Careline Lifestyles (UK) Ltd

Lanchester Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 27 June and 3 July 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

Lanchester Court 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. Lanchester Court provides residential and nursing care and support for up to 22 people with learning, neurological and physical disabilities. At the time of our inspection there were 18 people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have an active registered manager. A new manager had been recruited and there was an acting manager in place, overseeing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in December 2016 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to staff supervisions and appraisals. We found that supervisions and appraisals had not been consistently maintained for all staff with some staff not receiving appraisals since 2014. During this inspection we found the service had made improvements.

When we previously inspected Lanchester Court in December 2016, the service was not meeting all regulatory standards and was rated 'Requires Improvement'. At this inspection we found the service had improved to 'Good'.

People felt safe living at the service. Staff had completed training in safeguarding people and the manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

There were enough staff to meet people's needs. Staff continued to be recruited in a safe way with all necessary checks carried out prior to their employment.

People continued to receive their medicines in a timely way and in line with prescribed instructions. Staff administering medicines were adequately trained and had their competencies checked. Regular medicines audits were completed by senior staff.

Staff received up to date training, regular supervisions and an annual appraisal to support them in their roles.

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.

People were assisted to access a range of health professionals and recommendations following healthcare interventions were clearly recorded in care records and incorporated into care plans, where appropriate.

People and a relative/friend were complimentary about staff and told us the service was caring and friendly. Staff treated people with dignity and respect when supporting them with daily tasks as well as when having conversations and speaking with them.

People had access to advocacy services if they wished to receive independent support. Some people had advocacy services involved in decision making relating to specific aspects of their care.

People had a range of care plans in place that were personalised and tailored to meet their individual needs. Care plans were very detailed to ensure staff knew how to support people with daily tasks how they wished. Care plans were reviewed regularly and updated in line with people's changing needs.

There was a wide range of activities available for people to enjoy in the home on a one to one basis or as part of a group. People were also supported to regularly take part in activities in the local community including going to the park, museums and shopping.

People knew how to raise any concerns they had if they were not happy with the service. Complaints received were investigated, actioned and outcomes fed back to complainants.

The manager operated an open door policy and made themselves available for people and staff to speak with if needed. Staff attended regular staff meetings to discuss service provision and make any suggestions for improvements.

There were audit systems in place to monitor the quality and safety of the service. The views of people were sought by the manager via regular questionnaires. Comments from the last questionnaires received in June 2018 were mainly positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt save living at the service.

Medicines were administered in a safe way. Risks to people's health, safety and well being were assessed and managed.

There were enough staff to meet people's needs. Staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff received regular training, supervisions and annual appraisals. Training was tailored around people's needs.

The service adhered to the principles of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to meet their nutritional needs and to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

People told us staff were friendly, nice and treated them with dignity and respect.

Staff supported people to maintain relationships important to the and promoted their independence.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them receiving support. Care plans were personalised and very detailed to guide staff to

support people how they wished.

The service offered a wide range of activities to people both in the home and in the community.

People knew how to raise concerns. Complaints were investigated and actioned.

Is the service well-led?

Good

The service was well-led.

People and a relative/friend told us the service was well-managed and spoke positively about the manager.

Staff attended regular meetings with management to discuss the service.

The quality and safety of the service was regularly monitored and audits.

Lanchester Court

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.

The comprehensive inspection took place on 27 June and 3 July and was unannounced on the first day. The inspection team consisted of one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people and one relative/friend. We also spent time with some people who lived in the home and observed how staff supported them. We spoke with 10 members of staff, including the head of care outcomes, the head of care delivery, the manager, the health and safety officer, a cook, the therapy assistant, a senior care worker and three care workers. We looked at six people's care records and five people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service. We also carried out a number of observations around the home including a mealtime and a medicines round.

Good

Is the service safe?

Our findings

People told us they felt safe with staff and living in the service. One person said, "Yes I feel safe. The staff are good." A relative/friend told us, "I do think [person] is safe. They had some issues with her blood sugar and they monitored her until it stabilised. They kept me informed. If there's an issue they get the GP straight away. I am confident that if there was anything wrong they would contact me straight away."

Staff continued to receive safeguarding training to refresh their knowledge in how to identify potential abuse and told us they would report any concerns they had to management. Staff we spoke with had a detailed knowledge and understanding of people's backgrounds, behaviours, routines and ways they communicated their needs. This meant staff had the ability to identify potential signs of abuse through behaviours and mannerisms people displayed.

The manager actively raised safeguarding concerns with the local authority and maintained records of each referral made as well as concerns received. Records showed that all concerns were reported in a timely way and any subsequent actions recommended by the local authority safeguarding team were carried out.

There was a whistle blowing policy in place that was readily available and accessible for staff. There were also whistleblowing posters displayed around the home, including in 'easy read' format for people who live at the service. This meant staff and people had access to information to enable them to report any concerns via appropriate methods.

Risks to people's health, safety and wellbeing were assessed and managed. Risk assessments were completed for each person living at Lanchester Court. The provider had electronic care records which meant risk assessments could be updated and reviewed in a timely manner. We saw all areas which were assessed were clearly linked to care plans and clearly documented how the risk should be managed. For example, where people were at risk of falls, the care plans covered supporting people with their mobility, any equipment that was needed for transferring, as well as preventative equipment such as bed rails.

The provider also had general risk assessments complete for the building as a whole, which included moving and handling, fire, infection control, equipment, and slips, trips and falls. We saw general risk assessments were stored centrally and reviewed on a regular basis to ensure they were up to date and relevant. We did note that the legionella risk assessment had not been reviewed since 2014. We spoke with the health and safety officer about this who informed they would investigate and action accordingly.

Medicines were administered and managed in a safe way. The service used an electronic medicine management system to manage the medicines in the home. We spent time with a senior care worker during a medicines round. We observed them using the electronic system to record when medicines were offered to each person, then record when they had taken the medicines. One person was out during the medicines round and the senior care worker told us they would offer the person their medicines when they returned as they were not time specific. They recorded on the system that the medicines had not been offered during the round due to the person being away from the home.

We noted medicines were administered in accordance with good practice and people were treated with respect and patience. People were approached in a gentle manner by the senior care worker and politely asked if they could take their medicines. The senior care worker waited patiently while each person took their medicines before recording on the electronic medicines management system. People appeared relaxed and at ease, engaging with the senior care worker and happily taking their medicines. One person refused their medicines initially but then began chatting with the senior care worker and agreed to take them.

Medicines were administered by nursing staff or senior care workers. All staff administering medicines had received up to date training and had their competencies checked to ensure they were fit and able to do so.

There were enough staff working in the home to meet people's needs and provide all required support. The manager informed us that they assessed staffing requirements in line with people's individual needs and support levels. For example, some people received a number of hours one to one support from staff both in the home and the community and other people required two staff to support them with support needs. We asked people and a relative/friend if they felt there were enough staff. People told us they felt there was always a staff member around if they needed them. A relative/friend said, "Oh yes, I've never seen otherwise. There's always staff around when I go. I've never seen a shortage and those who are there are lovely. When I go they answer the door quickly and also when I ring they're quick to answer."

During our inspection there was a consistent staff presence around the home and people received support and assistance as and when they asked for it. We observed some people receiving one to one support around the home and going out into the community.

The service continued to recruit staff in a safe way. Applicants completed an application form in which they set out their experience, skills and employment history. All necessary checks were carried out for each new member of staff including two references and an enhanced Disclosure and Barring Service (DBS) check prior to staff being employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Accidents and incidents were recorded and monitored for potential patterns and trends. At the time of the inspection there were no patterns or trends identified.

There was a relaxed, homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard. Staff were aware of infection control measures and used appropriate gloves, aprons and correct waste disposal bags when supporting people in the service. Hand hygiene guidance was displayed around the home and in staff toilets.

Good

Is the service effective?

Our findings

At the last inspection in December 2016 we found a breach of regulations in relation to staff supervisions and appraisals. We found that supervisions and appraisals for all staff had not been consistently maintained with some staff not receiving appraisals since 2014. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

During this inspection we found all staff received regular supervisions and had received an annual appraisal. The manager said, "They (staff) get six per year. I use the wall planner to monitor and track when they've had them and when others are due." Records of these meetings showed they were used with staff to discuss their performance, achievements, training, any particular support needs and health and safety. All agreed actions were recorded on the form and both the staff and registered manager sign the supervision. Actions were discussed during the following supervision meeting.

The manager told us new staff received a full week induction at head office followed by three days e-learning (e-learning is a style of training that is delivered electronically) within the home and followed by Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff then had 12 weeks to complete the workbooks associated with the Care Certificate.

Staff received regular training to ensure they have up to date knowledge to enable them to carry out their roles. Topics of training included moving and handling, first aid, food hygiene, fire safety, fluid and nutrition and equality and diversity. Staff had also completed training specific to people's needs such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, Management of Actual or Potential Aggression (MAPA) and Positive Behaviour Support (PBS). PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. The manager told us, "We had training for Huntington's Disease. We had the Huntington's Nurse come in (to deliver it)." The manager continually monitored staff training and arranged refresher training for staff, when required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 service was working within the requirements of MCA. Eleven people had DoLS authorisations in place

which were contained in their care files and developed in plans of care. For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority, when outcomes had been received and if authorisations had been granted or refused. The manager also kept a record on a noticeboard in the main office of all DoLS expiry dates to remind them when to submit new requests.

People were supported to live their lives with minimum restriction. For example, being supported by staff to access the community and accessing the large enclosed garden at their leisure. We noted one person had recently had their DoLS authorisation removed as they were re-assessed and found to have capacity to leave the home independently. They had previously been subject to a DoLS with a condition of some unsupervised time in the community.

Care files contained mental capacity assessments that were decision specific, for example, to implement bed rails. Where it was deemed the person lacked capacity to make specific decisions, best interest decisions had been made with the inclusion of relatives and professionals such as a physiotherapist or social worker.

People were supported with their nutritional needs. Some people had their own budgets for food and were supported to do their food shopping and prepare their own meals in their apartments. Other people were provided meals by the on-site cook. We observed staff preparing meals for people and people eating in various locations in the home. Everyone was able to enjoy their meals independently but staff were on hand to provide support if required. We observed staff taking meals to people's rooms with appropriate covers to keep the food hot. When people had finished their meals, staff encouraged them to take their plates to the communal kitchen, empty them and wash them. One person said, "I enjoyed that." Another person told us their dinner was "nice".

People who didn't have their own food budgets had a choice of two meals for lunch and dinner but were able to have an alternative if they didn't want either choice on the menu. For example, sandwiches with a filling of their choice. The cook told us, "[Person] likes traditional home cooked meals. They had hot pot last night and we put some in the fridge for [person] and he's having that for his lunch instead."

We received mixed views from people regarding the food. One person said, "The food sometimes isn't very nice or is cold." They went on to tell us the food was sometimes undercooked and the quality depended on who was cooking. Another person told us, "It's not nice. It's always the same things." This person later told us they had enjoyed their dinner and the had eaten it all. Other people told us and we observed that they enjoyed the food. A relative/friend said, "[Person] loves her food. She's fine. I think they try to cater to her needs and likes. She's diabetic and has specific foods she can't eat. I do think they are pretty good with her diabetes."

People were supported to access external health professionals to monitor and promote their health. People's care plans contained records of intervention with GPs, dentists, opticians, community nurses, speech and language therapists, dieticians, neuro psychiatrists and other health professionals involved in their care. We saw referrals were made to appropriate health professionals in a timely way, when people's needs changed. Recommendations from health professionals were incorporated into people's plans of care. For example, a diet plan including fortisips drinks to be had daily written with the dietician. Another example related to positional changes for a person as recommended by a physiotherapy team. A third example related to guidance provided by speech and language therapists for staff to follow for stimulation prior to supporting person with oral hygiene, named facial oral tract therapy. Appointments and intervention from health professionals was evident in people's care files as well as discussions with staff to monitor and review

people's needs.

The service was appropriately adapted for people living at the home. Every room and corridor was accessible for wheelchair users. There was pictorial signage around the service. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People's rooms and apartments were personalised with their own belongings such as pictures, curtains, furniture and photos.

Good

Is the service caring?

Our findings

People spoke positively about staff at the service, describing them as friendly and nice. One person said, "They are chatty and friendly. If you want to have a private chat with them you can, without anyone else around. Most of the staff are nice and you can have a laugh with them." They went on to explain that they got on better with some than others. We observed other people embracing staff when they walked into a room and greeting them warmly, as if they were happy to see them. A relative/friend said, "I think [person] is as content there as she would be anywhere. She's more settled and happy there than she has been anywhere else. The staff are really good with her. They are lovely. [Person] relates to certain staff as if they are friends."

Staff treated people with dignity and respect. We observed staff asking a person if they wanted to wear an apron while baking. They explained to the person that it would protect their clothing whilst mixing the flour mixture and when icing the cakes. The person agreed. A staff member told us, "[Person] doesn't like mess and doesn't like to get dirty himself." A relative/friend said, "As far as personal hygiene goes [person]'s always clean. Her apartment is always clean and kept lovely too." We also observed staff knocking on people's doors when visiting their rooms/apartments and obtaining permission to enter.

We saw people chose to spend time with members of staff in the communal areas such as the lounge, corridors, shared kitchen and garden and were comfortable in their presence. People communicated their wishes to staff in different ways, for example, one person had limited verbal communication so they used a communication board. We observed staff communicated effectively with people and were able to understand what they wanted.

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. For example, one person was wandering around talking to different staff and giving them cuddles showing he was pleased to see them. People told us they spend time how they want to during the day and we observed they were free to do what they wanted and when. One person told us they liked spending time in the lounge and garden but often liked to go to their apartment to enjoy some peace and quiet away from everyone.

People communicated their wishes to staff in different ways, for example, pictures, phrases and gestures. People with communication needs had plans of care in place to guide staff how best to communicate with people and what different gestures may mean. One person's care plan stated, "[Person] uses a communication board to communicate all of his needs." Another person's care plan stated their speech may become 'slurred' at times and included techniques staff should use if they were struggling to understand the person. For example, to ask closed questions and refocus the person back on the topic they were discussing. A relative/friend told us, "When I've heard staff interact with [person], they know exactly how to communicate with her to get the best out of her and to get her smiling."

Staff told us they encouraged people to be as independent as possible while always being available to provide assistance where needed. When speaking about one person, a staff member said, "[Person] can do

his own washing, we just have to prompt him to put his clothes in the washer and put the tablet in." We observed a person making pancakes with staff in the breakfast club. Staff supervised the person to make sure they remained safe while using the hot oven. The person flipped their own pancake, put it on a plate when cooked and added their choice of toppings. After they had finished eating their pancakes they were encouraged by staff to wash their plate and cutlery. Care plans contained details of what people were able to do for themselves and what they required assistance with.

Some people were actively receiving support from advocacy services. Advocates help to ensure that people's views and preferences are heard. When talking about their advocate, one person said, "[Advocate] is brilliant. He puts my point across (in meetings)." The manager explained how they would make referrals through the local authority for advocacy services if people needed them. They said, "We used to refer people to Advocacy North if they needed an advocate but the last time we did that they told us only social workers could make referrals. So, we would go through the local authority if someone required an advocate."

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their changing needs over time. One person said, "This place has changed me, being in here. I think since I've been in here I've become more independent. I cook meals. Everyone loves my curry. I still get one to one support at the minute but I'm going to speak with my social worker about stopping this. I'm looking for my own place at the minute." The person went on to tell us about some positive changes to their lifestyle choices they had made since living at the service and informed us that they recently had their DoLS authorisation removed. A relative/friend told us, "I have no fault in the place. I'm busy and can't always get there to see [person]. I feel quite content she's in there because they look after her."

The service continued to assess people's needs prior to them moving into the home. Assessments were detailed and included medical history, health, physical, communication and cognitive needs and nutritional requirements. They also covered people's social, spiritual and cultural needs. For example, their religious beliefs and if they actively followed a faith. One person's pre-assessment stated they were catholic and it was important to them to continue visiting the church or for a priest to visit them in the home.

People had a range of care plans in place to meet their needs. Care plans were personalised, promoted independence and included peoples' choices, preferences, likes and dislikes. Care plans were very detailed and contained clear directions to inform staff how to meet the specific needs of each person. For example, one person's personal hygiene care plan detailed each task to ensure they were tailored to exactly how the person wanted to be supported. Details included the specific order to follow to wash the person, when to put on their shampoo and specifically how they liked to be dried. The care plan clearly stated that set routines were extremely important to the person and care plans should be followed to the letter to ensure they remained comfortable and happy with the support. Care plans were reviewed on a regular basis and in accordance with people's changing needs. All care plans were up to date and reflected the needs of each individual person.

The therapy assistant told us about a new initiative they were introducing in the home called active support plans. They said, "It's all about promoting independence so people can get the most out of their lives. It's about trying to get people to move from a hotel style model of care to an involved independent model, to live an ordinary life. "To get a consistent approach when supporting people to help them to become as independent as possible." They also told us, "A lot of staff have been trained by the British Institute of Learning Disabilities in active support which is particularly geared towards people with learning disabilities." This consisted of the therapy assistant working with a person to put together a care plan for a specific activity which detailed exactly how they wished to be supported. Once this was agreed, they then completed a training session with staff to ensure all staff understood how to provide support to the person how they wanted. The therapy assistant told us they were implementing this for two people at present, with a view to rolling it out across everyone in the home.

People had Positive Behaviour Support (PBS) plans, where required, which included information about typical behaviours, triggers and patterns. They also detailed included different stages of behaviours that

challenge and how the person would present during each stage and actions staff should take during each stage such as distraction techniques. A relative/friend told us, "If [person]'s not particularly happy that day they'll stay with her while I visit. They know how to calm her down. They are always great."

The service had a full-time therapy assistant in post. The head of care outcomes told us, "These roles are meant to bridge services from community therapy teams." Part of their role was to organise a programme of meaningful activities for people to enjoy in the home both on a one to one basis and in groups. One person said, "Yes they have activities. I get involved in some of them. Me and [manager] were talking about getting a shed in the garden (for activities)." They went on to tell us, "We have parties upstairs and a tuck shop. We'll be having one next week I think." A relative/friend told us, "[Person] sits and listens to music. They (staff) know she likes classical music so they put in on for her. I've seen pictures she's drawn too but she doesn't like doing a lot of activities."

People were also supported to access the local community when possible. One person said, "I'd like to go to the pictures again. I really enjoyed it last time. We went to see the greatest showman." During the inspection we observed people leaving the home both with and without staff support, to go on outings. One person told us, "I can go out when I want. I go out for walks and to the park to sunbathe." Other outings people had enjoyed included trips to local areas such as the coast and park, and shopping trips. The therapy assistant said, "They'll go to Saltwell Park with the weather being nice and they'll take outdoor games and a picnic."

People's care records contained information of relationships important to them. Staff supported people to maintain the relationships that were important to them. We observed one person asking for the home phone so they could ring their mam. The person told us, "I'm going to ring my mam. I haven't talked to her for a while." The manager took them to the office so they could make the call. Another person was asking staff when he could ring his sister. Staff gently reminded him that he had to ring after a certain time as his sister was at work. The person smiled and carried on with his activity. The staff member told us, "[Person] rings his sister every week to talk to her." When talking about their partner, one person said, "He comes over to visit and stops over four nights a week. I can stop at his too." Another person's care file stated, "[Person] likes to keep in touch with family via facebook. [Person]'s partner comes and stays over sometimes."

The provider complied with the Accessible Information Standard. Easy read formats, pictures and photographs were used throughout the service. Documents were readily available to support people, providing information about their care and support, the running of the home and day to day activities.

People knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person told us about an issue in the home they were unhappy about. When asked if they had raised this with anyone they said, "I spoke to [manager] about it." The manager confirmed that they had spoken with the person regarding their concerns and had raised the issues with regional management. A relative/friend told us they had no complaints but said, "I would just ring them or go in and see them (if I had concerns)."

The service had a complaints procedure in place and also displayed it in the home in an 'easy read' format for people. The manager maintained a file of all complaints received. Records showed the home had received one complaint in the last 12 months. The complaint was between staff and was investigated, including statements taken. Actions were taken to resolve the matter through staff supervision.

The service no longer held regular resident meetings. The manager told us, "We used to have service user meetings but they didn't really bother going so we stopped them and we use surveys now instead. We get a lot more response from surveys than we did with meetings."

At the time of our inspection no one at the service was receiving end of life care. The provider had an end of life policy in place that covered the principles of end of life care and referred to palliative care protocols produced by NICE. Staff had received up to date training in end of life care. The manager told us, "People don't really want to discuss it. I think it's because they are young. We've had people previously who had do not resuscitate notices in place but we don't have anyone at the moment. One person did have a funeral plan in place which was included in their care file.

Good

Is the service well-led?

Our findings

People and their relative/friend told us they felt the service was well managed. A person said, "Everything is alright here." A relative/friend said, "I don't think there's anything else they could do. I can't say anything but good things about the home. When I visit [person] it's like I'm going to visit her in her own little home."

The service had a registered manager, although they were absent from work at the time of the inspection. The provider had notified us appropriately and the deputy manager was appointed as temporary manager to oversee the running of the service with support from senior staff in the interim. The manager understood their responsibilities for managing the home and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We received positive feedback regarding management. A relative/friend told us, "[Manager] has been great. She's been very pro-active in keeping me informed with things to do with [person]." We observed people interacting and engaging positively with the manager, talking with them and giving them a hug. People appeared very comfortable approaching the manager with any questions. People we spoke with told us they had a good relationship with the manager and were able to raise anything with them.

During the inspection we asked for a variety of records and documents from the manager. We found records were easily accessible, stored securely and maintained. Throughout our inspection we found the manager, regional managers and staff to be open, approachable and cooperative when we spoke with them. The manager and regional managers were also keen to receive feedback of our findings with a view to learn how to improve the service.

The manager operated an open-door policy in the home. During the inspection we observed people and staff freely knocking and entering the office to speak with the manager, when needed. The manager also spent time around the home amongst staff and people so they were accessible should anyone wish to speak with them.

Regular staff meetings took place in the home. We reviewed minutes of meetings which showed discussions included feedback from the home managers meeting, new admissions or potential new admissions, discharges, safeguarding concerns, health and safety including fire drills carried out and needs identified, documentation, training and outings/activities. Staff were involved in discussions and also had the opportunity to raise any issues under the 'Any Other Business' section of the meeting. We saw issues raised were discussed and potential solutions agreed which were later put into action. This meant staff had regular input in the running and improvement of the service.

People who used the service were asked for their views via questionnaires which used to be sent out every six months but had recently been changed to monthly to replace resident meetings. The latest surveys had been sent out in June 2018 to five people. Feedback received was mainly positive and included comments such as, "friendly staff," and "Can do what I want without any hassle." One comment regarding improvement

was, "To have better meals." This was something the manager was working on with the kitchen staff.

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff. The provider also had access to experienced psychiatrists, speech and language therapists and occupational therapists.

People were supported to take part in activities and use facilities in the local community. We saw some people went swimming in the local leisure centre, visited events at the Life Centre, Discovery Museum and Sunderland Grey Hound Stadium. Other people were supported by staff from the service to visit local shopping centres so they could buy things such as clothes and DVDs. One person's care plan stated that staff supported the person to attend a barber in the community to have their hair cut. It was recorded that this was "integral to their self-image" as they had attended the same barbers for years.

The service had also held an art exhibition in a local community centre that was open to the public and used to display people's art work. The head of care outcomes told us, "There's an artist who comes around every Wednesday to do painting and drawing (with people). We did an art exhibition last year and invited directors and the press with people at (a local community centre). We had drinks and nibbles. They all enjoyed it and you could see they were proud of their work being on display."

The manager and senior staff completed a number of audits around the quality and safety of the service. These included medicines management, electronic care plans, infection control, maintenance and fire safety. All findings were recorded as well as any required actions. Action plans were on display in the main office and actions were signed off when completed.

Providers are required by law to display their most recent quality rating in the home and on any website associated with the home. We saw the most recent rating was available on one of the home's notice boards and highlighted on the provider's website pages related to the home. This meant people and relatives had information on the quality of the home and the care being provided.