

The Together Trust

Pearce 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

This inspection took place on 20 September and 21 September 2017 and was unannounced. We last inspected the service in August 2016 when we rated the service as requires improvement. At that time we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these related to safeguarding and governance. This inspection was to check improvements had been made following the last inspection and to review the ratings. At this inspection we found improvements had been made and the two breaches previously identified had been satisfactorily addressed.

Pearce Lodge is part of the Together Trust which is a registered charity. The home provides support for up to five people who have a physical and/or a learning disability. All bedrooms are located on the ground floor with the first floor providing staff sleeping facilities and office space. The property is situated in a quiet residential area off Hazel Grove, Stockport and is close to local amenities. On the day of this inspection four people were living at the service.

Since the last inspection a manager had been appointed and had successfully registered with the Care Quality Commission. 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 our previous inspection we issued a requirement notice because the service had not applied for Deprivation of Liberty Safeguards (DoLS) authorisations; therefore the Mental Capacity Act 2005 (MCA) guidelines were not being fully followed. At this inspection the registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

At our previous inspection we issued a requirement notice because the service did not have effective governance and checks in place for staff supervisions and managing (DoLS.) At this inspection the registered manager and registered provider used a variety of methods to assess and monitor the ongoing quality of the service. The registered manager had developed a methodical auditing system that covered all aspects of the service. They had improved the way the service was reviewed including how they audited staff supervision. Since the last inspection staff had received on-going supervision and an annual appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively.

Procedures were in place to minimise the risk of harm to people using the service. Support workers were trained in how to report any issues of concern regarding people's safety and welfare. We found that staff had a good knowledge of how to keep people safe from harm. People living at Pearce Lodge, their relatives and multidisciplinary staff that visited the home were all positive about how the home was managed in regard to

ensuring people were supported to stay safe. Relatives told us, "Yes I believe (my relative) is safe, staff seem trained enough with hoist etc." and "Yes we are very confident (our relative) is safe here." One person who lives at the service told us, "Yes I feel safe here, I feel ok."

People's health needs were monitored and individual health action plans were in place. Support plans were individualised to include individual preferences, likes and dislikes and contained detailed information about how each person would like to be supported. People were offered a variety of different activities to be involved in and were supported to go out in to the local community on a daily basis.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and assisted people in a safe relaxed manner. We saw that people's privacy and dignity was respected and people were relaxed in the company of staff. We found staff were knowledgeable about the support needs of each person who lived at the service. One relative told us, "I'm very happy with the home, I'm confident (our relative) (is safe and well cared for, they do a good job."

People received their medicines safely and as prescribed by their doctor. The storage of medicines were located within the laundry area. However the provider had arranged for refurbishment and for the building works to provide a separate room to store medications.

Support workers were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people. People were supported by sufficient numbers of support workers to support them to participate in their daily activities within their home or in the local community. The service currently had night staff vacancies for support staff. They recruited the same staff from one staff agency to ensure this helped with continuity until the full staff team were in post. We saw that staff completed an induction process and they had received a wide range of training, which covered courses specific to the needs of people living at Pearce Lodge.

People living at the service were provided with a complaints procedure in a format suitable to support people with a learning disability. The format used pictures to help some people understand how to raise any concerns or comments important to them. Staff spoke positively about the support they received from the registered manager. They said that the registered manager was supportive and visible around the home and they felt it was well managed.

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 safe and support workers knew how to keep people safe by using a risk management framework.

Medicines were being managed safely. Staff had received medicines training to ensure they were competent and skilled in this topic.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people. However, the service was currently dependent on agency staff to maintain staffing levels.

Is the service effective?

Good ●

The service was effective.

People's needs were met by suitably skilled and trained staff team. Staff received a comprehensive induction to the organisation.

People's health was monitored by support workers who knew how to access appropriate professional healthcare support and guidance when required. People had access to external health professionals to help maintain their health.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met. The registered manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

Is the service caring?

Good ●

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

We observed positive interactions between support workers and

people who lived at the service.

Relatives and people living at Pearce Lodge told us the staff were kind and caring.

Is the service responsive?

Good ●

The service was responsive.

The registered manager, staff and provider had a good understanding of people's complex needs. Care and support was planned in a way that took into account each person's needs and individual preferences.

Each person was supported with meaningful activities suited to their individual interests and wishes.

People and relatives we spoke with knew how to make a complaint and there were various ways concerns could be raised.

Is the service well-led?

Good ●

The service was well led.

The service had a manager registered with the Care Quality Commission (CQC).

There were on going audits and quality assurance checks in place to help ensure standards were being maintained.

The registered manager and the registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Pearce 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 the 20 and 21 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They carried out telephone interviews on day two of the inspection.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

Since the last inspection we had been liaising with Stockport's safeguarding and quality assurance team and we considered this information as part of the planning process for this inspection. No concerns were raised.

We also reviewed the Provider Information Return (PIR) that the provider had completed in September 2017. 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.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas including, the lounge, bathrooms, kitchen, the medication room and laundry. We also looked in one person's bedroom with their permission.

We met three people who live at Pearce Lodge; we spoke with four support workers and the registered manager. The expert by experience carried out telephone interviews with four relatives, and two multi-disciplinary professional staff to seek their views and opinions of the service being provided.

We reviewed three support worker personnel files, including their recruitment checks, records of staff training and supervision and the support plans and records of two people living at the service. We also reviewed a variety of records including, a sample of people's medicine records, records relating to how the service was being managed such as records used by the provider to monitor and assess the quality of the service being provided.

Is the service safe?

Our findings

Some people who live at the service had non-verbal signs for communication. Observation of the way they interacted with their support worker's indicated that they were comfortable and felt safe. One person told us, "I feel safe here." Relative's felt the service was safe and told us, "Yes I believe (my relative) is safe" and "Yes (my relative) is all right with those carers."

We looked at how the service protected people from the risk of abuse. We saw safeguarding policies and procedures were in place which were in line with the local authority's 'safeguarding adults at risk multi-agency policy'. The provider had managed safeguarding concerns appropriately and notified the appropriate authorities such as the local authority and CQC in a timely way. Staff we spoke with were able to explain the safeguarding procedures and understood the different definitions of abuse. They were confident in knowing what to do if they thought someone was at risk of abuse and were able to describe the action they would take to make sure people were kept safe.

Care records we examined contained individual support plans which identified any known risks that might compromise the person's safety. People's care records had been reviewed on a monthly basis by the registered manager. Risk screening tools had been developed alongside each person's support plan and included areas such as keeping people safe with supporting their mobility, personal care, health and medical conditions and accessing the community. Care plans contained risk assessments that were individual to each person's specific needs and individual behaviour support plans to advise staff on how to manage any anxious or distressed behaviour. They also identified that regular reviews of both physical and mental health were necessary to ensure people's changing needs were met. Some people living at the service had one to one support from staff which had been identified as a necessity to help ensure their care and safety.

Accidents and incidents were well recorded and included body maps to ensure that any injuries sustained were documented and appropriate action could be taken. The process of auditing enabled the registered provider and manager to check for any recurring incidents or any patterns in time or day when accidents took place.

Environmental risk assessments were in place relating to the health and safety of the premises and of any equipment used to support people, such as hoists. The safety checks carried out helped to ensure people were cared for in a safe environment. For example, we saw evidence of up to date maintenance checks including a gas safety certificate, legionella testing, servicing of hoists, portable appliance testing (PAT), checks of water deliver temperatures, fire alarms, fire extinguishers, emergency lighting and electrical installation safety certificate. The registered manager had developed a monthly audit encompassing all areas of the home including environmental risks. The audits were signed each month by the registered manager to show on going monitoring of safety checks. A detailed fire risk assessment was in place including a fire evacuation plan.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS

give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. This helped to make sure that any environmental risks to people were minimised and identified those people who were wheelchair dependant and would need full support from staff to maintain their safety in the event of a fire risk.

We discussed staffing levels with the staff team. Staff told us, "The staffing is a lot better, we have recruited a lot more staff to the team" and "The staffing levels are good, we have a lot of one to one support which we need." One person living at Pearce Lodge told us they were happy with the staffing levels. They said if there was any agency staff on duty they always introduced themselves if they hadn't met them before." One professional told us, "I have no concerns over staffing levels although we have concerns about staff retention." Three relatives had no concerns about the staffing levels but one relative told us, "Staff turnover has been an issue" and "There always appears enough staff but it's always new staff which I find upsetting." The registered manager acknowledged the continued use of agency staff but felt that once they recruited to their vacancies they would have a consistent team in place. The registered manager told us they were in the process of recruiting more staff to vacancies at night due to the extensive support packages that they had in place. To ensure continuity they utilised one care agency to provide staff when needed so they had better consistency in supporting people at the service. From speaking to staff and our observations on the day of the inspection, we found there were sufficient numbers of staff to meet the needs of people and any shortfalls were in the process of being addressed.

We examined three recently recruited support worker personnel records which confirmed that a robust recruitment procedure was in place. We found that support workers had been recruited in line with the regulations including, at least two recent references, identification checks and the completion of a disclosure and barring service (DBS) 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 ensured that people who lived at the service were not exposed to staff that were barred from working with vulnerable adults. Some of this information was held at head office however the registered manager brought the staff files to the service to ensure they were accessible for review. These checks helped the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults.

We looked at how medicines were managed within the home and checked four people's medication administration records (MARs). Staff told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The training records we looked at supported this. Each person had a medication administration record (MAR) which included details of the medicines prescribed and how each medicine should be safely administered. Medicines were safely locked away in the medication room. Some people who lived at Pearce Lodge had been prescribed controlled drugs (CDs); these are medicines that have strict legal controls to govern how they are prescribed, stored and administered. There was a suitable storage cabinet and staff were recording the administration of these medicines in a CD record book. We checked a sample of CDs held against the records in the CD book and found that these balanced.

Specific guidance available to staff included when to give PRN (as needed) medication such as paracetamol and medication via a person's gastrostomy tube. (A gastrostomy/peg is a feeding tube which passes through the abdominal wall directly into the stomach, so that nutrition and medication can be provided without swallowing or in some cases to supplement ordinary food). The MAR's we examined indicated that people had received their medicines as prescribed and had been completed accurately by designated staff. We saw records to show that the registered provider carried out regular audits and quality checks on the safe management and administration of medication including checks on staff competency assessments.

The storage of medications were located within a small domestic setting that included the laundry. However the provider had identified potential risks for cross infection and had therefore arranged for major refurbishment and building works to provide a separate room to store people's medicines. The builders had already commenced work and were carrying out extensive refurbishment and improvements to the environment. Staff had taken action to ensure each persons safety during the refurbishment. Building work was managed in stages and kept separately from areas used by people living at the service.

An infection prevention and control (IPC) policy with associated procedures was in place. During the inspection we found the home to be clean, tidy and free from odour. There were some areas of wear and tear but the registered manager told us that all communal areas were in the process of being redecorated.

Is the service effective?

Our findings

At the previous inspection, we found concerns in relation to the lack of assessments following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because staff had not applied for DoLS for specific people living at the home. This was a breach of Regulation 13 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014.

At this inspection, we found there had been sufficient improvement in this area and the regulation had been met. 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. People can only be deprived of their liberty to 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 Deprivation of Liberty Safeguards (DoLS).

By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Pearce Lodge was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw information to show, that three applications had been made to the local authority to deprive people of their liberty and they had all been authorised. CQC had been formally notified where authorisations had been granted.

We saw a tracker system was in place to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant that the registered manager had a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date which ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the home. Support plans provided details of what decisions people living at the service were able to make for themselves, the decisions they required support to make and which decisions were made on their behalf.

One person who lives at Pearce Lodge told us, "I'm happy here, staff are lovely."

Relatives offered positive opinions and told us, "Yes staff always appear to be trained or are being trained", "They generally seem well trained and when something new comes' like (their cough machine) quite recently all staff were trained quite quickly", "I do generally feel (my relative) is happy here", "The atmosphere is good it's a happy place to live, everyone seems happy" and "They sit and hold (my relatives) hand and sit with them. It makes them feel settled and have quiet time with them. It's nice to see."

The people living at the service had a range of diverse needs. The staff told us that before they started their employment at the service they received a lot of training within their induction to make sure they could meet people's needs. An effective system was in place to monitor staff training to ensure essential training was completed each year. An employee induction programme enabled the support worker to become familiar with the services policies and procedures such as, safeguarding, infection control, moving and

handling, and safe handling of medicines. Two support workers told us they also worked supernumerary for two weeks where they shadowed experienced staff. This enabled them to be introduced to the people living at Pearce Lodge and enabled them to learn how to communicate with each person including learning about their non-verbal signs for communicating their needs and preferences. Staff were also trained in areas required to support the diverse needs of the people who lived at Pearce Lodge including care of gastrostomy tubes, tracheostomy and ventilator care. We saw an overall staff training matrix (record) that detailed all of the training available. The registered manager carried out a monthly audit of staff training. This helped identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively ensuring the care and support needs of people were met. The staff we spoke with told us they felt well supported in their roles and were happy with the training on offer.

One professional told us, "Information has always been shared as requested. On my initial visit I have advised for them to complete a traffic light system to be completed for future hospital admissions and a health action plan to be completed. On my return these had been completed and care plans updated." Another professional told us, "Currently they manage (the resident) really well, they are enhanced carers so they have more experience than regular support workers."

We looked at the care records for two people living at the service and reviewed their health care plan. Their records showed they were supported to have regular access to external healthcare professionals, such as the district nurses who visited every three months, dietician, physiotherapists, speech and language specialist, clinical based care within the hospital setting and general practitioners. Each person had a 'health passport' to provide hospital staff with comprehensive details about the person's needs and how they communicated.

The registered manager organised for staff to support each person whenever they were admitted to hospital to ensure their needs were interpreted correctly regarding their non-verbal forms of communicating. One health professional told us, "They all advocate for (the resident) really well and support them when they are admitted to hospital and work hard to get them back to the home. I find them to be caring and supportive."

Care records showed assessments took account of each person's general physical and mental well-being. For example where people were at risk of developing pressure sores this had been identified and recorded. Appropriate equipment for people with decreased mobility such as profiling beds and alternating mattresses (air mattresses that are placed on top of a regular bed mattress) were in place to promote skin integrity, prevent skin breakdown and the development of pressure area sores.

Care records we reviewed recorded people's weight, dental and optical checks and reflected the care and support being provided to people. Such information is important in order to inform staff what they should do to meet the health needs of people who live at Pearce Lodge. People were also supported to attend hospital and doctor appointments.

Three of the people living at the service received all of their food, fluids and medication through a Percutaneous Endoscopic Gastrostomy (PEG) tube. Staff followed guidelines to ensure that these people received the correct amount of 'feed' to make sure they had the required number of calories and nutrients to meet their nutritional needs. Support workers were aware of the need to follow the speech and language therapist (SALT) instructions. Staff responsible for supporting people using a percutaneous endoscopic gastrostomy (PEG), which is a means of feeding when oral intake is not adequate had received training to do this safely. Records showed they maintained a consistent approach to ensure the instructions for administration were followed as prescribed. One person who was able to eat a typical diet was encouraged

to make positive food choices where possible. They had specific cultural needs in relation to food that had to be adhered to. This meant they had separate food storage areas. We saw they had a detailed plan of care pertaining to their nutritional needs which was clear in advising staff how to meet their cultural needs.

There was an ongoing annual staff appraisal and a system of regular staff supervision in place. Staff confirmed they received formal one to one supervision every two months and had received an annual appraisal. We examined records that showed how the registered manager monitored the overall supervision and appraisals for staff to ensure they received them in line with their policy guidance. Staff supervision provides the worker with the opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

People's rooms were decorated to their liking and where possible people were consulted regarding the decoration of their room, enabling them to choose their own bedding, curtains and accessories. Staff had provided support to ensure each person's room met their needs and included equipment they needed or would benefit from for e.g. sensory lighting and ceiling track hoists. The manager shared their development plan to show the extensive decoration and refurbishment currently in progress. Staff told us they would help support each person to have input into the colour scheme of choice for the communal areas that will be painted and decorated. The registered manager is hoping that eventually they would secure funding for additional day space such as a conservatory to help provide additional lounge areas. One person told us they really liked their room and had everything they needed. They had chosen their own colour scheme in a colour they really liked. One relative told us they would like to see more space in the home to accommodate all the equipment. They were aware of the current refurbishment programme.

Is the service caring?

Our findings

Relatives made positive comments about the caring nature of staff, such as "Yes I feel staff are, particularly ones that know (my relative) well are caring", "Course they are very caring and kind", "Seem ok and kind" and "I have never seen any member of staff being anything other than caring." One person who lives at Pearce Lodge told us they found the staff really caring and told us, "The staff are lovely, I'm really happy here."

One visiting professional told us, "They [staff] all advocate for (this resident) really well and support them when in hospital and work hard to get them home. I find them to be very caring and supportive."

We carried out a (sofi) in the lounge area. We observed how staff and people living at the home interacted with each other and how support was being provided. The atmosphere in the home was welcoming and relaxed. We saw that people were comfortable in the presence of staff. We observed that where possible people went about their daily lives and moved around the home as they wished. One person told us they didn't really like to use the communal areas and liked to stay in their room. This was something they had chosen to do and they said the staff always come to them whenever they needed them or just for a chat. When people were unable to move around the service by themselves staff explained how they tried to ensure that people were given a choice over their care even when the person was unable to effectively communicate all of their needs. Staff described how each person communicates and showed how they understood and interpreted their behaviours and body language to convey how they felt. This meant people were supported and cared for by support workers who knew them well.

Discussions with support workers showed they had a good understanding of the individual needs of each person using the service. People were treated with dignity and respect. We saw that staff knocked on people's doors before entering and called people by their preferred name. They were able to demonstrate how they supported and cared for people in a dignified way, respected their dignity and their privacy when providing and supporting them with personal care tasks. Staff acknowledged the importance of respecting choices regarding the gender of staff they would like to provide their support, in particular regarding support with personal care.

The registered manager was aware of how to access the local advocacy service to ensure that people could receive independent advice and support when needed. The registered manager was aware about how and when to use the advocacy service and told us they had used them in the past. An advocate is a person who represents people independently of any government body. They are able to assist people in ways such as, acting on their behalf at meetings and/or accessing information for them.

We saw that people's records and any confidential documents were kept securely in the services office. These records could only be accessed by designated staff and no personal information was on display. This ensured that confidentiality of information was maintained.

Is the service responsive?

Our findings

People told us they received support which was in line with their needs and preferences. One person told us, "I like to go out every day and the staff support me with this, I really enjoy that." Relatives told us they were happy with the support provided. They made various positive comments such as, "(My relative) goes out a lot to coffee shops, buying clothes and is in their community", "(My relative goes out everywhere, to the sensory room, cinema, (my relative) likes the television and enjoys watching that" and "Yes more take (our relative) out to do activities."

We looked at two support plans that had been developed around each person and were centred on them as individuals. They included information about people's personal preferences, interests, likes and dislikes. The registered provider had developed a document called, 'All about me profile.' This helped staff to know what was important to the person and to take account of this information when carrying out any care or support. We saw that people had weekly activity planners in place. One person who lives at Pearce Lodge had chosen a variety of activities for the week and staff had adapted formats for the planners using pictures to show what choices the person had made.

People living at the service also had individual behaviour support plans in place to inform staff how to best support people during periods of heightened anxiety and distress. These plans provided detailed descriptions of proactive, active and reactive strategies that could be employed to help manage a person's escalating behaviour. Support plans were also in formats suitable to support people with a learning disability to understand how their care and support was being managed. We saw that each person being supported had placement reviews on an annual basis and that relevant people including relatives and health and social care professionals were invited to attend. We also saw that support plans were reviewed monthly by the registered manager and updated whenever a person's needs changed.

Support plans showed attention had been given to people who were at risk of weight loss and instructions for support workers to follow were clearly documented. People's individual weight was monitored and recorded to ensure staff were aware of any observations that were required in relation to people's weight management.

Consideration was given to the different ways in which people using the service could understand information shared with them to ensure they had full control when required to make choices. For example, a support plan we looked at gave instructions to staff to support a person who lacked capacity to make decisions. Records showed best interest meetings had been held and the care had been agreed in the person's best interest to keep them safe and well.

Staff described the individual needs and preferences of each person that lived at the service and were able to demonstrate their understanding about person centred care. Staff told us they were given plenty of time on induction to get to know each person and to learn how to communicate with everyone living at the home. We observed staff putting people first whilst undertaking their duties. Any tasks being carried out, such as report writing, were left to one side if a person indicated they wanted staff attention, particularly

when one person used their call bell to request staff respond to them.

Pearce Lodge had a positive and transparent approach to complaints. An easy-to-read document had been developed with the use of pictures in a format that enabled some people to understand how to raise their comments. Staff had received training in the use of 'Makaton' to enable them to effectively communicate with one person who used this type of communication to raise their views. The complaints policy was displayed throughout the home and on the Together Trust website. It was also included in the service handbook that was distributed to people and their families. The policy explained the timescales for raising, acknowledging and responding to any complaints and provided details of how the complaint would be escalated within the registered provider's organisation if the complainant remained unhappy with the outcome of any complaint. There had been no recorded complaints in the last 12 months.

One person living at Pearce Lodge told us they had no complaints and were very happy. The relatives we spoke with told us they had not made any complaints. They were confident they could go to senior staff and the management team to discuss anything. Relatives told us, "I've never made a complaint, if anything happened they tend to let you know, I find them to be open and honest and transparent they inform you immediately if anything happens. However if I felt I need to say something I'd be very confident in ringing the manager or staff and talking through my concerns", "I feel very confident ringing the setting and speaking directly with staff to sort out any issues" and "I'd just ring up and talk to them and tell them what's up."

Although relatives had not made complaints they had several suggestions they felt could improve the service such as fulfilling staff vacancies so they had the same staff team permanently. This was already being addressed by the registered manager. One relative felt that communications could be improved so they had enough notice about planned meetings and reviews. The registered manager was reviewing their overall customer award recently awarded to the provider. This award covered the results for the whole organisation. The manager said she would look into showing how feedback was carried out and specific to Pearce Lodge.

Is the service well-led?

Our findings

At the previous inspection, we found concerns in relation to the quality assurance system which was not always effective, specifically for managing staff supervisions and applications for DoLs. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 good governance. At this inspection, we found there had been sufficient improvement in this area and the regulation had been met.

The registered manager had developed an extensive audit tool that they used to check the quality of the service on a monthly basis. We looked at the checks that staff were responsible for such as the staff rotas, training records, staff supervisions and appraisals, safeguarding alerts, accidents and incidents, risk assessments, medicine management, DoLs applications, support plans, fire risk assessments and maintenance checks of equipment and appliances. We saw that when audits identified any areas for improvement actions were taken to rectify the problem.

The registered provider had also developed a quality assurance audit. They had carried out a check on all aspects of the service in 2017. The report was very detailed and the registered manager explained that the provider aimed to carry this out at least annually. The audit was used to show they were checking the service, to ensure full compliance with the associated regulations such the Health and Safety and to evidence good practice. Systems were in place to monitor and improve the quality of care and support provided. This included the completion of audits to ensure safe, effective, caring, responsive and well-led care and support was being provided to people.

At time of inspection there was a registered manager in post. 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 a 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 time of our inspection the registered manager had been recently employed over the last six months and was present throughout the inspection.

People we spoke with made positive comments about the registered manager and the management of the service. One relative told us, "The manager is really nice, they are all really nice. I think she does a good job, I'm happy with them." One person who lives at the home told us they liked the manager and was happy there. One health professional told us, "The home was always happy to arrange convenient times for me to visit and ensured I had either senior member of staff/manager to meet with."

There was a clear management structure in place and staff were aware of their roles and responsibilities. We spoke with the registered manager and four members of staff who were all clear about their own roles and responsibilities. All of the staff we spoke with told us that they felt very well supported by senior staff and the registered manager they were all positive about working at the service. One staff member told us, "I am happy working at the service; I feel it's a lot better these last six months. I can raise any issues and suggestions. We use to have a lot of agency staff but it's a lot better now. We are having a lot of refurbishment and the residents will be able to choose what colours they like for the colour schemes in the

communal areas." All staff that we met agreed with these views.

Regular team meetings took place and staff told us that these were a good opportunity to discuss each person using the service and identify any changes in needs. Staff also told us that they used the meetings as an opportunity to refresh any training. We saw minutes of house meetings held in 2017 for people living at the home. One relative was aware of these meetings and knew they could attend if they wanted to. The minutes of the meetings were detailed and adapted to include pictures to describe some of the topics discussed. Minutes included information regarding, activities, staff and developments to the refurbishment planned decoration.

The provider had been awarded an 'Investors in Customers gold award' in 2017 for its community services. This annual survey undertaken by an external company in 2017 was used to obtain people's feedback. The latest returned surveys indicated that overall feedback about the registered provider was very positive. The survey and report would benefit from highlighting feedback received for services provided at Pearce Lodge. Relatives told us they had ideas to help improve the service. One relative told us they thought they had completed a survey but three other relatives told us they didn't think they had ever been asked to complete a survey.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. Before this inspection we checked our records to see if appropriate action had been taken by the registered manager to ensure people were kept safe. We saw that the registered manager had completed and sent to the CQC appropriate notifications as required.

The registered manager shared with us copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. All of the policies we looked at had been reviewed regularly and the next policy review date was planned.

We saw the CQC quality rating certificate was displayed at the home, where people visiting the service could easily see it. At the time of this inspection the provider also displayed their latest rating on their provider website. This has been a legal requirement since 1 April 2015.