

Ian Nicoll

Ferrol Lodge Care Home

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 last inspection of this home was carried out on 28 August 2014. The service met the regulations we inspected against at that time.

This inspection took place over two days. The first visit on 17 August 2016 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 18 August 2016 which was announced.

Ferrol Lodge is a care home providing accommodation for up to 23 people. There are 19 single rooms and two shared rooms (shared rooms are only used by two people if both express a wish to do so). There were 22 people living at the home at the time of this inspection. The home does not provide nursing care.

The home had a registered manager who had been in this role for many years. 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.

All the people, relatives and care professionals we spoke with felt the home was a safe and comfortable place to live. People described the service as "family-run" and "very safe". A relative told us, "We don't worry now my [family member] is living here because they're wonderful to them. It's peace of mind and we have no qualms at all." Care professionals who regularly visited the told us they had "no concerns" about the safety or care of the service or the care of people during their visits.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. The provider carried out checks to make sure only suitable staff were employed and used robust probationary appraisals to make sure they had the right attributes to continue working at the home. People were assisted with their medicines in the right way.

People told us they were very happy with the care and felt there were enough staff to assist them. A relative told us, "There's enough staff and they always know where people are and how they've been. Staff work very hard but they take their time with people."

Staff had the relevant training and support to care for people. The manager carried out regular competency checks to make sure staff had the right skills to provide the right support. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make certain decisions.

Relatives said the staff cared for people in an effective way and responded quickly to any changes in people's well-being. People said the meals were "excellent" and that they were "well-fed and watered". Staff

encouraged people to eat and drink enough and they had choices about their meals.

People, relatives and visiting healthcare professionals told us the standard of care and compassion at this home was exceptional. People described the staff as "lovely", "very nice" and "very friendly." One person commented, "They are so very kind. They ask us all the time what we would like." A relative told us, "My [family member] is happy and loved here." Another relative said, "The way they treat people is so lovely. There are lots of hugs."

Relatives described how staff "cherished" the people who lived there. A relative told us, "The care my [family member] has had here is second to none. They've nurtured my [family member] back from the brink with love. They've done wonders with them. This is my [family member's] home and they love it here."

People were treated with kindness, courtesy and dignity. A relative told us, "It's very family-orientated. If we take my [family member] out for the day they are welcomed back home with such love."

A health care professional told us, "It's a lovely care home with very caring staff. All my colleagues say it's lovely and we all love visiting here."

People, relatives and care professionals told us the service was highly personalised and tailor-made to suit each person. A relative commented, "My [family member] is so happy here. They can do what they want when they want. If they want their meals at a different time to mealtimes staff are fine about that and do everything to suit them."

Staff were very knowledgeable about people and treated them like their own family. People described how they were the decision-makers in the home. It was clear that their individual choices were used to decide how they spent their day.

People and relatives commented very positively on the activities and social events that were held at the home. One person told us "There's plenty to do - we're always doing something." One person had said they would like to go on a barge, so the home had arranged for a group of them to do this in the near future.

Staff often arranged for local entertainers and children's groups to come to the home. A relative commented, "They bring loads of entertainment in and put on such a lot for them. There's always visitors and children and they all interact with the people who live here."

People, relatives, staff and healthcare professional felt the home was well-managed. Staff said they enjoyed working at the home. They felt appreciated and supported by the management team and provider.

The registered manager, general manager and deputy manager were experienced and well qualified to manage this service.

The provider had a quality assurance system to continuously check the quality and safety of the service. People and relatives' views were sought and acted upon. The provider and managers constantly strived to improve the quality of the service.

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 said they felt safe and comfortable at the home.

There were enough staff to assist people when they needed. The provider made sure only suitable staff were recruited.

People were supported with their medicines in the right way.

Is the service effective?

Good 

The service was effective.

The service met people's individual needs and staff were well trained and supported.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

People were assisted to have a good diet, the food was good quality and they had plenty of choices. People were supported to access other health care services whenever this was required.

Is the service caring?

Good 

The service was caring.

People and relatives said the compassion, kindness and care at this home was exceptional. People were treated like 'one of the family'. Relatives said staff "cherished" and "nurtured" the people in their care.

People described the staff as "lovely" and "very kind". Relatives felt staff went the extra mile and were "emotionally committed" to the people who lived there.

Healthcare professionals said the service was lovely. People were treated with dignity, respect and courtesy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised, tailor-made care that put them at the centre of the service.

There was an excellent range of in-house activities, social events and opportunities to be part of the local community.

People were fully involved in making decisions about their own lives and also about the running of the service. They were regularly asked for their views and comments and these were used to improve their daily lives.

Is the service well-led?

Good ●

The service was well-led.

People, staff and relatives said the home was well managed. The registered manager had been in post for many years and was supported by an experienced, qualified management team.

People were encouraged to make comments and suggestions about the running of the home, and these were acted upon.

People's safety was monitored and the provider regularly checked the quality and safety of the care service.

Ferrol 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 August 2016. The first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed 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 what improvements they plan to make.

We contacted the local authority commissioning team, a range of health and social care professionals and the local Healthwatch to seek their views of the service. 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 seven people living at the service and eight relatives. We joined people for a lunch time meal. We observed care and support in the communal areas and looked around the premises.

We spoke with the registered manager, the general manager, the deputy manager, one senior and two care workers, the cook, a member of housekeeping staff and the maintenance staff. We reviewed four people's care records and three staff files for recruitment and supervision. We looked at other records relating to medicines, staff training and the quality checks of the service.

Is the service safe?

Our findings

People and visitors told us the home was safe and comfortable. People described the home as "family-run", "homely" and "very safe". A relative told us, "We don't worry now my [family member] is living here because they're wonderful to them. It's peace of mind and we have no qualms at all."

Another relative told us, "When I come here I really feel I'm coming to my [family member's] own home. I never have to worry about my [family member] being here."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated at least every three years. The training was provided by a training agency. Staff told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. One staff member told us, "The manager is very hot on us reporting any issues. We've had safeguarding training and I feel able to speak with the manager or any of the seniors about anything." Another staff member commented, "I would be able to report it if I had any concerns."

There was a safeguarding poster in the office so staff had a visual prompt about how to report any concerns. Each member of staff was also provided with a staff handbook which included information about how to recognise different types of abuse, and the contact detail of the local authority safeguarding team. Safeguarding protocols were also discussed in individual supervision sessions with each staff member so they were very clear about their responsibility to take action to safeguard the people who lived there. There had been no safeguarding concerns about this service over the past year.

Ferrol Lodge was a large Victorian detached villa which had been extended over time. The accommodation was warm, comfortable and well maintained. The provider made sure that a continuous programme of refurbishment was included in the annual development plans. This meant the home remained well decorated. A relative commented, "They must have a good maintenance programme because they're always doing something to improve it." Another relative commented, "They're always decorating."

A member of maintenance staff was employed to deal with decoration, minor repairs and routine maintenance checks. The general manager carried out monthly health and safety checks and any issues were reported to the maintenance staff for immediate attention. There were no safety hazards noted during this inspection. Although the building had limitations due to its age and internal layout, the provider and registered manager continued to plan improvements to the facilities. For example at the time of this inspection the home had two bathrooms but no separate shower facility. We saw future development plans included a shower room.

Risks to each person's safety and health were assessed, managed and reviewed. These included risks associated with mobility, nutrition, skin care and medicines. Appropriate action was taken to reduce the risk of harm to people. For example people who were at high risk of falls had equipment such as sensor alarms in their bedrooms to alert staff to their movement. The general manager carried out a weekly analysis of any falls. We saw there were individual emergency evacuation plans which detailed the support each person

would need with evacuation in the event of a fire.

People told us they were happy with the care they received and felt there were enough staff to assist them. A relative told us, "There's enough staff and they always know where people are and how they've been. Staff work very hard but they take their time with people."

We saw there was a staff presence in or near lounges throughout the day so people could get support whenever they needed it. People were attended to in a timely way when they needed support and call bells were answered quickly. Staff assisted people in an unhurried way that met the person's own pace.

There were 22 people living at the home during the time of this inspection. There were two care workers, a deputy manager (or a senior) and the general manager on duty to support them. The staff rota was designed to make sure that staff did not work long shifts that might affect their well-being or ability to perform effectively. There were two care staff on duty through the night and on-call arrangements in case of any emergencies.

There was a low turnover of staff and some staff members had worked at the home for several years. We looked at recruitment records for three staff members who had started to work there over the past year. The recruitment practices for new staff members were robust and included an application form and interview, references from previous employers, identification checks and checks with the disclosure and barring service (DBS) before they started to work at the home. (DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.) This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

Newly recruited staff members had a four-week trial period then a three-month probationary period. During this time the general manager carried out observations and supervisions of their practice and attitude to make sure they were suitable to care for the people who lived there.

The arrangements for managing people's medicines were safe. Medicines were delivered to the home by a pharmacy in blister-packs and were checked-in by senior staff to make sure they were correct. All medicines were administered by senior staff. They had completed training in safe handling of medicines and their competency to do this was assessed every six months.

We saw that medicines were administered to people in a safe way and people were helped and supervised if they needed to be. We looked at the medicines administration records (MARs) for the people who lived at the home. We saw photographs and key information was attached to people's medicines records so staff were able to identify the person and any special precautions before they administered their medicines. The MARs were complete and body map records showed where creams were to be applied.

The storage of medicines had recently changed to a larger store room. The cupboard was fitted with an extractor fan but on the days of this inspection the temperature of the new store room was 26°C, which is slightly above the recommended safe temperature for storing medicines of 25°C. This was due to the very hot summer temperatures outside. The general manager stated she would continue to monitor the temperature of the room and if necessary alternative cooling equipment would be sought.

Is the service effective?

Our findings

The people and relatives we spoke with said staff were capable, competent and caring in their roles. One relative told us, "Staff have lots of training. They know how to support my family member into the wheelchair the right way." Another relative commented, "It's not clinical. It's like a family home but the staff are brilliant and understand any changes in my [family member's] health needs."

Staff told us, and records confirmed, they received necessary training in care and in health and safety. This included moving and assisting, fire safety, first aid, infection control, health and safety and dementia care. Out of 13 care staff, nine had already achieved a national care qualification (called NVQ level 2 or health and social care diploma) and two other care staff had commenced training towards this. All three senior care staff had achieved the higher training qualification of NVQ level 3, the deputy manager had achieved NVQ level 4 and the general manager had achieved NVQ level 5 and the registered managers' award. This meant staff were suitably qualified to carry out their roles.

One staff member commented, "The manager is on the ball with training. She makes sure we're all up to date." Another staff member told us, "I've done the mandatory training, dementia awareness and NVQ level 2. The manager arranged it all for me."

Staff confirmed they had regular supervision sessions with the general manager, deputy manager or a senior staff member. This gave them the opportunity to discuss any training and development needs, as well as the care of the people who lived there. The supervision sessions also included set agenda items as reminders for staff such as safeguarding responsibilities and record-keeping.

Staff also had a three-monthly appraisal of their competence with the general manager. This included observations of their practices in areas such as privacy and dignity, fluids and nutrition, duty of care and infection control. The staff members we spoke with told us they felt supported and encouraged in their performance and development.

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 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. The registered manager and staff were clear about the principles of the Mental Capacity Act 2005. The provider had made appropriate DoLS applications to the local authority in respect of some people who needed supervision and support at

all times. There were records of 'best interests' meetings with relatives and care professionals where appropriate, for example if a person did not have capacity to consent to care. This meant staff worked collaboratively with the local authority and other care professionals to ensure people's best interests were protected without compromising their rights.

There were assessment records about the capacity of individual people to make their own major decisions. Care records guided staff to make sure they sought consent before supporting people. Throughout this inspection we saw staff asking people's permission before supporting them. Staff frequently explained what was about to happen and checked that people understood and were agreeable before carrying out any assistance. In this way staff sought people's consent and respected their decisions.

The people and relatives we spoke with were very complimentary about the support people received with their nutritional health. People and relatives described the quality of meals as "excellent" and "very good". All the people and relatives we spoke with praised the way people were encouraged with food and drink. People's comments included, "They're always trying to feed us up", "they're always bringing jugs of drinks for us", "we're well-fed and watered" and "they won't ever let you go hungry". A relative told us "They are very good about making sure people eat and drink enough, which is so important."

People could dine in the dining room, lounge or their own bedrooms if they chose. The tables were nicely set and hot and cold drinks were provided. There were always a choice of at least two main dishes, or if people did not seem to want these, alternatives were offered. It was good practice that there were photograph menus for the meals each day so people could make informed choices.

We joined people for a lunch time meal which was always three courses. The meals were served quickly and efficiently by care staff so people received hot meals. People who needed assistance were supported in a sensitive and unrushed way. Everyone was served to their individual taste and staff were fully aware of their preferences. For example, one person didn't like custard so staff knew to serve their pudding without it, but checked with them first. One relative told us, "My [family member] can be a bit fussy but they cater for whatever each person wants."

The cook was also an experienced senior care worker and was very knowledgeable about any special dietary needs, such as whether people had diabetes, as well as their individual preferences. There were clear assessments and care plans about people's individual nutritional needs and people most at risk of losing weight were weighed weekly to check their progress. Food and fluid charts were used to record what those people had consumed. The cook described how they made fortified snacks and treats for people who were at risk of losing weight and knew what to tempt people with and when they would most likely enjoy additional foods. In this way people's nutritional well-being was well managed by care and catering staff.

People and relatives told us staff acted quickly when people needed medical attention. A relative told us, "The care staff are very good. When my [family member] said she had a pain they phoned the GP, and when they got no joy they phoned an ambulance. They don't mess about when people are poorly or in pain."

People's care records included details of visits by and guidance from a range of health and social care professionals. These included dietitians, a speech and language therapist, GPs and chiropodist. A health care professional told us the staff made appropriate referrals for people and were always very informative about the person's well-being. This meant that people were supported to access health care services when they needed to and were supported to maintain their health.

Is the service caring?

Our findings

People and relatives felt the compassion, kindness and care at this home was exceptional. A relative commented, "It's just like a big family. My [family member] is so happy here. Once when we were brought my [family member] back from a day out, they smiled and told us, "I'm home". That made us realise it is really is their own home, not a 'care' home."

A relative told us, "The care my [family member] has had here is second to none. They've nurtured my [family member] back from the brink with love. They've done wonders with them. This is my [family member's] home and they love it here."

People described the staff as "lovely", "very nice" and "very friendly." One person commented, "They are so very kind. They ask us all the time what we would like." A relative told us, "My [family member] is happy and loved here. The staff cherish them as if they were their own." Another relative said, "The way they treat people is so lovely. There are lots of hugs."

A relative told us, "Staff are wonderful with them. My [family member] knows all the staff by their first names and always tells me how lovely they are." Another commented, "This is the place I would want to live if I needed care."

The home was managed by a family and some of the staff were family members too. The registered manager's relative lived at the home and had also previously worked there. People and relatives told us this made the home very special and that it had the atmosphere of a family house. One person commented, "It's a family-run home so they're fully invested in making it nice for us." A relative told us, "It's very family-orientated. If we take my [family member] out for the day they are welcomed back home with such love."

People and relatives described how staff members went the extra mile to care for the people who lived there. For example one relative described how they found it "incredibly touching" that a staff member had visited their family member in hospital on their day off. Another person described how a staff member came in their own time to take people out to see the marathon which runs past the house. One relative commented, "The staff seem to be emotionally committed to the care of the people who live here. It's a vocation to them, not just a job."

The relative of a former resident told us they still enjoyed visiting the home. There was a genuine welcome for this person from all the staff and a continuing friendly, supportive relationship. The visitor told us, "The staff are so lovely and friendly – it's like the heart of a family in here. They truly cared for my [family member], and she loved it here. Coming back is like therapy for me because I feel I'm coming home to my mum's house."

People were encouraged to make their own decisions and to remain as independent as possible. One relative commented, "They help my family member with whatever they need, but they let them do the things that they can for themselves." For example, one person went out in the local area independently, and staff

made sure they had the home's contact details with them just in case.

People and relatives felt they were fully involved in the home. They told us the general manager had set up a Facebook page which was exclusively for friends and family of the people who lived there with their agreement and consent. This was going to include lots of photographs of the many activities and social occasions that people enjoyed so that relatives who lived away could see the different events that people enjoyed. The general manager told us they wrote to all relatives first explaining that "the aim of the page is to create a community for all families, friends and staff to be part of".

A relative told us, "This home stood out for us in terms of the care and the relaxing atmosphere. We arrived to look around without an appointment and were made to feel so welcome. The standard of care is fantastic and staff are lovely. They involve us in everything so we feel we share in the care."

We saw people were treated with dignity and respect. When speaking with people staff took all the time people needed to make choices or reply. Staff spoke to people in a cheerful and courteous manner. We saw people's personal appearance was very good. People were well groomed and their clothes were clean. One person described how they chose their own clothes each day and staff then helped to make sure they were colour co-ordinated. One staff told us, "We treat people like they are our own grandparents."

The provider told us in their provider information return, "We have six registered Dignity Champions in the home all ensuring that the 10 points of the Dignity Challenge are upheld and Dignity in Care is a core subject during staff supervisions and staff meetings." (Dignity in Care is a campaign led by the National Dignity Council that aims to put dignity and respect at the heart of UK care services.) It was planned that all staff members would become dignity champions.

Staff were polite and patient in their support of people. Staff explained what they were going to do before supporting people, for example before helping them out of a chair or assisting them with meals. We saw staff got down to eye level to reassure people. People were supported in an unhurried way and at a pace that suited the person.

Staff told us they enjoyed working at the home and were committed to the philosophy of care at the home. For example, one staff member told us, "It's the people's home and they can do whatever they want – we're just here to care for them." A newer member of staff told us, "As soon as I started I could see the great relationship between residents, relatives and staff. It's like a family home. I bring my child in to visit people. I would be happy to have any of my own family live here."

The care professionals we spoke with had only positive comments to make about the way people were cared for at Ferrol Lodge. One told us that whenever they visited the only reports they got from relatives were "how good the girls are to their parents" and from clients saying "they like the girls and they are caring". Another said, "People seem very well cared for. It's a lovely care home with very caring staff. All my colleagues say it's lovely and we all love visiting here."

The home offered a home for life unless people's medical needs changed to the point where they could only be cared for in a nursing setting. There were no people receiving end of life care at this time. The provider information return stated, 'We recognise the importance of providing dignified and sensitive care at a person's end of life and for this reason we plan ahead and in each care plan we have a Preferred Priorities for Care form which we discuss with service users and obtain information about how they wish their care needs to be met during the end of their life.' Care records showed that people's wishes in relation to their end of life care had been discussed and preferences recorded.

Is the service responsive?

Our findings

People, relatives and care professionals told us the service was very personalised and tailor-made to suit each person. One relative told us, "It's very individualised care. They treat people like this is their own home, so they can do what they want when they want."

A relative commented, "The home runs for what people want, not to suit the staff. My [family member] is so happy here. They can do what they want when they want. If they want their meals at a different time to mealtimes staff are fine about that and do everything to suit them." One visitor told us, "They always managed my [family member's] odd eating habits well because they simply made her whatever she wanted."

People described how they were the decision-makers in the home. It was clear that their individual choices were used to decide the pattern of their own day, for example for menus and activities. One person commented, "They always ask us what we would like and when." We saw some people enjoying a later breakfast because they had decided to have a lie-in. They told us this was their choice and they enjoyed being able to follow their own preferred daily lifestyle.

People were addressed by the name that they preferred and staff were very knowledgeable about each person's preferences. Relatives told us staff were very familiar with each person's well-being and treated them like a member of their own family. They told us the staff were able to spot any changes in each person's well-being and responded quickly. A relative told us, "They're brilliant at acting on any little changes. They phone the GP if they seem the slightest bit different."

The care professionals we spoke with felt the service provided an individualised service to the people who lived there. One care professional told us, "They know people very well and they are always very informative about each person." Another care professional commented the service was "person centred and the carers do know the clients and their families well".

We looked at the care records to check that these reflected people's needs and provided guidance for staff to support people in the right way. The care plans identified people's needs such mobility, nutrition and personal hygiene. Care plans were up to date and reviewed at least monthly or more often if people's needs had changed. People had 'life story' booklets which provided information about their background such as their family and special memories. This helped staff to understand people's life history and what was important to them. People and their relatives were fully involved in reviewing their own care plans.

In each person's file there was a list of the person's favourite things and preferences, including how they wanted to be supported with their care. All the care files we looked at were written in a sensitive and encouraging way that promoted the dignity and preferences of the person. For example, "[Person] receives the Daily Mail each day, which [person] no longer appears to actually read but does still look at. It means something to them, therefore it is vital that staff maintain that they have this newspaper at all times."

Every month each person was asked if they had any other individual preferences and these were recorded in the care files. For example, one person said they used to like a cream cake, so they now enjoyed one every Saturday. A staff member told us, "We know each person very well but we still ask them what they would like so they are still the ones making all their choices."

People and relatives commented very positively on the activities and events that were held at the home. One person told us "There's plenty to do - we're always doing something." Activities were held morning and afternoon and were chosen by people. Care staff provided in-house activities and said they enjoyed the social time with people. The general manager felt this arrangement also meant care staff provided holistic care to people.

A care professional told us that whenever they visited care staff were always spending time chatting to people and involving them in future ideas and events. During one recent discussion a person had said they fancied going on a barge before they died. As a result the home had arranged a day out on a barge for a group of people and they were looking forward to this.

Activities included Zumba classes, skittles, chair exercises, strictly come dancing entertainers, cheese and wine party, shopping trips to a local supermarket, visits to the pub, singers and painting sessions. Recently two Irish flute players had entertained at the home. This had been particularly arranged for some ladies who were originally from Ireland but enjoyed by everyone.

People told us they enjoyed going in the garden with either ice-lollies or an after-lunch drink on sunny afternoons and we saw from photographs that this was a frequent occurrence. Relatives said they were delighted that their family members enjoyed a Baileys, sherry or whatever else they wanted in the home's well-maintained gardens.

The general manager had recently arranged with the National Citizenship Charity for a group of teenagers to spend three days at the home as part of an intergenerational project. They had helped people to create individual 'memory boxes' with items which they found particularly pertinent and important to them. People told us they had enjoyed spending time with the teenagers and there were lots of photographs of them making the boxes together. The general manager had also arranged for a group of dancers from a youth dance group to perform for the people who lived there. A relative commented, "They bring loads of entertainment in and put on such a lot for them. There's always visitors and children and they all interact with the people who live here." This meant people were supported to have continued opportunities to be involved and engaged in their local community.

We saw an 'Activities in Action' folder of photographs of the recent events. This showed people taking part in all the different activities and included the dates and comments. This meant people had a keepsake of the events which could also share them with relatives.

People were fully involved in making arrangements for parties and events. For example at a recent residents' meeting people had decided what party foods they would like for a forthcoming social event. They had then gone to a well-known supermarket to get the items.

People felt their views were asked for every day and also at the monthly residents' meetings. For example, we saw from the minutes of a recent meeting that one person had suggested having fish and chips "out of paper" one evening. This had been quickly arranged and there were photographs of people enjoying a traditional fish and chip supper.

There was written information for people about how to make a complaint in every bedroom and in the residents' handbook in the entrance to the home. People and relatives said they found the management team and staff very approachable and would be able to discuss anything with them. They told us they were very satisfied with the service and had no cause to complain. There had been no formal complaints about the service in the past year.

One relative commented, "I would feel very able to mention anything to the manager but its fantastic care and I can't think of anything that could be improved." Another relative told us, "I've never had a complaint because as soon as I ask about something they deal with it straightaway."

Is the service well-led?

Our findings

All the people and relatives we spoke with praised the way the home was run and told us it was well managed. For example one person commented, "It's family-run and very well." A relative told us the managers were "very professional and fair". One relative commented, "The manager is always keen to improve things and keeps up to date with the latest guidance." Another relative told, "Whenever you ask for anything, it's done."

The management team consisted of a registered manager, a general manager and a deputy manager all of whom were very experienced and qualified in care and management. The registered manager had been in this role for many years in both local authority services and in Ferrol Lodge. She intended to apply to become the provider of the home and the general manager had applied to become the registered manager. These applications were still in progress at the time of this inspection.

Staff told us they felt supported by the provider and management team and said they were approachable and open. For example one staff member commented, "I feel I could talk to them about anything, even a problem outside of work, and I know it would be dealt with in confidence. They deal with any issues straightaway." A care professional told us, "The management have always been approachable when I have needed any answers."

People were also asked for their views in twice-yearly survey. In the most recent survey, in February 2016, 19 responses were received and all said they were satisfied with all aspects of the care. This included safety, dignity and respect, quality of life, food and drink, health support and cleanliness of the home.

Relatives were also asked for the views in an annual survey. The most recent survey responses in July 2016 included comments such as "Ferrol is excellent", "always a smile and known by name" and "(people are) treated as one of their (staffs') own family". Some people had made a suggestion about updating bedroom furniture and this was now being actioned.

In discussions one relative commented, "We're asked for our views but I've never been able to think of any improvements in five years." One relative told us, "I'd give it 10 out of 10, and I don't say that lightly. We looked at many homes before this one." Another relative said, "I give it top marks. I couldn't praise it enough."

Visiting health care professionals were asked to complete an annual survey to comment on the service at this home. The current survey was still on-going but there were already responses from a dietitian, district nurse, GP and podiatrist. Their responses were all very positive. Comments included, "by far the best managed and run residential home that I visit" and "staff excellent and always treat patients with dignity and respect".

Staff were also invited to complete an annual survey for their views about the running of the home. The responses for the current survey were still awaited. Staff told us they felt appreciated and valued by the

provider and management team. Staff expressed that they felt the management team instilled the values of Ferrol Lodge through individual supervisions and staff meetings. Staff told us the ethos of the service was that it was people's home and they were there to serve them. In the provider information return the general manager told us, 'There is an understanding amongst staff that they are coming to work in the service users home and not that service users are living in their place of work.'

Staff told us they had regular meetings about every three months with the general manager where they discussed expected practices and suggestions for any improvements. We saw from recent meeting minutes this included agenda items such as guidance on promoting choice, safeguarding, health and safety and training. Staff had also been congratulated on the service achieving the achieving Dignity in Care award from the local council. All the staff we spoke with told us they enjoyed their work at the home. The management team had plans to sign up to 'perk box' which was an employee reward scheme to show their appreciation of staff.

The general manager had also recently introduced a Care Governance Group. All staff had been invited to take part and the membership included a range of day and night staff. The general manager explained that the rationale of the meeting was to look at learning points and continuous development. Any suggestions for improvements were then cascaded to other staff and checked by the manager as part of their competency checks. For example, a current theme was time management and how staff could work more smartly to free up more time for other priorities such as spending more time with people.

The provider had a quality assurance programme which included monthly visits to the home to check the quality of the service. We saw detailed reports of these visits with action plans and timescales for any areas for improvements. For example the provider wanted to replace the carpet in the lounge, even though it was in very good state, because it was patterned so did not meet best practice guidelines for people living with dementia. The general manager also carried out a number of monitoring checks including monthly maintenance, health and safety, medicines and infection control audits. There were also audits of care plans and personnel files. The service had an annual development plan that identified future improvements and timescales for action, such as redecoration of bedrooms. In this way the provider aimed to continuously improve the service for the people who lived there.