Orchard Care Homes.com (6) Limited

Penwortham Grange and Lodge

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

Overall summary

The inspection took place on 3 February 2015 and was unannounced. The last inspection of this service took place in October 2013 when we looked at five key areas in particular. We found no breaches of the regulations at that time.

The home is in a residential area of Penwortham and is split into two units. The Grange for older people, and The Lodge for people living with dementia. Each unit has a large open plan lounge and dining areas as well as smaller lounges and a conservatory on the ground floor.

All bedrooms are single with an en-suite shower and toilet. There is a garden with outdoor seating areas. The home is registered with the Care Quality Commission (CQC) to accommodate up to 86 people. At the time of our inspection there were 80 residents.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People and their relatives we spoke with all told us that they or their relative was safe and looked after well. All of the people we spoke with felt there were sufficient numbers of staff on duty to keep people safe. Our observations on the day confirmed this. However one person did say: "If there was an accident that needed two staff to attend to, it would leave one staff member on their own with the other residents". Personal evacuation plans were in place for people who lived at the home and we saw that systems were in place to record, manage and learn from incidents.

We saw that robust recruitment procedures were in place and required background and identity checks had been carried out on all staff. This helped to ensure as far as possible that staff were safe to work with vulnerable people.

We looked at procedures around medication and observed that people received their medication in a safe manner, when it was required.

People we spoke with and their relatives felt staff had sufficient knowledge to provide safe and effective care. We found the home had a good induction process for new staff which covered all mandatory training with suitable knowledge checks. Refresher and more advanced training were also available.

Records we viewed confirmed what staff we spoke with told us, in that they received regular one to one supervision and annual appraisal. This helped identify any shortfalls in their knowledge which could be addressed.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides legal protection for people who may not have the capacity to make some decisions for themselves whilst DoLS provide legal safeguards for such people who may have restrictions placed on them as part of their care plan. We saw evidence that this training had been put into practice.

We saw that people received enough food and drink with plenty of choice and variety. Care plans we viewed showed good regular recording of people's weights and fluid intake. We saw where concerns were highlighted referrals were made to the relevant professionals for help and advice. We did note however that one such professional advised that on some occasions the home could do more themselves before making the referral.

We visited all areas of the home during our inspection and found it to be a clean, bright welcoming environment.

Everyone we spoke with told us that the staff were friendly, helpful and caring. We were told staff displayed kindness and respected peoples dignity and respect. Staff were able to tell us how they would do this, which included involving advocates if and when required. Our own observations throughout the inspection confirmed what people had told us.

Care plans we viewed were person centred. Pre admission assessments were completed before people moved to Penwortham Grange and Lodge which allowed the service to understand if they could meet an individual's needs. These plans were reviewed on a regular basis and changes made where appropriate.

We saw that the home worked well with other professionals. One visiting professional told us the home was not slow at reporting concerns in order to get help and advice when needed.

We found a common area of concern from people we spoke with, their relatives and also some staff was that of activities. The last activity coordinator had left. The home was actively trying to recruit another. In the meantime staff made attempts to engage people in 'in house' activities.

People were enabled to maintain relationships with their friends and family members. We saw friends and family and other visitors coming and going without restriction.

The provider had a policy and procedure for dealing with and learning from any complaints or concerns.

We observed a calm atmosphere within the home on our unannounced arrival. People we spoke with and staff told us the home had an open culture and the registered manager and other senior staff were approachable. Staff told us they enjoyed working at Penwortham Grange and Lodge.

Summary of findings

We saw that feedback from people their relatives and staff was obtained through surveys and regular meetings. People were able to express their views to improve the service.

We saw that a full range of audits and quality checks were completed by the management of the home and well as regional managers in order to check on the quality of service provided and drive improvements where required. Safety checks were completed on equipment and the building itself.

Summary of findings

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

This service was safe.

Staff spoken with understood the policies and procedures in place to safeguard vulnerable people from abuse. Staff had been trained to keep people safe.

On the day of our visit we saw staffing levels were sufficient to provide a good level of care and keep people safe. Personal evacuation plans were in place for people who lived at the home in case of foreseeable emergencies.

Robust and thorough recruitment procedures were in place and we found people received their medicines in a safe manner as and when required.

Is the service effective?

Good

The service was effective.

People told us they felt staff had sufficient knowledge to provide safe and effective care. Staff told us they received a wide range of training, support and supervision to perform their role.

The home had policies and procedures in place that ensured they followed the codes of practice for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received good quality food and drink. Their health was monitored and they were able to access additional healthcare when required. We found the home to be clean and in good condition with a welcoming environment.

Is the service caring?

Good

The service was caring.

People we spoke with and their relatives all described a home where the staff were kind and caring. Staff had good knowledge of people's preferences.

People felt involved and were asked for their views. We saw evidence that regular meetings were held with people and their relatives. People felt listened to.

People told us and we observed on the day that staff treated people with respect and observed their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans we looked at were person centred, well written and regularly reviewed to meet people's needs. Pre admission assessments were completed to ensure the home could meet people's needs.

There was a lack of organised activities in the home. We were informed the activity coordinator had left recently. The home was attempting to recruit another. In the meantime staff made attempts to engage people in activities.

Summary of findings

The home had policies and procedures in place to deal with, respond and learn lessons from peoples' complaints.

Is the service well-led?

Good

The service was well-led.

We observed a calm atmosphere and open culture within the home. People and staff told us the registered manager and other senior staff were approachable. Staff enjoyed working at Penwortham Grange and Lodge.

Feedback from people who lived at the home, their relatives and staff was regularly sought through surveys. Staff meetings were held and people were able to express their views to improve the service.

We saw that a full range of audits and quality checks were completed by the management of the home and well as regional managers in order to check on the quality of service provided and drive improvements where required.

Penwortham Grange and Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 3 February 2015 and was unannounced. The inspection team consisted of two adult social care lead inspectors, a specialist advisor in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This particular expert also had a nursing background.

Before the inspection we looked at information held on our own systems. This included notifications sent to us by the provider and any whistleblowing or safeguarding information provided to us. We also looked at information sent to us by the provider. Before the inspection, the provider 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 improvements they plan to make. We also looked at information from external sources such as various websites where people can make comments or leave reviews about services.

During this inspection we spoke with 12 people who lived at the home and seven relatives. We spoke with five staff, the registered manager, the care manager and deputy manager who were on site during our inspection as well as the cook. We also spoke with, to seek the views of, commissioners from local authorities who commissioned services from the home and health and social care professionals who visited.

We observed care provided throughout our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of eight care plans during the inspection as well as two records relating to the Deprivation of Liberty Safeguards and five medicine administration records. We used a system of pathway tracking. Pathway tracking looks at the support people receive at each stage of their care.

Is the service safe?

Our findings

We asked people who lived at Penwortham Grange and Lodge if they felt safe and if so, what made them feel safe. We were told: "Everybody in the place". "There are people around". "[Named resident] and I help each other". And: "The walkways have handrails".

Our overall impression across the inspection team was of a well maintained and well run establishment with good systems to address the safety needs of the residents. We noticed an atmosphere of calmness when we first arrived unannounced.

We spoke with 12 people who lived at the home, although some conversations were brief and limited due to people's dementia. Security to keep people safe was aided by coded digital locks to doors and the lift.

We asked people who lived on the Grange if they felt there were enough staff to look after them and we were told: "We don't have to wait". And: "I don't know". People who lived on the Lodge, in response to questions about staffing levels said: "Sometimes, yes, sometimes no". People were unable to give any specific times they were referring to but one person did say: "Most of the time".

Relatives we spoke with in all parts of the home told us they felt there were enough staff. These people told us: "There seems to be". "I would say so". However two people did say: "No, I don't think there are, there aren't as many as when [named] first came". And: "I think overall there needs to be more staff, but he's [their relative] always coped with".

Staff we spoke with told us there were enough staff on duty to keep people safe from harm. One member of staff said: "There are enough staff to cover during the waking day and night periods to provide care and keep people safe".

Our own observations on the day told us that there were sufficient numbers of staff on duty at the time. However the usual staffing level of three staff to 20 people living with dementia could limit the response to safety needs alongside trying to provide quality care. One relative expressed the concern: "If there was an accident that needed two staff to attend to, it would leave one staff member on their own with the other residents". Whilst another said: "There is a high staff turnover; they're not paid enough for the job they do. If there were a few more staff it would help. There have been more staff recently but last year there were lots of staff coming and going".

We looked at some staff files and figures about staff that had left over the past twelve months. We found this not particularly high and staff that had left had gone on to improve their career in other professions such as nursing and social work.

We asked relatives for their thoughts on the use of agency staff. None told us of any concerns. One person told us: "Yes there are more at the weekend than during the week. The agency staff seem very good, they seem willing to talk to people".

We spoke with the registered manager about the feedback we had received. We were told staffing levels were reviewed monthly to meet people's needs and dependency levels. The registered manager was able to bring in extra staff if needed. As an example we were shown how extra staff had been brought in to assist a person who required one to one care and support. Staffing levels were monitored to ensure there was a consistent level of staff to meet people's care and support needs.

We saw that robust recruitment and selection procedures were in place to ensure as far as possible that any staff employed were safe to work with vulnerable people. Staff we spoke with told us they had completed an application form, been interviewed and had been asked to provide proof of identification and references. At least one reference had to have been from the previous employer. We were also told that no one was allowed to start work until such time as checks had been completed with the Disclosure and Barring Service (DBS). The DBS provides a criminal record and background check on people who are trying to gain employment in certain designated employment fields. Staff records we looked at confirmed that such recruitment checks had taken place and references had been checked and followed up.

We saw safeguarding policies and procedures were in place to protect people. Staff we spoke with had received training in the safeguarding of adults at risk and all of those we spoke with could clearly explain how they would recognise and report abuse. Staff confirmed what training they had completed, which we saw was confirmed with the training

Is the service safe?

records we viewed. These showed staff received regular training to make sure they stayed up to date with the process for reporting concerns and whistleblowing. One member of staff said: "Very good training is provided".

We asked the registered manager about emergencies and what plans the home had in place to keep people safe. We were told each person had contingency arrangements and were shown a policy and procedure document regarding evacuation along with several files for individual people who lived at the home. Each was personalised and took into account their capacity to understand any emergency along with their ability to mobilise. In the event of a total evacuation where people and staff were unable to return to the home, temporary arrangement had been made with a local church. We did note however that none of the relatives we spoke with had either had the evacuation plans discussed with them or they couldn't remember.

We looked at what systems the home had in place to record and deal with accidents and incidents. We looked at incident report records which indicated the home took accident and safeguarding issues seriously and acted with transparency.

Where people may display behaviour that challenges the service, we saw evidence in the care plans that risk management plans were in place. These were detailed and gave staff information needed to recognise signs which might trigger certain behaviour along with information to use to de-escalate behaviours and ensure a consistent approach to people's care.

When incidents had occurred we saw that information had been recorded, analysed and where appropriate safeguarding alerts raised with the local authority. These had been investigated where appropriate, action plans put in place to prevent recurrence. This demonstrated the home had a system in place to ensure managers and staff learnt from untoward incidents.

None of the people who lived at the home we spoke with was able to tell us if they received medicines when they should. All told us they received their medication.

We looked at the policies and procedures for medication which were in place. They also covered such medicines as homely remedies.

We were informed by the registered manager and staff we spoke with that only the deputy manager, care manager and senior staff dealt with medication. The staff we spoke with told us they had received training in medication and training records we looked at confirmed this. We saw that there had been a recent change in the main pharmacist which staff told us had been positive. We noted that competency checks for medication had been carried out by management and was recorded on staff files.

The medication administration records (MAR) we looked at were detailed and contained a photograph of each person for ease of identification. For 'as required medication' also known as PRN medication we saw plans in place which gave full details of signs symptoms and when to give such medicine.

The registered manager and staff we spoke with confirmed that at the time of our inspection, no person who lived at the home received covert medication. Covert medication can be used as a last resort where people do not have the capacity to understand the need to take certain medicines and there is a need to be give it without their knowledge to keep them well. No person self-administered their own medication.

We found appropriate arrangements for the recording, safe administration and storage of medicines. This included controlled drugs kept by the service. Controlled drugs are those which are controlled by law under the Misuse of Drugs legislation. Records we checked were complete and accurate. These included checks on the fridge daily temperature. Medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

Is the service effective?

Our findings

People we spoke with who lived at Penwortham Grange and Lodge told us they felt staff had sufficient knowledge to meet their needs. People told us: "I've been here before so they know me". "I think so". And: "I've got the greatest care". One person did say however: "I don't think so". They were unable to expand on this comment.

Staff we spoke with told us they had received a good induction to the service. Induction included a range of training. Subjects included training such as infection control, diet and nutrition, dementia awareness and safeguarding vulnerable adults.

The registered manager provided us with a sample of a new 'Care Assistant Induction Pack' which had been brought into use recently. This covered objectives and training for new carers including support with washing and several other aspects of personal care. The various sections allowed for shadowing senior staff and one to one meetings with the registered manager. The induction covered a four week period and this was structured within a three month probationary period.

We were informed by the registered manager and deputy manager that staff were matched to the Lodge for their ability and interest in dementia care and they are given two in-service dementia training courses organised by Orchard Care.

We were shown a sample of training booklets on each subject which staff would also complete to refresh their training. Each subject had its own book and we noted these were comprehensive, easy to read and understand. The registered manager told us that face to face training on the subjects would also be done when required. We were informed by the registered manager and other senior staff that nearly all care staff, either had NVQ 2 or were in the process of completing this level.

Training records we viewed confirmed what staff had told us and the registered manager informed us that training was important to them.

Staff we spoke with informed us that they received regular one to one supervision and those that had been there for over two years confirmed they received an annual appraisal. We were shown a number of these records. We were shown copies of a 'reflection sheet' brought in to allow staff to put down their thoughts about what had gone well or what had not since their last one to one. The registered manager told us this had brought a good response from staff who may otherwise feel shy about mentioning their own achievements and provided a good base for discussion. We aware able to see that topics covered on one to one meetings consisted of the needs of people who lived at the home, competencies of the staff member along with training and development needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with had received training on the MCA and DoLS. They were also able to tell us about the main principles of that legislation and describe how they would assist people who may lack the capacity to make some decisions for themselves. One staff member told us: "I try to get through to them by using different words or signs to help them".

Care plans we looked at contained formal mental capacity assessments and tests where decisions around some aspects of care had to be made. We saw that these had only been completed where there was some suspicion that the person concerned may be unable to make the decision for themselves due to their level of dementia. Where people had been deemed to lack the capacity to make such decisions we saw best interest decisions had been made and recorded appropriately.

We did not observe any other potential restrictions or deprivations of liberty during our visit.

Paper work in respect of DoLS applications was in order and if anything the home had over submitted applications, instead of just chasing up applications already made. As an example where the home had issued themselves with an urgent authorisation and a standard request for one

person, if they had not heard anything from the local authority by the end of seven days they were resubmitting the whole application. This process was repeated every seven days if nothing had still been heard.

Some relatives were able to confirm that they held Lasting Powers of Attorney for their relative. Where these were in place people told us they were informed and involved in their relatives care. We were told: "Yes, me and my sister, but she deals with everything". "I haven't but I know I should". And: "Definitely, financial and welfare".

We found that some people who lived at the home had documentation on their care plan which indicated that they did not wish to be subjected to 'Cardiopulmonary Resuscitation' (CPR) in the event of their heart stopping. These documents are known as Do Not Attempt CPR (DNACPR).

We spoke to the relatives of some people who had these documents on their care plan but who also lacked the capacity to make this decision for themselves. Relatives we spoke with indicated that although the GP had completed the form and made the decision, they had been involved and consulted as part of the process. We were told: "Yes, the GP contacted me". "Yes I have last week, she doesn't want to go into hospital again there's a DNAR". And: "We've instigated that a DNAR is in place. We asked for a meeting with the doctor and saw him at the surgery, we've asked for just palliative care".

We looked at a sample of care plans for people with special dietary needs. We saw people were weighed on a regular basis. The same scales were used which ensured consistent recording of people's weight. Weight charts were in place and where there were concerns over a person's weight then appropriate action had been taken. For example we saw one person's loss in weight had resulted in consultation with professionals and a hospital admission. Since discharge the persons weight had stabilised. We also observed the same quality of recording around fluid intake.

We looked at the menu and spoke to one of the cooks. Breakfast consisted of a choice of cereals, porridge and selection of fresh fruit and juices. A hot option was available every day and a full cooked breakfast was an option on Sundays. Lunch was a light meal with hot option, salad soup, sandwiches or a light meal of their choice. This was followed by a hot pudding which varied from day to day. There was a mid-afternoon snack with the 'Bake of the day' and a choice of drinks, fruit and ice cream. For the main evening meal there was always a choice of two options. For example roast beef or salmon two to three vegetable options and choice of potatoes. Jacket potatoes were also available with a choice of filling as well as omelettes. A desert was always available and for supper people were offered a selection of drinks and snacks.

Throughout the day we saw there was a varied selection of hot and cold drinks and fruit juices available. There were two jugs of juice in the lounges on Grange, we asked a carer who decided on the flavour and we were told: "The residents, they always choose blackcurrant and mostly lemonade, but they can have orange if they want. It's my first job to fill them up every morning". However on the ground floor although there were two jugs of juice, there weren't any glasses. We brought this to the attention of the registered manager who assured us this was not normally the case and dealt with it immediately. Both lounges had bowls of fruit next to the juice and we were told these were replenished weekly.

We saw that the communication between the care staff and the kitchen allowed for changes to be made to people's diet when required or to cater for special dietary needs. We spoke to one of the cooks who told us: "The girls' are very good. They will come to us and say for example the lady in room whatever now needs". When people first arrived at the home there was communication between the person, their relatives and care staff about their food and diet preferences.

We observed the lunchtime service on both units of the home. Staff took time with people individually to ensure they had a choice and ate well. Where people required assistance it was given individually in a calm unhurried manner. The overall picture was one of calm efficiency. We found the staff busy serving a soup or melon and sandwich lunch that was of a good quality and variety. People had a choice of sandwiches on brown or white bread or chicken goujons. The goujons were served with a mixed salad and garlic mayonnaise. Pudding was chocolate sponge and custard.

We went back an hour after lunch had started and they were just serving the pudding. On the Grange (upstairs part) people were sitting at tables for four and were chatting amongst themselves. Grange (downstairs), people had to sit at a long table because of the renovations (the kitchen was being updated), however there was one person sitting

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at a table on her own in the corridor. We asked the staff why this lady was sitting there and were told because of the work going on. We spoke with this person to see how she felt about sitting on her own in the corridor and were told that she didn't mind, she had previously been sitting at the same table reading the paper and was happy to stay.

One person on the Grange said of the soup: "It's good, I had two bowls of it". Other people we spoke with told us: "It's good, I can't fault it". "I eat it, it's alright, I get enough". And: "The food's good, we had a nice dinner with rice pudding afterwards".

None of the people on Grange had pureed food. Some of the people on the Lodge did and the registered manager informed us that she had just sent off for some special moulds to shape pureed food to look like the original vegetable or meat. This would enhance the visual appearance of the food on the plate.

All of the relatives told us the home worked well with other agencies. Evidence recorded in care plans showed people had access to on going health care needs such as the dentist, chiropodist and GP. The home was also supported by a nurse prescriber who visited most days. A nurse prescriber is a fully qualified nurse with extra training and able to prescribe medicines.

Relatives we spoke with told us: "I've had no problems". And: "It seems to work really well, I'm impressed with it".

The home presented as a bright and pleasant place to live, with no evident bad odours, even at mid-morning. Corridors were themed with attractive pictures and photographs, some historical, facilitating identification and reminiscence. Bedroom doors were personalised with different colours and the residents photograph and name.

We spent time in six different bedrooms and found them warm, clean and comfortable. While the basic décor and furnishing was of a generic hotel style it was apparent people were encouraged to personalise their rooms with photos, pictures and other personal items. One person told us: "Yes, it's very clean".

Is the service caring?

Our findings

We asked people who lived at Penwortham Grange and Lodge if the staff were kind and caring. Those who were able told us: "Yes, they'll put themselves out to do things for you". "They appear to be". "Yes, they're very nice, it takes a lot out of them, they have to have patience".

Relatives of people on the Grange told us: "They are very kind". "Yes, pretty much on the whole they are lovely". "Yes, they are really really (kind) I've never known them get agitated, they are like friends really". And: "Definitely, well they are when I'm here". Whilst relatives of people who lived on the lodge said: "I've never ever seen anything that was harsh, they've always been patient and kind". "They are very good". And: "Without a doubt".

People we spoke with told us that the staff knew enough about them to help and support them. Comments included: "It's alright here. They're alright, it's very nice. People help". "It's pretty good here actually". And: "They sit and talk to me all the time". Although we didn't see any evidence of this on the upstairs part of the Grange, we did see one carer sitting talking to a person after lunch on Grange downstairs.

Relatives on the Grange said: "I would say so". "They know everything about her". Whilst on the Lodge we were told: "Definitely, if anything occurs I will try to explain the history". "Some know more than others, we provided them with a lot of information". "Yes, I think they do, they all know he hates being shaved". And: "They are good carers. My three children chose this home after going round a lot".

People who lived at the home told us they could express their views, one person told us: "I'm pretty sure they'd listen". Relatives we spoke with on both units told us: "I don't think she can now, but I would". "I do, I can honestly say if I say something needs doing it's done straight away". "Yes". And: "I do. Yes".

Staff we spoke with were knowledgeable about the people they supported and cared for. They showed a good understanding of people's choices, preferences and support needs. We saw that each care plan contained a personal history of the person with details of their family and previous occupation, as well as significant events and achievements. This showed a personal approach which helped staff to find out what mattered to that person so they could take account of their choices and preferences. Staff also explained that this assisted in explaining some behaviour or actions when the person had dementia.

Our own observations confirmed what people we spoke with had told us. The staff approach to people was good. We observed staff go about their duties in a friendly and caring way, responding in an individualised and sensitive way. We heard the carers talking to people and they spoke clearly and politely to them. There was plenty of humour and banter to engage and encourage people to take part in conversations and provide stimulation. We noticed staff talking kindly to individual people in their bedrooms. In one bedroom a carer was tidying a person's clothing drawer which the person had earlier disarrayed. We observed the lunchtime service which was unhurried for people who were asked what they wanted, and some were served in their armchairs and helped to eat. All the people we saw who lived at the home looked clean and well-dressed and the men well-shaven.

People told we spoke with told us they or their relative's their privacy, dignity and independence were respected by the staff at the home. We also noted people's privacy and dignity was respected. We saw staff knock on people's doors before entering and doors were closed or people were covered when personal care was delivered. They told us they were able to keep their rooms locked and they were able to speak to people in private in their bedroom or in one of the quiet rooms. We asked people if they had been given the choice of a male/female carer, they replied; "I'm not bothered, the staff are wonderful." "I wasn't given a choice, it's usually a lady". "I'm not bothered what they are".

We looked in detail at eight people's care plans and other associated documentation. We saw people had been involved with, and were at the centre of, their care plans. Each plan contained information about people's current needs as well as their past history, wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. Where it had been evidenced that people lacked the capacity to be involved in their care and support we saw that discussions had taken place with relatives and their views and thoughts taken into account. On several care plans we saw copies of letters to relatives inviting them in to discuss

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or review the care plan of their relative. For more serious decisions where people had no one to represent them we saw that the services of advocates had been used to represent the person's best interests.

None of the people could tell us if their relatives had been involved in their care. However when we asked the relatives on Grange, we were told: "Yes, if she hasn't got her hearing aids in there's no chance of communication with her". "Yes at the beginning". "Yes, and they always ring me right away, I can ring at 11pm if she's poorly". Relatives on the Lodge replied: "We gave them a lot of information". And: "I review his care plans once a year".

Is the service responsive?

Our findings

We found the general culture and practices in the Lodge to be responsive to peoples' individual and changing needs. None of the people we spoke with made any comments in relation to how responsive the home was. However relatives we spoke with told us: "They let me visit at mealtimes to encourage him to eat". "Yes, if she hasn't got her hearing aids in there's no chance of communication with her, but they try". All of the relatives told us the home worked well with other agencies. We were told: " I've had no problems." "My sister deals with that." "It seems to work really well, I'm impressed with it".

We saw from care plans we looked at that pre admission assessments were completed before people moved to Penwortham Grange and Lodge. This enabled staff to assess if the home could meet the person's care needs. The care files we examined were tidy and well organised and up to date. They had been reviewed on a regular basis and changes made where appropriate. We noticed the deputy managers audit report on each file which included detailed comments and action points for staff to follow and address if required.

None of the people we spoke with on the Lodge could tell us if they had been involved in their care plans. Care plans we looked at on this unit did contain evidence to show where attempts had been made to involve people in their care. We also saw a number of letters inviting relatives into the home to discuss their relatives care.

One relative we spoke with was happy with the level of care and progress made with his relative's general condition and personal hygiene during their time at Penwortham Grange and Lodge. This despite the fact that their relative displayed behaviours that challenged the service when attempting to provide personal care.

We discussed this situation with the registered manager. We were shown evidence of how the home had worked with health and social care professionals to try and resolve the problem. Discussions had also taken place with family with a view to finding a more suitable placement to meet this person's needs. This evidenced how the home worked alongside other professionals to address the changing needs of people who lived there.

A visiting professional told us the home was not slow at reporting concerns in order to get help and advice when needed. We were told that the care staff had a good knowledge of the people they cared for and there was good interaction between people and staff. This person told us if there was any criticism, it was that they sometimes made referrals for people weight loss when they could do things themselves. Although this person did agree that it was better to report than not.

We found a common area of concern from people we spoke with, their relatives and also some staff was that of activities. A member of staff we spoke with and a relative told us they would have liked more time for one to one activities with people who lived at the home, as well as more trips out. They informed us the last trip out was 18 months ago. The registered manager had spoken about getting a minibus but it hadn't happened. More staff or volunteers were seen as needed to run bingo games where people could get some one to one help.

Two relatives complained that the activity coordinator had left. One told us: "They used to set things up for staff to follow on but now staff spend too much time writing up care plans. Watching TV isn't an activity, although there has been more entertainment recently to compensate". Another relative said: "They don't get the right sort of activity, my wife needs to be encouraged to read".

On our arrival we had noticed an overall calmness about the home. We saw in one lounge a person playing with a doll and seemingly getting great enjoyment out of this activity, whilst another was putting together 'Lego' type bricks. Two people were sat at a table talking to each other, others were watching TV and all over people were in seating areas chatting or sitting quietly.

We saw on the Lodge that in the morning the staff brought out magazines and some small handicraft items for some of the people who lived there but we did not see much engagement with them. However in the afternoon the unit was busier with some people and visitors involved in a quiz led by a staff member.

The registered manager showed us the activity plan for February 2015. We saw this did contain a mixture of games and activities for staff to engage people with mixed in with four days when either a visiting entertainer would be on site or 'pet therapy' was available. The home had recently set up and boosted an Wi-Fi network which enabled pople who lived there to communicate with relatives, in particular

Is the service responsive?

those overseas via social network sites. The registered manager told us they were actively recruiting another activities coordinator which she hope would increase the level of activities up to it's previous level.

The deputy manager showed us a 'quiet lounge' which was turned into a cinema on occasions and old films shown. We were informed by staff that this had happened recently as a special event with ice-cream and pop-corn. We were also informed by staff that people were encouraged to use a potting shed in the garden and were involved last year in sanding and varnishing some benches.

We saw an on-site 'sweet shop' and 'gentlemen's' club (with pool and football tables) themes to encourage independence with spending money and engagement with lively activities. We were also informed that the home was currently recruiting two or three more staff to enable people to be offered "luxury baths" i.e. unhurried quality bath-times on occasion.

People were enabled to maintain relationships with their friends and family members. We saw friends and family and other visitors coming and going throughout the day. Relatives told us they were always made to feel welcome when they visited the home. One person described how they were always offered refreshments. People told us they could spend time with their relative in the privacy of their own room if they so wished.

The provider had a policy and procedure for dealing with any complaints or concerns. A copy of the complaints procedure was clearly displayed in the home and was given to people and their relatives when they moved into the home. The people we spoke with told us they were aware of how to make a complaint. One person told us, "I'm happy here, if I wasn't I know how to make a complaint".

We reviewed records of complaints raised with the registered manager. We found that the more serious complaints were handled by the company head office. We were aware of one formal compliant made to the service by a person since our last inspection so we looked at the record and paperwork for that compliant. We the service had completed appropriate actions within the timescales set and an appropriate response made to the complainant in a clear, factual and in-depth manner. This showed the provider had an effective system in place for the identification, handling and management of complaints.

Is the service well-led?

Our findings

None of the people who lived there who we spoke with could tell us who the manager was. However relatives we spoke with could and told us the manager was flexible, supportive and approachable, one person said: "She's accommodating if she can be, but her hands are tied". Referring to having to abide by company rules.

We asked relatives if the staff appeared to be happy and people told us: "When I'm in yes". "They seem to be". And: "I would say 90%". However other relatives said: "Not always, most of the time they are cheerful, they all seem motivated". "The ones I've had to speak to I've found amicable". And: "On the whole they seem happy, for what they have to do and the money paid they are good".

The service had a current statement of purpose. This is a document which outlines the vision, aims and objectives of the service. There were clear lines of responsibility and accountability. Staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at the home. Our impression throughout this inspection was that the home is well-led with an open culture with management doing their best to address key priorities with available resources, achieving good results.

The registered manager had completed a Provider Information Return (PIR) before the inspection. 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. As an example the home intended to re- implement 'champions' within the home for the following areas; sight and hearing, diabetes, dementia, older men's health needs and eat well live well. The 'champions' will receive specialised training which will enable these staff to advise and support other care staff, relatives and residents in these areas. We noted that this document had been completed well and was specific to this home and not a generic one from the parent organisation.

The registered manager in place had registered with the Care Quality Commission (CQC) in November 2013. The registered manager had worked at Penwortham Grange and Lodge for a number of years and had worked her way up to her current position. The fact that this service had a registered manager in place for a number of years with long term knowledge of the home helped to ensure continuity of the service provided.

Staff we spoke with told us they liked working at Penwortham Grange and Lodge. Staff told us the registered manager negotiates and advocates for the home with Orchard (the parent company) and through her endeavours has recently got head offices' agreement to recruit to more staff hours. Staff told us they had regular meetings and were able to voice their opinions and make suggestions.

During the inspection staff mentioned to us about 'The Huddle' which took place. The registered manager explained to us that this was brought in as some staff felt they were missing out on issues and events in the home aside from care information. For example if a door lock became out of order whilst they were on day off or a code changed. The 'Huddle' was a briefing sheet over and above the regular daily shift handovers to cover such additional topics to keep staff up to date and involved. This emphasised how the registered manager had listened to staff concerns and addressed them.

The deputy manager, was responsible for most of the day to day management of the Lodge, had about 12 years' experience in residential care and had completed his NVQ level three and four. While mainly working office hours he did help out on the floor as needed and on the day of the inspection was helping staff with lunch.

We saw that systems and procedures were in place to monitor and assess the quality of the service. These included seeking the views of people they supported through 'resident and relatives meetings', satisfaction surveys and care reviews with people and their family members.

We saw a safeguarding log was maintained which recorded incidents, those reported as safeguarding alerts to the local authority and notifications to the Care Quality Commission (CQC) as required by regulations. Our records confirmed that the home regularly supplied this required information.

We looked at some of the feedback from surveys returned by people who lived at Penwortham Grange and Lodge along with those sent out to relatives. Surveys were sent out by 'Orchard' head office on a regular basis. Comments contained much positive feedback about the quality of the service. We were informed that results were analysed by

Is the service well-led?

the registered manager and her team and used to drive improvements where necessary. We were shown one example where a lighter lunch had been introduced as a result of feedback. Another example we were shown was; on the 12 September 2014 following a customer survey a new relative voiced that he was not sure of processes within the home. A one to one meeting was held with this person soon after where all procedures in the home explained.

We were shown minutes from several resident and relative meetings. People we spoke with confirmed these meetings took lace although not all of the people we spoke with had chosen to attend.

Regular audits and checks were carried out by the registered manager and management team for the home. These helped to ensure that high standards were maintained. Regular daily, weekly and monthly audits were completed on care plans, medication systems, accidents and incidents along with staffing requirements and many other aspects of the home. We saw that these were also checked on during regular visit by the Operations Manager for 'Orchard' and project team who visit regularly and work with the registered manager and her team. They also support the home with the implementation of new legislation. We saw where shortfalls were found action plans were put in place with relevant timescales to address the issues found.

Records evidenced that safety checks took place on equipment and the building itself. We saw records of fire equipment, emergency lighting, water temperatures and the electrical system being checked.