Mr Barry Potton

Pennine Lodge Care Home

Inspection report

Pennine Lodge Care Home
Burnley Road
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Tel: 01706812501

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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 inspection took place on 1 November 2017 and was unannounced.

At our last inspection on 29 March 2017 we rated the service as 'Requires Improvement' and identified three breaches which related to safe care and treatment, person-centred care and good governance. The service remained in 'special measures' as the well-led domain was rated 'Inadequate' which it had been at our previous inspection in October 2016. If any key question is rated 'Inadequate' over two consecutive comprehensive inspections the service is placed in special measures. We have now rated these key questions and the service overall as 'Good'.

Pennine 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. Pennine Lodge provides personal care for up to 40 older people living with dementia. The home is split into three separate units each with their own communal areas. Harrison unit has 14 places, Ryland and Williams units each have 13 places. There were 39 people using the service when we visited.

The home has a registered manager. 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.

We found the provider, registered manager and staff had worked hard to sustain and build on the improvements we had found at the last inspection. The increase in staffing levels had been maintained and was kept under review. The registered manager recognised additional staff were required at mealtimes and recruitment was on-going. We saw staff team worked well together as a team in meeting people's needs.

Staff understood safeguarding procedures and knew how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the CQC. Risks to people were assessed and managed to ensure people's safety and well-being.

Medicines were managed safely. Robust recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

The home was clean, bright and well maintained. Many areas had been redecorated and refurbished and this was on-going. People had been involved in these discussions for example choosing their own bed linen and murals to go round their bedroom doors.

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's care plans were more personalised and the home was implementing an electronic care record system. People had access to healthcare services such as GPs, district nurse, dentist and chiropodist.

The mealtime experience for people had improved. Lunchtime was a pleasant, sociable occasion and we saw people were offered choices and given the support they required from staff. People's weights were monitored to ensure they received enough to eat and drink.

People told us they liked the staff and described them as kind and caring. People told us they were treated with respect and this was confirmed in our observations. People looked clean, comfortable and well groomed. We saw people enjoyed a wide range of activities both in the home and out in the wider community.

People and relatives knew how to make a complaint. Records showed complaints received had been dealt with appropriately and the outcome communicated to the complainant.

People, relatives and staff praised the improvements that had been made since the last inspection. Everyone spoke highly of the registered manager who they described as someone who listened and was approachable and supportive. Effective quality assurance systems were in place and we saw actions had been taken when issues had been identified.

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.

Medicines were managed safely. Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment processes were robust.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately. Safe infection control systems were in place.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

People's privacy, dignity and rights were respected and maintained by staff.

Is the service responsive?

Good

The service was responsive.

Care records generally reflected people's current needs and were up to date.

A range of activities and events were provided for people both in the home and the community.

Systems were in place to record, investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who provided strong leadership and effective management of the service.

Previous regulatory breaches had been met and auditing systems ensured the quality of the service continued to be assessed, monitored and improved.

Pennine Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 November 2017 and was unannounced. The inspection was carried out by three inspectors and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of two healthcare professionals and one professional responded.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with six people who were using the service, six relatives, two team leaders, two care staff, the chef, the activity co-ordinator, the physical therapist, the registered manager and the operations manager.

We looked at six people's care records in detail, six staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Good

Is the service safe?

Our findings

At our previous inspection we identified an inconsistent approach to risk management and some shortfalls in medicine recording systems. At this inspection we found improvements had been made in both areas.

Care records we reviewed included risk assessments relating to areas such as nutrition, pressure area care, falls and mobility. These showed how risks were mitigated to keep people safe. For example, where people were assessed to be at risk of falls, we saw they had the necessary equipment in place, such as walking frames or crash mattresses beside a lowered bed. Where people were assessed as nutritionally at risk, we saw food and fluid charts, which at our last inspection had not been completed consistently, were well recorded. Staff recruitment followed safe procedures ensuring all checks, including a criminal record check, were completed before people started work.

We saw safety checks of the premises were carried out, including fire safety checks and drills. Records showed weekly checks of the fire alarm system and fire fighting equipment to ensure they were safe for use. Staff we spoke with confirmed they were involved in fire drills in the home. One staff member said," We have fire tests once a week on the same day each week." We saw Personal Emergency Evacuation Plans (PEEPs) were completed by the registered manager and were in people's care plans. These included the number of staff and support each person needed through the day or night. We saw four of these were due an update at the end of October which the registered manager said they would do straight away.

People told us they received their medicines when they needed them. One person said, "They're very good here with the medicines." A relative told us, "Medicines are okay. They manage (my relative's) eye drops well, explain things to (my relative) and why (my relative) needs to have them." We observed staff administering medicines and found they were patient and kind with people, explaining what the medicines were and giving support where needed.

We found medicines were stored safely and securely. We looked at a sample of medicine administration records (MARs) and found they were well completed with no gaps. Handwritten entries were signed by two staff and stock balances were recorded. Where people were prescribed 'as required' medicines there were protocols in place to show when these medicines should be given. Separate MARs were in place for topical medicines such as creams and ointments and included body maps which showed where to apply. Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We checked the storage, records and a random selection of stock and found they were correct.

We saw one person had their medicines covertly. The MAR clearly identified these medicines and how they were to be given. We saw a comprehensive medicine assessment, mental capacity assessment and best interest decision in relation to covert medicines documented in the person's care records.

People told us they felt safe in the home and this was echoed by relatives. One relative said, "Yes, (my relative) is safe as the staff are very caring. (My relative) was wandering around at home and very aggressive,

(my relative) is well managed here." Another relative said, "Yes I do feel (my relative) is safe. (My relative) was in an altercation (with another person living in the home) in July and suffered an injury. They (staff) phoned me up promptly. Safeguarding were involved. I came and saw the manager. I was given the opportunity to complain formally but didn't. I felt reassured after seeing (the manager) and felt more confident about (my relative's) safety." We were notified about this incident at the time and informed of the action taken to prevent a recurrence.

We saw accident and incident records completed across the three units. The registered manager had a good insight into these and said lessons learnt were consistently addressed at team meetings. This was confirmed in our discussions with staff. Staff told us they had received safeguarding training and were aware of the procedures to follow if abuse was suspected or alleged. One staff member said, "I would go straight to my manager if I had any concerns." We saw appropriate referrals to safeguarding had been completed and notifications sent to CQC as required.

Most people and relatives we spoke with felt there were enough staff. However, two relatives made the following comments; "There's not enough staff. On Saturday (another relative) came, (name of person) asked to go to the toilet. Staff took too long, and (person) wet and soiled themselves and had to have a shower" and "Staff are very good, just not enough of them. I think (name of person) is left too long without changing. Sometimes staff are not around. I've been wanting to leave by the front door and there's been no one to let me out and I've had to ring the home on my mobile for somebody to come and let me out."

The increase in staffing levels we found at the last inspection had been maintained and in addition more flexible working patterns had been introduced to provide additional support at busy times. We observed staff were constantly busy yet worked well together as a team to ensure people's needs were met. However, we noted at lunch time, particularly on Williams and Harrison units, staff struggled to meet people's needs in a timely way due to the number of people who required assistance with their meals. The registered manager told us staffing levels were kept under review and people's dependency levels and the layout of the building were taken into consideration. They told us activity hours had increased and they had until recently employed a staff member solely to provide nutritional support. They said they were looking to replace this staff member and considering other ways in which further support could be provided at mealtimes.

We found there were effective infection control systems in place. The home was clean and there were no noticeable odours. We observed staff followed good hygiene practices washing their hands and using hand sanitiser. We saw staff wore gloves and aprons when assisting people with personal care. We saw an infection control audit had been completed by the local authority in May 2016 which identified some areas for improvement. The home's action plan showed these had all been resolved.

Good

Is the service effective?

Our findings

At the last inspection we found food and fluid charts were not always completed correctly. At this inspection we found improvements had been made.

Relatives we spoke with were confident people received sufficient to eat and drink. One relative said, "They encourage (my relative) to eat and drink. They bring drinks regularly and monitor (my relative's) fluid and food intake. (My relative) is also on supplements. The food looks really good." Another relative who had looked after their family member at home prior to them being admitted to Pennine Lodge said, "I can tell from (person's) catheter bag that (person) drinks a lot."

We saw food and fluid charts were in place for people who were nutritionally at risk. Each person had a record which included a picture of a cup and glass with the amount of liquid this held to support staff in completing the charts accurately. We looked at the charts for the last two weeks and all were well recorded with no gaps. We saw people had received a varied diet with plenty of fluids throughout the day and evening. One staff member told us, "We record everything people eat and drink even if it's a mouthful."

We observed lunch and saw people were offered a choice of meals and hot and cold drinks. People could choose where to eat their meals. Tables in the dining room were laid with cloths, mats, cutlery and condiments. Pictorial menus were on each table and also displayed on the wall in each dining room. Where people needed clothes protectors or aids such as plate guards, these were provided. We saw staff chatted with people and encouraged them with their meals. Where people required support from staff this was provided patiently and sensitively on an individual basis.

We spoke to the chef who told us, "We don't have a budget really, we get whatever the resident wants. We offer choice all the time." The chef had a good understanding of people's dietary requirements and any additional needs people had. They said, "We use moulds for people who have pureed food this then looks like the food they are eating and we talk to them about it. We ask people what they like when they come to the home on the first day. The manager and staff tell me if anything changes or I need to be aware of anything."

The registered manager told us they visited and carried out a pre-admission assessment with people before they were admitted to the home. This meant people's support needs and preferences could be discussed and agreed and ensured the appropriate resources and equipment were in place before the person moved in.

Relatives told us people's healthcare needs were met. Comments included; "Optician and a dentist come in"; "Mental health team come quite a lot"; "Very good that way (with healthcare), summoning doctor, phoning me up" and "(My relative) seems content in themselves, (my relative) eats well, seems well in themselves, health not deteriorating at all."

Care records we reviewed showed people had access to healthcare services. We saw regular visits from GPs,

district nurses, tissue viability nurses, community matrons, dieticians and the mental health team. We saw people been seen by the optician, chiropodist and dentist. The healthcare professional who responded to our request for information told us referrals to them were made appropriately and promptly. They said staff listened to the advice they gave and usually responded appropriately and in a timely manner.

The Mental Capacity Act 2005 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 application 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.

Staff had received training and understood the requirements of the MCA and DoLS. The registered manager told us all the people using the service had a DoLS authorisation. A DoLS monitoring record was kept in each person's care file which showed the DoLS authorisation date, expiry date and whether there were any conditions. We saw detailed mental capacity assessments and best interests decisions recorded in people care files. We saw people's relatives and advocates had been involved in the decision making process.

We saw staff sought consent from people before providing any support. A relative told us, "They (staff) make an effort to speak clearly to (my relative) when explaining what they're going to do." We spoke to the registered manager about two bedrooms which were both occupied by two people. The registered manager told us this had been discussed and agreed when people had initially moved into the rooms several years ago and this was confirmed by a relative we spoke with. The registered manager acknowledged there was no record of these discussions and said they would address this straightaway.

We saw evidence of thorough induction and training in the records we reviewed for two recently recruited staff. This included areas of mandatory training such as moving and handling as well as specialist training such as the management of actual and potential aggression (MAPA). One staff member we spoke with told us they were completing the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.

Staff told us they received regular training which was kept updated. One staff member said, "The training is better now. It's more in-depth and I feel I've learnt a lot." Another staff member told us they had received updates in all their mandatory training after returning to work from a period of absence. The training matrix showed the majority of staff training was up-to-date and identified where refresher training was required. The registered manager and one of the team leaders had recently attended a train the trainer dementia course. Virtual dementia experience training was booked for staff to attend at the end of November 2017. This provides staff with an opportunity to take part in innovative dementia training and gives them an experience of what having dementia might be like helping to improve practice.

Staff we spoke with told us they received supervision and felt supported by the registered manager to do their work. We saw evidence of regular supervision and some appraisals in three of the four staff files we reviewed. The supervision matrix showed the majority of staff had received supervision since the last inspection in April 2017.

We found the provider had continued to make improvements in the environment which was confirmed in

our discussions with relatives. Comments included; "Overall really pleased, they're doing things with the place. New chairs and decoration" and "Decorations are a massive improvement." We saw many parts of the home had been re-decorated and new furniture, pictures and flooring had been fitted. This was on-going and we saw contractors decorating Ryland unit and putting handrails in the corridors to assist people. Staff told us how people had been involved in decisions. For example, looking through different catalogues so they could choose their own bedding and the murals they would like to go round their bedroom doors. Clocks in the communal areas helped orientate people to the date and time.

Good

Is the service caring?

Our findings

People spoke positively about the staff. Comments included; "Staff are nice to me"; "Staff are very good – excellent"; "Staff seem ok to me" and "All very easy to get on with."

Relatives also praised the staff who they described as kind and caring. Comments included; "They're very nice, very caring, can't fault any of them"; "All staff are pleasant and friendly"; "Staff are great" and "Staff on the whole are caring. I feel that I can be open and honest with them."

One relative told us how they felt when they first came to look round the home a few months previously, "As soon as I walked in, I had a nice, warm friendly feeling … (family member) says when (family member) is more lucid, 'I'm very lucky' (to be living here)."

We observed staff were caring and considerate in their interactions with people. For example, we saw two care staff transferring a person from their wheelchair into an armchair in the lounge. The staff explained what they were going to do and began to assist the person to move. As they did so the person grabbed the arm of one of the staff members hurting them. The staff member continued to support the person, reassuring them patiently and calmly. A senior staff member came to assist and the person was safely transferred without incident. We saw another person was upset and started crying. A staff member comforted the person and brought them a cup of tea and a piece of cake. Soon after we heard one of the senior staff say to a care staff member, "Go and sit with (name of person) for a bit and give them some reassurance."

Staff we spoke with clearly knew people well and understood their individual needs. One staff member said, "Now we work mainly on one unit and it's so much better. Teamwork has improved and communication, we get to know people really well and they seem more settled. I think that's because they know us and we know them." Another staff member said "I really enjoy my job. I enjoy caring for people."

People looked well groomed and comfortably dressed. We noted one person had few clothes and raised this with the registered manager who agreed to look into this further.

People told us they were treated with respect and their privacy and dignity was maintained. One person told us, "No problems with that – they listen to what I tell them." Relatives also confirmed this happened. One relative said, "(My family member) has a shower. (Family member) doesn't like men giving them a shower, so they only give (family member) women." Another relative said, "Me and my (relative) (a health professional) are happy with how (family member) is treated." A further relative said, "(Family member) seems settled enough, always looks clean and well dressed." We found overall people were treated with respect and their privacy and dignity was maintained. However, we noted some staff were less discreet than others when discussing personal care needs with people. We raised this with the registered manager at the end of the inspection who assured us this would be addressed.

We saw people were supported to maintain relationships with family and friends. This was confirmed in our

discussions with relatives who made the following comments; "I'm welcomed by staff and made a drink. We brings (relative's) dog in" and "I never feel that I'm a problem. I can bring the dogs in and I can visit any time. I phoned up recently to say I was going to be later than expected visiting, they said, 'You can come whenever you want.'"

One relative told us how staff had arranged for them to have private time with their family member. They said, "A carer invited us to come in for a meal. They set up a table for us in the front lounge (for family member and relatives). The meal was a proper roast dinner – tender beef, potatoes and vegetables and sponge and custard – all very good"

At the last inspection relatives told us there were problems with the laundry service. At this inspection relatives told us improvements had been made. One relative said, "Not noticed any problems recently and in the last three months there's been an improvement."

Good

Is the service responsive?

Our findings

At our last inspection we identified the care documentation was not person-centred and did not reflect people's needs. At this inspection we found improvements had been made.

Relatives told us they were happy with the care provided and were involved in decisions about their family member's care. Comments included; "Happy with the care here"; "They look after (relative) well"; "Every confidence in them, they communicate well with me, keep me in touch, they will phone me up to update me": "They handle (relative's) complex needs well"; "We came to a review a few weeks ago, last week (relative) was assessed as in need of nursing care" and "(Staff member) gave me (relative's) records to read to make sure everything was right." One relative told us, "I don't think I could have a better relationship with the home and the staff."

We saw staff were responsive to people's needs and care was delivered in a person-centred way. One relative told us, "I had a talk last week with (registered manager) about (relative's) medicines as (relative) was sleeping a lot during the day, body clock upside down. She was aware and was talking to the mental health team who have changed (relative's) medicines. Vast improvement today (in alertness) since last week."

The registered manager told us they were implementing an electronic care record system. They told us they had inputted everyone's care records onto the system. However, this was not yet operational as staff training in how to use the electronic system was booked for two days after the inspection. The registered manager told us until the training had been completed staff continued to work from the paper care records.

The care plans we reviewed were more detailed than they had been at the previous inspection, showing the support people needed from staff in all aspects of their care. This included how people's choices and preferences were met. For example, one person's care plan described how their dementia affected them and the support they required from staff in relation to communication. Another person's care records showed the type of music they enjoyed and when we saw this person in their bedroom their preferred choice of music was playing. Staff told us as one person's dementia had progressed their verbal communication had deteriorated and they had reverted back to speaking their first language which was not English. We saw this was clearly explained in the person's care plan and there was a communication aid with pictures and the corresponding word in English and the person's first language.

We found one person's care plans did not fully reflect their needs and the support they required in relation to nutrition. We discussed this with the registered manager who took immediate action and following the inspection sent us a copy of the updated care plan.

One person was receiving end of life care. The person's care records showed family members and healthcare professionals had been involved in making sure not only their physical care needs were met but also their emotional and spiritual needs. Staff we spoke with were fully aware of this person's wishes and we saw everything had been put in place as requested.

We saw people's care records included life histories and reflected their interests and hobbies. This included records of activities and events people had been involved in including one to one time.

People we spoke with told us of some of the activities they had done. Comments included; "I play cards with (activity co-ordinator)"; "We play with balls sometimes" and "We've been to see Cats (the musical)."

Relatives spoke positively about the activities provided. One relative said, "(Relative's) encouraged to get involved. (Activity co-ordinator) is really, really good with (relative). (Relative) likes a sing-a-long which they have. They get (relative's) Walkman out and (relative) plays Irish music. They make an effort." Another relative said, "They had a Hallowe'en event yesterday. (Activity co-ordinator) chats to (relative) about (relative's) past one-to-one, (relative's) not a group person." A further relative said, "(My family member) goes out with staff to the pub in Asquith Hall."

The home employed an activity co-ordinator who worked 45 hours a week. They spoke enthusiastically about their role and described a range of activities taking place in the home which included singing, arts and crafts, coffee mornings, armchair exercises, movie days and reminiscence. People were also supported to go out into the community. The home has a minibus and the activity co-ordinator told us of recent trips to the local theatre, an animal farm, and the Imperial War Museum as well as walks round the local park. People also attended the monthly Dementia Friendly Todmorden meetings where they met other people from the community and enjoyed food and activities. The activity co-ordinator told us they also provided one to one sessions. They said they kept track of who had attended which activity and whether they had enjoyed it so they could tailor activities to people's individual likes.

A physical therapist also visited the home one day a week providing individual and group support to help people improve their mobility, strength and flexibility. In the afternoon of our inspection we saw people and a relative joining in with an exercise to music session. It was a very happy event, there was much laughter which we saw drew other people into the room. Staff were friendly and supportive, encouraging people and praising them. In the morning we saw the physical therapist gently massaging a person's hands with oil. The person looked relaxed and comfortable. We saw another person gained a lot of comfort from talking softly to a doll they were holding and stroking the doll's hair. We saw the therapist approached another person who had recently moved in and presented them with a rugby ball saying, "Here's the rugby ball you asked for X (using the person's first name)". The therapist also told us about a local Walking Football group they had set up which people in the home and others in the community attended.

It was one person's birthday and in the afternoon the chef brought in a homemade birthday cake decorated with a candle. The person's face lit up as staff approached with the cake and everyone sang Happy Birthday.

People and relatives told us they felt able to speak out if they had any concerns. One person said, "I can talk to (manager) with any concerns – or any of the staff." A relative said, "I would contact (the manager). I don't feel inhibited." One relative told us about issues they had raised with the registered manager and said prompt action had been taken and things had improved.

The complaints procedure was displayed in the home. We looked at the complaints file and saw two complaints had been received since the last inspection. The records provided details of the investigation, any actions taken and the response to the complainant.

Good

Is the service well-led?

Our findings

At our last inspection we found issues remained around the governance and management of the service. At this inspection these issues had been resolved.

The registered manager had been in post for five weeks at our last inspection and registered with the Commission in July 2017. Relatives and staff we spoke with about the registered manager were unanimous in their praise of her leadership and the improvements she had made to the service.

Relatives' comments included; "Lots of improvements made by the manager in the last six months (e.g. décor, furniture, (family member's) personal hygiene is a lot better). She takes on board what you say, things are addressed. I have good faith now that things will be addressed"; "I can phone her (registered manager) and she'll always get back to me if I have to leave a message. She sometimes pops in when I'm visiting to say hello" and "She takes on board what we (as a family) say. We are listened to. I feel that the home has improved a lot in the last six months, significant (staff) training has been done."

Staff told us the registered manager was approachable and supported them in their roles. These were the comments staff made; "It has changed so much staff communicate more now and are more professional with people"; "Since (registered manager) came everything has got better. Staffing's improved, there were 11 staff on one day at the weekend. We have more time and the care records have improved. Staff morale is up"; "There's been massive improvements. (Registered manager) is brilliant, very supportive and everything's for the residents" and "Management are open and transparent. They are lovely and approachable. A good team."

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, care planning, weights, medicines and health and safety. We reviewed some of these audits and found they were thorough and we saw actions had been taken where improvements were needed. We saw accidents and incidents were analysed monthly and recorded any themes or trends identified as well as action taken to address any concerns.

Provider visits were carried out monthly and we saw reports of recent visits. These were detailed and included discussions with people who used the service, relatives and staff as well as observations, a review of records and comments on progress made with the ongoing action plan.

One relative told us resident and relatives meetings were advertised on the notice board. We saw surveys had been sent out to relatives, healthcare professionals and staff in July 2017, some had been received back in September 2017 but the results had not yet been analysed. Staff told us they had regular staff meetings and we saw minutes from meetings held in September 2017.

We saw the rating for the service from the last inspection report was displayed in the home as required. The provider's website for Pennine Lodge is currently unavailable.