised standard assessment which is awarded to organisations who invest in staff and demonstrate good leadership throughout the service. Feedback from the assessor included, 'There is a high degree of top management involvement with a high degree of commitment, industry knowledge and understanding.' And, 'Projects and processes sampled during the assessment were demonstrated to be well managed.'

The registered provider was committed to ensuring continuous improvement. Recommendations made by an external quality assessor had been considered and implemented. For example, introducing a manager from another home to carry out audits. Additionally, plans were being developed to further improve the home environment for people living with dementia.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.