

Coneygar Lodge Limited

Coneygar Lodge

Inspection report

Coneygar Park
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 14 and 17 September 2018. This inspection was unannounced.

Coneygar Lodge is a 'care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coneygar Lodge is located in Bridport, Dorset. The home accommodates 22 people in four separate buildings situated around a courtyard, each of which has separate adapted facilities.

There are 22 single rooms, 21 of which are en-suite. All but three rooms are accessed from the ground floor. The three first floor rooms are accessed via stairs and there is a stair lift available. At the time of the inspection there were 22 people living at the service.

There was a registered manager in position. 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.'

The service was exceptionally well led. The service benefitted from strong leadership. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. They were enthusiastic and committed to providing the best service possible. Their focus included the promotion of dignity and valuing people's diverse needs to provide a very high standard of person centred care.

There was a 'whole team' approach which was the driving force in delivering a truly person centred service. Staff who had shown interest in specific areas, such as infection control medicines and end of life were designated 'Champions'. These champions played an essential role in developing best practice, sharing learning and acting as role models for other staff. An end of life champion told us their role was to, "Oversee what was happening and gently guide staff to what we should be doing in response to the wishes of the resident and their family".

People said they felt the service was extremely responsive to their needs. People who used the service received highly personalised care from staff who knew their background, interests and hobbies. People were encouraged to pursue individual interests and establish new community links and friendships. The registered manager listened to people who used the service and about what they wanted in regards to activities. Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. They did this by empowering people to reconnect with past interests, making people feel valued and enabling them to "live life to the full"

again.

There were a range of social activities taking place. The registered manager told us, "We are proud of our activities, we take time to find out people's individual interests so we can support them to remain as active and interested as possible. The art group are making amazing progress." People told us they had been consulted in regards past interests and employment. They told us where they had shared their past experiences they had been encouraged to explore and "Take up" previous interests.

One initiative had been to involve people in past interests such as painting. People were introduced to a local artist and encouraged to join an art workshop. People showed us their art work and told us of their love of art and how they had, "Loved being able to take up that interest again. "I did not think I would ever paint again, it has given me a new lease of life."

The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard, particularly in using technology to ensure records were accessible to people with different communication needs.

People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. Staff told us how they communicated with one person in a way which was appropriate for them, and how they supported another to regain their love of reading by purchasing a projector for them. The person told us, "It has changed my life, and enabled me to pursue my greatest interest".

There was a strong person centred culture to the service. Staff were compassionate, kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff, and told us they were treated with dignity and respect. We received very positive comments from a range of people about the caring nature of the service. One person wrote to the local paper in regards their experience of 'kindness and compassion from staff. Another told us, "I never thought I could be happy again. But I have found peace and happiness living here. It is like I have a lovely new family."

Care plans were person centred and contained the relevant information staff needed to ensure people's needs were met. Staff used their knowledge of people's life histories to help them understand what was important to each and every person. There was a positive culture of ensuring that people maintained their independence. One person told us they had been "Very worried" they may not be able to remain living at the service due to changes in health, but felt the staff "Had gone the extra mile "to support them to stay there.

End of life discussions had taken place and people had advanced care plans in place. The registered manager and staff were committed to providing people who used the service with the best end of life care they could possibly give and provide support to families and friends at this time.

People were safe because there were systems and processes in place to protect them. Risk assessments were in place and these promoted people's safety such as walking around the service. Incidents such as falls, and medicine errors were used as an opportunity for learning and to help drive improvements. Staff were aware of how to keep people safe and able to explain how they would identify signs of possible abuse. Staff told us they were aware of their responsibilities to raise any safeguarding concerns.

Medicines were administered, recorded and stored in a safe manner and all staff who administered medicines had received suitable training to do this.

Staff were subject to checks on their suitability before they were offered employment. Enough staff were employed to ensure that people's needs could be met in a timely manner. People and their relatives told us they felt there were enough staff to keep them safe.

People received an effective service and were supported by staff who had received appropriate training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice.

Staff were aware of infection control measures and the service was clean and well maintained. There were numerous posters around reminding people, their visitors and staff of the importance of personal hygiene, such as hand washing.

The registered manager understood their responsibilities and worked with people who used the service, relatives, staff and the provider to improve the quality and safety of care that was provided. Quality assurance procedures and a programme of audits were in place. There was a strong emphasis on continuous improvement to drive up the quality of service provided at the home.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean and infection free.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Staff made sure medicines were managed safely and kept under review.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good 

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were very good, offering choice and variety. The meal time experience was a calm and relaxed experience for people.

The service worked with other healthcare services to deliver effective care.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Outstanding 

The service was extremely caring.

There was a strong person centred culture and people were supported by staff who were compassionate and extremely kind.

Without exception people and their relatives told us about the very caring approach from staff.

Staff knew people as individuals and had a detailed knowledge of their wishes and personal histories.

People were at the heart of the services culture and were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

The service was extremely responsive.

Staff knew people extremely well and provided care in a way that met their individual needs.

People who used the service were always put first and they were valued as individuals.

Staff were highly responsive to changes in people's needs. Staff actively listened to people and improvements to their care and the homes facilities had been made as a result.

A full range of stimulating and varied activities were on offer and there were fantastic links with the community.

A complaints procedure was in place. People told us they would know how to complain.

The service was skilled at supporting people's wishes at end of life, to ensure they received a dignified and pain free death

Outstanding 

Is the service well-led?

The service was extremely well-led.

A registered manager was in place who provided outstanding leadership and management of the home. They were enthusiastic and determined to provide the best possible service for people and this had happened.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

People were supported by highly motivated staff who were proud to work for the service. There was a strong organisational commitment to ensure there was a high level of satisfaction for all staff working for the service.

Outstanding 

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

This inspection took place on 17 and 18 September 2018. The inspection was unannounced and was carried out by one adult social care inspector.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We spent time looking at records, which included four people's care records, four staff recruitment files and records relating to the management of the service.

We spoke with 14 people who used the service, five relatives, two visitors, five care workers, the head chef, the deputy manager, the registered manager and a director of the service. We spoke with two health professionals over the telephone.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel very safe, I don't fall like I did when I lived alone". "I just call for help if I need anything, that makes me feel safe."

Systems were in place to identify and reduce the risks to people living in the home. The service used an on-line system which showed accurate record of people's risks and how they were being monitored and managed. Where people had been assessed as being at high risk of falls, assessments showed measures had been taken to discreetly monitor the person. People told us the number of falls they had, had reduced since moving to Coneygar Lodge.

Care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. People were supported by staff who understood the risks they faced and valued their right to live full lives.

The registered manager told us arrangements were in place to review any safety alerts such as falls, medicine errors or safeguarding incidents. They shared examples of lessons learnt such as medicine errors. They told us, "Mistakes happen, we are transparent and share and learn from mistakes. If there is a medicine error staff will report immediately. We will investigate, seek medical advice and offer additional training and competency checks." They told us they had a very open approach to learning when things go wrong, which meant staff were confident to speak up if a mistake had been made.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

There were sufficient staff on duty to provide people who used the service with the care and support they needed. People and their relatives told us they felt there were enough staff to keep them safe. Comments included, "I feel very safe here, I know all the staff, I am sure they would say they could do with more, but we always get the help when needed." "Always staff about to help or just have a little sit and chat." "When we visit we see the same staff and there is always someone around to talk with." One member of staff said, "I feel so lucky to have found a job here, people wait a long time to get employment here. It is such a lovely place to work nobody wants to leave."

The registered manager told us they had sufficient staff to meet needs. They told us their team went above and beyond by supporting each other through sickness and unforeseen emergencies. The staff team were very well established and most lived locally. The registered manager told us in their PIR, 'We have a low turnover of staff and minimal use of agency means we have staff who know and fully understand the needs of our residents and our residents appreciate having staff they know well'.

The service had safe arrangements for the ordering, storage and disposal of medicines. The senior staff responsible for the administration of medicines were trained and had had their competency assessed. The temperature of the room where medicines were stored was monitored and was within a safe temperature range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation.

People told us they were happy with their medicine administration. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. The service used an electronic Medicine Administration Record (EMAR) to give medicines to people. The system sent alerts to staff if a time specific medicine was due, for example pain relief, or antibiotics. Alerts were also sent if medicines were not provided. Senior staff told us they felt the system worked well and reduced the risk of medicine errors.

The service had regular medication audits completed by a pharmacy; records of these were available and no issues had been identified. Where people choose to administer their own medicines, risk assessments were in place to ensure people were managing their medicines appropriately.

Staff were trained in infection prevention and control. There were numerous posters around reminding people, their visitors and staff of the importance of personal hygiene, such as hand washing. Domestic staff were observed throughout the inspection and demonstrated they followed the required standards and practice to ensure the home remained clean. One person told us, "The cleaners are lovely and excellent at their job, nothing is too much trouble."

Staff supported people with food and drink, they understood the importance of food safety and appropriate hygiene in regards handling food. All had all received food hygiene training.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again. Lessons were learnt and shared when concerns were identified. We saw that action was taken including liaising with health professionals and ordering equipment following incidents such as falls.

General environmental risks to people were assessed such as fire safety and home security. Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. The fire alarm was tested weekly. This meant staff knew what action to take should an emergency arise. The service had a business contingency plan which included alternative staffing arrangement in the event of adverse weather. The registered manager told us this had been put into action during poor weather earlier in the year.

Is the service effective?

Our findings

Needs assessments were completed by the registered manager before people moved into the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. The registered manager explained most people planning to move to the service came to visit, so they could see if they liked the accommodation, staff and meals. They said, "I leave people who come to visit with our residents. They can tell them what it is like to live here, and also see if the person is right to share their home."

Staff completed a comprehensive induction, and did not work unsupervised until they and the management team were confident they could do so. Some training was considered mandatory, such as health and safety, manual handling, Mental Capacity Act [MCA] and Deprivation of Liberty [DoLs], safeguarding adults and an introduction to dementia. All staff completed this training before working at the home without direct supervision. The registered manager maintained a robust electronic database to track staff training. Most training was in an electronic format but face to face training and workbooks were also evident. Training records showed that staff were up to date with their training.

Following induction, additional training was available relevant to the needs of the people using the service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff told us, "The training I received in dementia care really opened my eyes into how people can continue to have meaningful lives."

The registered manager told us they sourced training ad hoc if they felt it would benefit the people using the service. They told us, "We had several residents using inhalers, so we organised training around this. We also invited the residents who used the inhalers. [resident name] told us after the training, it was the first time they had used their inhaler properly. It was very empowering for all."

Other initiatives included Champions for dementia, end of life, medicines and infection control. These are staff who had shown specific interest in these areas who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. Staff who had undertaken this additional training told us how they were supporting other staff to ensure good practice was followed and effective quality care was delivered. People who used the service told us, "They [staff] are very well trained, they respect my independence." "They all know what they are doing and talk to us about their training."

Staff received regular supervisions, and annual appraisals. The registered manager told us, "We link dignity checks to supervision. They told us, "As well as staff receiving one to one supervisions I complete observations prior to the supervision. This allows me to pin point any training needs, praise good practice or reflect on lessons learnt if there have been any issues". Staff told us they welcomed their supervisions and received regular supervisions and feedback from senior staff and the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were consulted in regards their care and their decision respected. For example, one person told us, "Yes of course I remain in control of my decisions and life. I make my decision in regards my care, and the staff respect my choices."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Some relatives/representatives had lasting power of attorney (LPA) and this had been documented in people's individual care files. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to do so, or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. The registered manager explained they were aware of the relatives who held LPAs, but found that two documents were not held on record. The registered manager arranged for relatives to bring in copies with immediate effect.

People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was good. A four-week cycle of menus were in operation which offered both choice and variety. Where concerns were highlighted about people's nutritional intake, food and fluid charts were put into action.

People enjoyed meal times. Tables were set with tablecloths, cutlery, crockery and condiments. Choices of cold drinks were available with meals. The food looked and smelt appetising. People told us they enjoyed the food at Coneygar Lodge. We observed the lunchtime meals and saw they were social, relaxed occasions. One person told us, "They [staff] always remind us the plates might be hot. Food is to a high standard. Lots of choice."

The healthcare needs of people who used the service were being met. People told us they had access to health care any time they wished, and if they felt unwell they would speak to staff. A community nurse practitioner linked to the service, provided additional face-to-face training on subjects such as spotting sepsis and diagnosing urinary tract infections (UTI). The registered manager told us, "The links with the district nurses and GP services are excellent".

The service had the support of a 'residents led clinic'. A community nurse practitioner held a clinic at the service every two weeks. The clinic was linked to residents GPs. The registered manager told us, "The clinics have been excellent and very person centred. We have set up an integrated assessment tool on each resident, for example there is criteria for infection that will support us to be aware when to continue monitoring or to contact the GP.

The accommodation at Coneygar Lodge was light, bright and airy. A lot of consideration and thought has gone into the decoration and layout of the service. The overall effect created a homely and peaceful environment. The home was arranged around a courtyard with large gardens. People had access to many communal areas where they could socialise or sit quietly. There were numerous memorabilia around the

home that were personal to people who lived there.

Is the service caring?

Our findings

Without exception, people and their relatives told us about the very kind and caring approach from staff. The service demonstrated a very strong and visible person centred culture by providing a service which put people at the heart of everything they did. They did this by empowering people to reconnect with past interests, making people feel valued and enabling them to "live life to the full" again.

Staff were highly motivated and offered care and support that was exceptionally kind and caring. Their passion was echoed by the management team, who described people and staff as "Family" and that their priority was to promote a service that is "Led by residents". They told us, "We work in our resident's home they don't live in our work place." One member of staff told us "We often hear the residents talking about being part of a big family. I often feel touched when I witness the care and support the team offer". One person told us, "On the day I moved in I knew this was going to be a lovely home to live in. I have reconnected with past interests that I never thought I would be able to do again." Another told us, "I never thought I could be happy again. But I have found peace and happiness living here. It is like I have a lovely new family." The impact of this meant that people felt they were cared for, and cared for each other in ways that exceeded their expectations.

People using the service gave many examples of staff going "Above and Beyond". One person wrote to the local paper in regards their experience of 'kindness and compassion from staff when there had been adverse weather. They wrote. "I wish to thank each and every one of them [staff] for their kindness and concern. Some staff walked many miles in the dark to reach us. They all arrived with a smile and a joke." The registered manager told us, "We were unaware [name] had written to the local paper until a member of staff read it". Another person told us they had a large family event. They discussed all the support they had been given by staff to get ready. They said "We had great fun choosing my outfit, they [staff] have all been in to have a peek. Tomorrow, staff are coming in early to help me get ready and do my hair." There were numerous comments from people which included "We live as one big family" and "I am very happy here, I have lots of friends now." "It has been lovely making friends with similar interests".

People and their relatives described Coneygar Lodge as a "Really lovely home, which promoted their wellbeing" People and their families shared many examples of people being able to "Enjoy life again". One person told us "I have spent many years in a wheelchair, I am still unsteady but have been encouraged to use a walking aid to help me to move about again" Another told us they had been able to "Have good time's again", and felt a sense of "Belonging, with the new friends they had made.

The design and decoration of the premises promoted people's wellbeing and their wishes were considered. It had also been carefully thought out. Rooms looked out on to courtyard or gardens, some people had patio area from their rooms and told us how they loved to sit and enjoy the summer evenings.

The culture of ensuring people's needs were understood and that they were made to feel that they mattered was echoed amongst people living in the home. An example of the inclusive ethos demonstrated by the home came from a person who had recently moved in, The person told us they had not wanted to move to a

care home, but told us "I originally was upset to leave my home. Now I feel well looked after, there is plenty going on, I don't want to be pushed to do things, they seem to respect my decisions. I would say overall the staff seem to have been chosen well. They are here for the right reasons. So, I'm settling". Another told us, "They [staff] know me and they know my history. I used to feel sad and lonely, but feel happy again

People told us they had developed caring and friendly relationships with their care workers and other people living at the home. They confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.

There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured banter shared between people who used the service and staff which resulted in people laughing. Staff echoed on numerous occasions how it was a "Pleasure and privilege to come to work". Comments from people and their visitors included, "The care has transformed [relatives title] life. We thought they had come here to be made comfortable to the end of their life. Now they have a life again and is living it to the full." "The carers are the best, they don't just care for my [title] they are [title] friends.

There were many acts of spontaneous interaction and individual support throughout the inspection for example. One person told us they loved to sing. We observed the person walking to the lounge for lunch where they were stopped by a member of staff to see if they "Fancied a little sing along before lunch". They were joined by others who all enjoyed an impromptu sing along. The person's told us their passion in life had been singing, and had belonged to a famous choir, they told us, "They still loved to sing, and often got the opportunity with staff and others living at the home."

Staff were highly motivated and worked as a team, ensuring people received person centred support. They were seen and heard speaking to people in a respectful way encouraging them to be active or reminding them of forth coming events. Where people were seen to be sat quietly staff respected the person right to relax, checking if they were "OK or needed anything". The registered manager told us respect and dignity was a core value of the service culture. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. We saw that staff were highly motivated, and found innovative ways of ensuring that people remained focused and motivated throughout the day.

Is the service responsive?

Our findings

The service provided to people at Coneygar Lodge was tailored to meet their individual needs. People said they felt the service was extremely flexible and responsive to their needs and they were provided with the support and equipment they needed to remain independent. One person told us, "I make my own decision in regards my care. Staff sit and talk to me and ask me if I am getting the right support. They enter it all on their phones [on line care system]. They are also very good at helping me with my laptop and phone. I would say excellent support, we are working together to get it right." Comments from people included, "They consult with us, we can share our worries." "Very good staff, respond to people in a positive manner. They are very tolerant if someone is not having a good day".

The staff team were fully committed to ensuring that people were empowered to be involved in their community, and valued to receive care and support that influenced their lives. Everyone we spoke to without exception said staff had taken time to find out their preferences and were responsive to their requests, and empowered them to reconnect with past interests.

People's care and support was planned proactively in partnership with them, what care support they needed and how they wished this to be delivered. The service responded to people changes in need. A health professional told us "The home is very responsive, the registered manager is excellent at forward thinking. One person told us they had been "Very worried" they may not be able to remain living at the service due to changes in health, but felt the staff "Had gone the extra mile" to support them to stay there. The deputy manager told us they, listened to the person's concerns, reviewed the care plan and looked at ways to enable them to continue to receive the correct support. They told us. "We have provided the correct equipment, to ensure we can continue to support [name]. We don't need it yet, but it has already made [name] more confident, as they know the support is there if needed. Our residents know we will always think outside the box and do all we can to support them."

End of life discussions had taken place and people had care plans in place which supported their wishes. The registered manager and staff were committed to providing people who used the service with the best end of life care they could possibly give and provide support to families and friends at this time. An end of life champion told us their role was to, "Oversee what was happening and gently guide staff to what we should be doing in response to the wishes of the resident and their family. It's a privilege people choose to stay with us and are comfortable in our care." Staff told us they worked closely with family members and are guided by their wishes ensuring their last moments are "Special and protected with their loved one". One visitor told us, their relative had passed away at the home, but still came along to visit people and always felt valued and welcome. They told us. "The staff were there for us when [title] passed away. Every step of the way."

People were supported to take part in activities that were socially and culturally relevant to them. The PIR stated, "We respect religious beliefs of our residents. We arrange for a regular holy communion, we arrange regular trips to church groups for those who want to attend'. People told us they had different options to follow their faith. For example, by attending different services. One member of staff told us that, although

one person did not celebrate Christmas or birthdays they always ensured they were included in other ways. They told us, "Although it was against their belief to celebrate birthdays, the chef makes them a friendship cake, to ensure they feel included".

Many examples were shared in regards how people had been engaged to take up lifelong interests, which recreated a sense of belonging and purpose. The management team and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities both in the home and wider community. People told us how they had been involved in many areas of social interests and activities which were innovative and fun. One initiative had been to involve people who used to enjoy painting or art work to join an art workshop. People showed us their art work and told us how they were supported by local artists in the community. They told us of their love of art and how they had, "Loved being able to take up this interest again. One person told us, "I did not think I would ever paint again, it has given me a new lease of life." The registered manager told us, "We are proud of our activities, we take time to find out people's individual interests so we can support them to remain as active and interested as possible. The art group are making amazing progress." There were many displays of art around the home which people had painted. One visitor told us, "I have just been given some art work that my late relative did. I will treasure it forever."

The activity coordinator said, "We have many external activities taking place and lots in the home such as creative minds where we make cards and sell them to raise money for charities. The residents choose the charities. We have a diverse age range at Coneygar Lodge so we try to cater for all. We get the balance right." For those people who did not wish to join in group activities, individual time was given to them such as having their hair styled or nails polished. People told us staff often stopped and joined in the activities. Comments in regards activities included. "You will never get bored there is always something to do". "They [staff] put the list on the board of what we will be doing, you don't have to do much if you don't want to but it's good fun." "We go out every week, for a coffee and then go to the art club. I am making good friends. I love the quiz keep our brains active". One relative told us how their relative no longer needed the support for their mental health. They told us, "When [title] moved here, we had all given up hope of [title] living a full life. They are no longer supported by other services, they are engaged in past interests, part of their community and more importantly part of our family again."

People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. Staff told us how they communicated with one person in a way which was appropriate for them. People had access to technology such as on line digital services and WIFI to maintain relationships. Great emphasis was placed in ensuring that people were making good use of communication aids, such as hearing aids. Care plans in larger print.

The service had taken innovative and caring steps to meet people's needs in a person centred way. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One person who was using a projector to read, told us. "I love reading, but had been unable to pursue my love of reading due to failing sight. They [staff] helped me find this projector. It has changed my life, and enabled me to pursue my greatest interest". They told us they could read any information that was shared with them now.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider told us in their PIR, 'We provide assistance for residents with sensory impairments. For instance, we offer our home specific documents in

large print and our staff will read out any documentation (such as when going through care plans). We are confident that we can adapt in future when we have residents with other sensory impairments and communication issues'.

A director told us, they listened to people and did all they could to support them to feel comfortable. They shared an example of purchasing a new chair for someone. They told us, " [person's name] did not like their chair when they moved in. We felt it was important that they had a personal chair in their room they liked". They told us they took the person shopping to choose their chair and paid for the one they liked the best.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had, had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. Notices around the home also reminded people of the complaints procedure.

The provider sought people's feedback and acted to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Is the service well-led?

Our findings

The service provided to people at Coneygar Lodge was tailored to meet their individual needs. The staff team were fully committed to ensuring that people were empowered to be involved in their community, and valued to receive care and support that influenced their lives. Everyone we spoke to without exception said staff had taken time to find out their preferences and were responsive to their requests, and empowered them to reconnect with past interests.

People said they felt the service was extremely flexible and responsive to their needs, and they were provided with the support and equipment they needed to remain independent. One person told us, "I make my own decision in regards my care. Staff sit and talk to me and ask me if I am getting the right support. They enter it all on their phones [on line care system]. They are also very good at helping me with my laptop and phone. I would say excellent support, we are working together to get it right." Comments from people included, "They consult with us, we can share our worries." "Very good staff, respond to people in a positive manner. They are very tolerant if someone is not having a good day."

People's care and support was planned proactively in partnership with them, what care support they needed and how they wished this to be delivered. The service responded to people changes in need. One person told us they had been "Very worried" they may not be able to remain living at the service due to changes in health, but felt the staff "Had gone the extra mile" to support them to stay there. The deputy manager told us they, listened to the person's concerns, reviewed the care plan and looked at ways to enable them to continue to receive the correct support. They told us, "We have provided the correct equipment, to ensure we can continue to support [name]. We don't need it yet, but it has already made [name] more confident, as they know the support is there if needed. Our residents know we will always think outside the box and do all we can to support them." A health professional told us "The home is very responsive, the registered manager is excellent at forward thinking, and will ensure the conversations are held early about the person's wishes in regards end of life care. Paperwork is always in place when we come to visit."

End of life discussions had taken place and people had care plans in place which supported their wishes. The registered manager and staff were committed to providing people who used the service with the best end of life care they could possibly give and provide support to families and friends at this time. An end of life champion told us their role was to, "Oversee what was happening and gently guide staff to what we should be doing in response to the wishes of the resident and their family. It's a privilege people choose to stay with us and are comfortable in our care." Staff told us they worked closely with family members and are guided by their wishes ensuring their last moments are "Special and protected with their loved one".

People were supported to take part in activities that were socially and culturally relevant to them. The PIR stated, "We respect religious beliefs of our residents. We arrange for a regular holy communion, we arrange regular trips to church groups for those who want to attend'. People told us they had different options to follow their faith. For example, by attending different services. One member of staff told us that, although one person did not celebrate Christmas or birthdays they always ensured they were included in other ways.

They told us, "Although it was against their belief to celebrate birthdays, the chef makes them a friendship cake, to ensure they feel included".

The management team and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities both in the home and wider community. The registered manager told us they used this information to create a person centred plan for each person living at the service. Many examples were shared in regards how people had been engaged to take up life long interests, which recreated a sense of belonging and purpose. One relative told us how their relative no longer needed the support for their mental health. They told us, "When [title] moved here, we had all given up hope of [title] living a full life. They are no longer supported by other services, they are engaged in past interests, part of their community and more importantly part of our family again."

Art work, knitted items and pottery was displayed around the home. People told us how they had been involved in many areas of social interests and activities which were innovative and fun. One initiative had been to involve people who used to enjoy painting or art work to join an art workshop. People showed us their art work and told us how they were supported by local artists in the community. They told us of their love of art and how they had, "Loved being able to take up this interest again. One person told us, "I did not think I would ever paint again, it has given me a new lease of life." The registered manager told us, "We are proud of our activities, we take time to find out people's individual interests so we can support them to remain as active and interested as possible. The art group are making amazing progress." There were many displays of art around the home which people had painted. One visitor told us, "I have just been given some art work that my late relative did. I will treasure it forever."

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