

London Borough of Waltham Forest

George Mason 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 ●

Summary of findings

Overall summary

This inspection took place on 9 and 14 August 2017 and was unannounced. We last inspected the home on 18 and 25 May 2016 when we found the provider to be in breach of one regulation of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment. We also found the provider to be in breach of two regulations of the Care Quality Commission (Registration) Regulations 2009 in regards to failure to notify the Commission of the death of a person and other incidents.

George Mason Lodge is a care home registered to provide accommodation, personal care and support for up to 39 people, some of whom were living with dementia, mental health illness or had older people care needs. At the time of our inspection, 37 people were living in the home.

George Mason Lodge is a purpose built care home with 39 bedrooms across three floors with bathroom and shower facilities, and dining and lounge areas on each floor. The ground floor is a short stay and rehabilitation unit, and the first two floors accommodate people on a long term and permanent care placements. The first two floors are accessible via lift. The home has kitchen and laundry facilities and an accessible and secured garden with a patio area. There is a hair-dresser facility and a separate activity room that also doubles up as a staff training room.

The service had a registered manager who has registered with the Care Quality Commission (CQC) to manage the service. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection on 9 and 14 August 2017, we found that the provider had made sufficient improvements and were no longer in breach of legal requirements.

People using the service told us they were happy living at the service and felt safe there.

The service maintained effective safeguarding procedures and staff knew signs of abuse and how to report abuse. People's accidents and incidents were effectively monitored and systems were in place to learn from them to prevent recurrences. Risks involved in people's care were appropriately identified and assessed, and people's risk assessments gave information on how to mitigate those risks. Staff had a good understanding of risks involved in supporting people and how to provide safe care. The service regularly reviewed risks to people. Staffing rotas demonstrated the service had sufficient staffing levels to meeting people's individual needs and people, relatives and staff confirmed this. People received safe medicines support. The service kept accurate records of medicines administered by staff that were well trained. The service was clean and met health and safety, fire safety and infection control requirements.

People were happy with the food and choices offered at the service and their nutrition and hydration needs

were met. Staff kept detailed daily care records on how people were supported with their food and fluid intake. The service worked closely with various health and care professionals to support people with their health and care needs. People were supported to access GP services.

The service followed safe recruitment practices. Staff received induction and refresher training, and records confirmed this. Staff received regular one-to-one supervisions and yearly appraisal.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us staff asked their consent before supporting them.

People and their relatives told us staff were kind and caring and listened to their needs. Staff recognised people's need to remain independent and encouraged and supported them wherever possible to remain independent.

People told us the service was responsive to their needs. People received person-centred care by staff who knew their likes and dislikes very well. The care plans were personalised and people's individual needs and likes and dislikes were recorded. People were at the centre of planning their care and their relatives contributed towards care planning and were asked about their views. People actively took part in planning activities around the home and the service offered people a range of one-to-one and group activities. There were regular residents' and relatives' meetings where they were asked for their feedback. People told us their complaints were acted upon promptly.

People, their relatives, staff and health and care professionals told us the service was well-led by the registered manager who was knowledgeable, skilled and experienced. The registered manager worked very well with health and social care professionals and local and national organisations to improve the quality of the service and people's lives.

The service had records of audits and monitoring checks of various aspects of the service ensuring efficient systems were maintained to improve the quality and safety of care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe with staff. Staff knew how to identify and report abuse. The service assessed and mitigated risks involved in supporting people and provided sufficient information to staff on how to manage those risks. The service maintained accurate accidents, incidents and safeguarding records, and there were systems in place to learn from them.

People were appropriately supported with medicines management. The service maintained suitable infection control practices. People were happy with the cleanliness of the service and there were up-to-date health and safety records and checks in place.

Is the service effective?

Good ●

The service was effective. People's individual health and care needs were met by staff who were well trained. Staff told us they felt well supported and received regular supervision. The service was working within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People enjoyed the food and their dietary needs were met. Staff recorded people's food and fluid intake in their daily care logs. The service worked closely with health and care professionals to meet people's health needs. People were happy with the home's layout and found it easy to access various rooms.

Is the service caring?

Good ●

The service was caring. People told us they were supported by staff that were caring and kind, and listened to them and their needs patiently. People and their relatives were involved in care planning.

People were supported to remain as independent as they could. Staff recognised and respected people's religious and spiritual beliefs and supported them when requested. People told us staff treated them with dignity and respect. Staff had end of life care discussions with people and people's care plans detailed information on their end of life care and funeral wishes.

Is the service responsive?

Good ●

The service was responsive. People told us they received personalised care by staff who understood their likes and dislikes. People and their relatives told us the service was responsive to their changing needs.

The service provided a range of activities and people were happy those activities. People and their relatives were encouraged to raise concerns and complaints and these were addressed appropriately by the management. The service kept accurate records of people's complaints.

Is the service well-led?

Good ●

The service was well-led. People, their relatives, staff and health and care professionals spoke highly of the registered manager. Staff told us they were well supported and people told us they enjoyed living at the service.

The registered manager had a good understanding of their responsibilities and maintained effective governance. The service had good systems for assessing and monitoring the quality and safety of the service. The registered manager worked well with local and national organisations to improve the quality of service.

George Mason 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.

This inspection took place on 9 and 14 August 2017 and was unannounced. The inspection was carried out by three inspectors and two Experts 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.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the Provider Information Return. 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 contacted three local authority commissioners and two community professionals about their views of the quality of care delivered by the service.

During the inspection we spoke with 11 people using the service, and four relatives. We spoke with the registered manager, a visiting social worker, two senior care staff, six health care staff, a cook, a maintenance staff member and a housekeeping staff member. We observed care and staff interaction with people in communal areas across the home during the course of the day including medicines administration, mealtimes and the provision of activities.

We looked at 10 people's care records including care plans and risk assessments. We looked at people's medicines administration records, five staff's recruitment records and eight staff training, supervision and appraisal records. We also reviewed the service's accidents / incidents and safeguarding records, complaints logs, activities schedule, quality audits, health and safety and monitoring checks.

We also reviewed the documents that were provided by the registered manager after the inspection. These documents included the service's policies and procedures, staff and residents' meeting notes, two people's care records and quality audit reports.

Is the service safe?

Our findings

At our comprehensive inspection on 18 and 25 May 2016 we found that the provider was in breach of the regulation in relation to safe care and treatment. The provider did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording and safe administration of medicines.

At this inspection we found the provider had made sufficient improvements, and they had followed and achieved their action plan to meet shortfalls in relation to the management of medicines and were no longer in breach of the regulation.

People were happy with the medicines support and told us they received medicines on time. One person said, "Staff delivers my medicines on time." Another person commented, "Yes, staff are fine. They help me with my medicines." All senior staff received medicines administration training and their competencies were assessed by the registered manager following training. We looked at staff competency assessment records and they were in date except for one senior staff member, who currently was not administering medicines. Senior staff were able to demonstrate the service's procedures around medicines administration recording, storage, disposal and reordering of medicines. These were in line with the provider's 'medication' policy. We observed one staff member administering medicines during lunch time and found they followed appropriate procedures.

Medicines were stored safely and securely in a medicines room. We looked at the medicines cupboard and medicines fridge temperature records sheet, and they were maintained at the recommended level. The provider maintained protocols for PRN (as needed) medicines. We checked medicines administration record (MAR) charts for all people and noted they were consistently completed without any gaps. Medicines stock audits were carried out fortnightly to ensure the balance of medicines in stock was correct and that the service did not run out of people's medicines. We saw the medicines folder had a section for each person with their photograph, any known allergies and information how they liked to take their medicines. The provider was maintaining safe medicines management systems.

People using the service and their relatives told us the service was safe, they trusted staff and staff provided safe care. People's comments included, "I feel safe", "I feel safe living at the home" and "I do feel safe here." During the inspection, we observed staff providing care to people in a safe manner.

The provider's safeguarding policy and protocols were displayed in the staff room and staff received regular training in safeguarding adults. Staff had a good understanding of the safeguarding procedures and gave us examples of how they safeguarded people against abuse, such as promptly recording and reporting any bruises, change in behaviour. They told us their role was to ensure people's health and safety, and to identify and report abuse, poor care and neglect. They described different types and signs of abuse and said they would report any concerns to the senior on duty. We looked at the service's safeguarding records and found they were accurate, clear and up-to-date. The records included safeguarding alerts to the local authority and CQC and follow up actions, and the investigation documents and outcomes were stored in people's

care plans.

The service maintained clear and accurate accidents and incidents logs including falls. The registered manager recorded in details falls each person experienced, monitored people's falls and carried out investigations to identify the root cause of the problem. The registered manager worked closely with the staff team where learning had been identified and to implement actions to minimise the risk of further incidents. For example, one person who had a few falls whilst walking with a stick and trying to pick something up off the floor was given a walking frame and a grasping aid for picking things up. We spoke to this person who confirmed this and showed us both aids. No falls had been recorded since the introduction of the new aids. Staff told us during handover and staff meetings they discussed accidents and incidents and actions that were required to minimise their recurrence. Records seen confirm this.

Staff knew the various risks involved in supporting people and how to provide safe care. The provider had arrangements to identify, assess and mitigate risks associated to people's individual health. People's risk assessments gave detailed information to staff on identified risks and clear instructions on how to safely manage them. The instructions correlated with the corresponding care plans providing consistent information and guidance. For example, one person's care plan stated they had epilepsy and were at high risk of epileptic seizures. The care plan stated patterns and triggers for staff to be aware of such as the person 'becoming agitated, sweaty, unresponsive, cold and clammy' and risk can be managed or lessened by ensuring 'regular supervision and monitoring, the surrounding areas to be free from clutter, prescribed medicines to be administered appropriately and GP's intervention to be given if applicable.'

The risk assessments were comprehensive, detailed and regularly reviewed. Records seen confirmed this. The risk assessments were for areas such as falls, moving and handling, nutrition and hydration and medicines. There were detailed sections in the care plan on risks associated to people's specific health condition such as diabetes, pressure sores and epilepsy. Staff we spoke to had clear understanding of the risks involved in supporting people with diabetes, pressure sores and epilepsy. We found detailed information and guidance on diabetes, pressure sores and epilepsy on display in staff room. We saw individualised emergency fire evacuation plans for people using the service that were reviewed yearly or sooner if people's needs and abilities changed.

The service had sufficient staffing to meet people's individual needs. The registered manager used individual dependency assessment tool to ascertain staffing levels. During day time, each unit and shift was led by one to two senior staff and two care staff. The night staff team for the whole home consisted of one senior staff member and three care staff. Staff told us there were sufficient staff on duty and they worked well as a team. We looked at staff rotas and they confirmed staffing allocations. People and their relatives told us staff were always available to help. People's comments included, "Yes, it is easy to ask staff to help me. They are always around. If I have a problem staff will help me", "Staff do help me. Very easy to ask for help" and "Staff always come quickly if one pulls the alarm." One relative said, "There are probably enough staff, you have to wait occasionally." During the inspection, we observed staff attending to people's requests and needs without delay, mealtimes were well managed and call bells were attended to in a prompt manner.

The registered manager told us the staffing was sufficient and even though the home was not full they did not reduce the staffing numbers. They were in the process of recruiting two permanent staff and were setting up their own pool of bank staff. The service managed staff emergencies and absences with their existing staff team and rarely used agency staff.

The service maintained safe recruitment procedures. We reviewed the recruitment process and found

appropriate verification checks including criminal record checks had been carried out to ensure staff were suitable to work with people. We saw each staff file had a completed application form, employment references, and documents to confirm people's identity and right to work.

On the inspection day, we found the service was clean, there was no malodour and throughout the inspection we saw housekeeping staff cleaning the home. People told us they were happy with the cleaning standards maintained by the service. One relative commented, "It is absolutely fantastic here. It is amazing how clean they keep the residents and look after them. The place is always sparkling clean; they are always cleaning." The provider implemented good infection control practices to prevent cross contamination and spread of infection. We looked at cleaning and infection control checks which were all in date.

We looked at fire drill records, water tests and maintenance and electric and fire equipment testing records, and there was a detailed fire risk assessment in place. The service had records of hoist and wheelchair equipment testing records. They were all up-to-date.

Is the service effective?

Our findings

People and their relatives told us staff understood people's individual needs and abilities, met those needs and were well trained. People commented "If I need help staff help me", "Oh yeah, I get everything I want" and "Staff do understand my needs. Staff does ask about [my] likes and dislikes and do their best to ensure that they are met." One relative said staff looked after their family very well and the moving and handling and other trainings were up-to-date. During the visit, we spoke to the community health and care professionals. They all said staff supported people well with their needs and provided effective care.

All new staff received the Care Certificate induction training. New staff confirmed this and we saw records of these. Induction of new staff included training in areas such as health and safety, fire safety, moving and handling, safeguarding, person centre care and provider's policies and procedures. Staff we spoke with told us training was good and helped them in carrying out their responsibilities efficiently. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team including refresher training. Staff told us they felt well supported and received regular supervision. We checked staff supervision and appraisal records and confirmed staff were receiving regular supervision and a yearly appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care files had information on their capacity to make decisions and how staff should support people to make decisions. There were DoLS authorisations for those people whose liberty was deprived and who were unable to give consent to care and treatment. People's care plans stated who could make legal and financial decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff understood the importance of seeking people's consent and sought consent from people before delivering care. Records seen confirmed this.

People told us the food was very good and that their nutrition and hydration needs were met. One person said, "The meals are very good. The chef comes around now and again and asks us what we like. The meals change. I like everything they cook." One relative said how their family member's nutrition and hydration needs had changed and now required more one-to-one support which we observed was efficiently provided by staff. People's cultural and specific dietary needs were met. For example, some people who preferred having spicy food such as rice and peas, curries and Caribbean soup, were provided with such options. People's dietary preferences were very well documented in their care plans such as 'Offer a choice of food

bearing in mind of Afro-Caribbean origin...likes to have a takeaway meal, wife brings in fruits, biscuits, coconut water, sweets which he keeps in his fridge."

The chef told us they spoke to people to find out their food preferences before planning the food menus. For example, after speaking to people sausages and eggs were now available on Fridays as an alternative to the two types of fish that were offered on Fridays. We observed lunch time and saw there was a warm and relaxed atmosphere where people were interacting with each other and with staff. There were drinks on the table including juices however; we noticed people were all given the same type of juice. We asked the registered manager about this who said people should be offered types of juices and would ask staff why that did not happen. Lunch was well presented, was served hot and people seemed to enjoy their meals. Staff were encouraging and assisting people to eat and drink.

The staff weighed people on a monthly basis and people who were identified at high risk of malnutrition were weighed on a weekly basis. We saw weight management records, people's weights were stable and they were all in date. Staff told us how they supported and encouraged people to maintain a healthy lifestyle and balanced diet. They demonstrated a good understanding of risks associated with diabetes such as hypoglycaemia and hyperglycaemia and the signs to look out for low and high blood sugar levels. For example, one staff member told us they ensured that people with diabetes had portion and sugar controlled diet. District nurses carried out regular blood sugar levels checks. People's daily care records, were clear and properly maintained, gave information on people's food and fluid intake.

During the inspection we briefly spoke to community health and care professionals visiting people at the service. They spoke highly of the staff and the service. They said the service worked well with them in meeting people's individual needs and implementing prescribed medical interventions. They said staff were always available to support people and worked well with health and care professionals. For example, the registered manager referred a person to the occupational therapist where a need was identified. People and their relatives told us they had access to health and care professionals. One person said, "Chiropodist, dentist, optician – they do all of that." Another person commented, "They take me to a local doctor and to hospital [outpatients] when I need to go." We found most people's care records had details on health and care professionals visits barring two people's care records that did not give details on their weekly community psychiatrist nurse visits. The registered manager told us they were given a verbal update of the visit but not written feedback. They assured us these two people's care records would be updated following community psychiatrist nurse visits.

People told us they were able to move around the home with ease and when required support, were appropriately supported. The home's overall décor and furnishings were maintained to a good standard however, some bathrooms and toilets were in need of repair. The management told us they had plans in place to refurbish those areas and were awaiting for quotations to be confirmed by the provider.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and spoke highly of staff. They said staff were kind, caring and helpful. One person commented, "They look after us lovely, nice. They are nice carers. They make us laugh every day. They are the best actually. They are my best friends, honest." Another person said, "Staff [are] very understanding, first class." People and their relatives told us they were listened to. One person commented, "Yes, staff do listen to me. They are very patient. Very good in many ways."

During the inspection we saw various visitors including family, friends and health and care professionals having positive interactions with people, staff and the registered manager. The home had a relaxed, welcoming and happy atmosphere. We saw pleasant and meaningful interactions between staff and people and between people themselves. Staff were sensitive towards people's needs and listened to them with patience. The service had an informal feel where people were seen reading newspaper, watching television, listening to music, going for walks in the garden and chatting with each other. Most people told us they liked living in the home. The service celebrated people's birthdays and at the inspection we saw birthday decorations were still up in one person's bedroom from their birthday celebrations. The person told us they had a lovely celebration and enjoyed their party.

The service had pet birds and fish. We saw a couple of dining areas with fish tanks with a number of colourful fish and a chirpy bird in a lounge area kept securely in a cage. The registered manager brought their dog to the service ever so often and people told us they enjoyed spending time with the dog.

People and their relatives told us staff treated them with dignity and respected them and their privacy. People's comments included, "Yes, they respect me", "[Staff] do treat me with dignity and respect, do respect my privacy." We saw staff and the registered manager talking to people in a respectful way and provided care in a dignified way. Staff gave various examples of how they were respectful of people and their choices and how they provided dignity in care. Their responses included, "Always knock on the bedroom door before entering the bedroom", "Address people how they liked to be addressed", "Close the door when assisting with personal care" and "Give people choices and don't rush them." Throughout the inspection we saw staff were supportive, reassuring and encouraging people to eat, access and engage in activities.

Staff told us people and their relatives were involved in planning their care and where people did not have families advocates were involved in the process. Records seen and people we spoke with confirmed this.

People were encouraged to be as independent as they were able to be. For example, we saw a staff member encourage and assist a person to feed themselves and the person seemed pleased with that. We saw another person tidying their bedroom. Staff told us the person liked to keep their room clean and tidy as they wanted to maintain that bit of their independence. This was reflected in their care plan. Staff gave us examples of how they supported people to remain independent. One staff member commented, "I encourage people to do things themselves [where they can] such as one person who can wash his face and put on a shirt, I encourage him to do it." We saw staff encouraging people to voice their wishes and preferences. For example, we saw a person asked a staff member for a hot drink and biscuits, and the staff

member encouraged them to choose biscuits.

People's individual beliefs, religion, sexual orientation and gender were referred to in their care plans and staff recognised and respected their beliefs. There was a weekly church service at the home for people who could not go to a church and wanted to practice their religious beliefs. Staff were trained in equality and diversity, and dignity in care and records seen confirmed this.

We saw people's bedrooms and they were personalised as per people's choices with their personal belongings, memorabilia providing a homely environment. Staff understood the importance of confidentiality and respecting people's private information. One person commented, "Staff does maintain confidentiality." We saw people's personal information was stored securely.

Staff received training in equality and diversity, records seen confirmed this. We saw dignity in care sheet displayed in staff room reminding staff to treat people with respect and the importance of providing care in a dignified way. The registered manager organised a number of specialist trainings around end of life care, and dignity and respect, and each year the service celebrated national Dignity day thereby promoting dignity in care for people.

Staff had one-to-one discussions with people where possible about their wishes and preferences around their end of life care and these had been recorded in their care plans. The service liaised with relatives where necessary and appropriate regarding end of life care planning. Care plans detailed personalised information in relation to the support people wished to have during their end of life care including their funeral wishes. We saw people's completed Do Not Attempt Cardiopulmonary Resuscitation and advance care planning which also included information about their wishes to stay at the home in their last days.

Is the service responsive?

Our findings

People and their relatives and health and care professionals told us the service was very responsive to people's individual and changing needs. One relative said, "Pretty good care...I have good, strong relationships with the carers [here]." One person commented he received personalised care and "Oh yeah. I get everything I want." Another person said, "They [staff] understand my preferences." People and their relatives told us there were no restrictions on visiting times and it enabled them to continue to maintain their personal relationships "I am part of the furniture here. I feel fine when I visit, definitely." Staff demonstrated a good understanding of people's likes, dislikes, wishes and preferences, and provided personalised care.

People were given information that enabled them to make decisions around whether the service suited their likes, dislikes and needs. People's needs were assessed in detail by the management before they moved to the home and began receiving support. People and their relatives were invited to look at the bedrooms and other facilities offered in the service before confirming their move. For people who were unable to visit the service before making a decision, the management provided them with a brochure with photos of the communal areas and bedrooms to give them an idea of the facilities at the service.

People and their relatives told us they were involved in and contributed towards planning their care. Staff told us people and where necessary relatives were involved in the care planning process, "We get them involved by asking them" about their life and "Where we cannot get any information [from people] we get this from their family."

We looked at people's care plans. They were comprehensive, reviewed every month and when people's needs changed. This meant staff were provided with the most current information on people's health and care needs which enabled them to deliver personalised care. The care plans were individualised and outlined people's likes, dislikes, needs, abilities and how their needs were to be met. For example, one person's care plan gave information on their emotional well-being and behavioural needs, stated "He can be quite moody and gets angry whenever someone sits in his chair or picks up his newspaper. He would display [his emotions] by shouting 'no' several times or 'oh god' until staff intervenes." The care plan further stated for staff to intervene and ensure the person had access to their seat and their newspaper. We saw this person enjoying a hot drink whilst they were reading their newspaper. The care plan also recorded people's gender preference for care where it was requested and records seen confirmed this. Records of team meeting minutes and hand-over records showed staff were informed on people's current health and care needs. The service kept detailed records on people's life history that gave staff a good understanding into people's background and their personal and professional history. Staff said this information enabled them to connect to people and have meaningful conversations with them.

People were well supported to make informed decisions regarding activities. For example, at the inspection we observed a person living at the service facilitate a Tai Chi session and a number of people actively engaging in the session and enjoying it. This person facilitated Tai Chi sessions on a regular basis and people looked forward to those sessions. We saw people being encouraged by staff to attend activities but

where some people did not wish to attend activities, staff respected their wishes and ensured a staff member on those units were aware of their wishes.

The service offered a range of group and individual activities, people and their relatives told us they were happy with the activities offered at the service. Activities included quiz, sewing, art and craft, memory sessions, exercises, baking and coffee mornings. The service also offered activities that involved a range of entertainers visiting the service on a regular basis such as singers, musicians. Staff recorded on a daily basis the activities people got involved in, for how long and comments around if they enjoyed the activities, records seen confirmed this. We saw staff engaging with people on a one-to-one and group level to provide mental stimulation. For example, we saw a staff member interacting with a person who was sitting holding a remarkably life like baby doll in their lap. The staff member asked the person about their baby and had a long conversation over it and the person was seen enjoying the chat and looked content.

The service invited the community into the service thereby facilitating an environment that enabled people living in the home meeting new people and forming new friendships. The registered manager had formed positive working relationship with a local sixth form college and developed a couple of joint projects with the students and people living at the service. For example, a student from the college had painted a 'Tree of Memories' on a wall in the hallway that would be used for displaying photographs of people who had lived at the service. The service along with a voluntary organisation arranged monthly 'Cocktail Party' where community was invited. The registered manager told us it was important to them that the community was invited into the home and recently organised a mother and baby group that would start in September 2017.

People who were independent and enjoyed their own space were encouraged to remain independent. For example, one person who was seen online shopping for some music told us they had access to the internet that was provided by the service, "I can get news from home. I like following the local frivolity in Cumbria." Another person told us they enjoyed keeping busy by performing chores around the service "If there are any dishes, I like to help wash them up. I have done it all my life. I can still do it." People were supported to go on outings. For example, people had recently visited a seaside. We saw photos of this trip which people appeared to enjoy. The service provided smoking room facilities for people who smoked. A person told us when they wanted to smoke they would go to the smoking room and if the weather was good out in the garden. We saw people's bedrooms. They were personalised with people's personal belongings for example photos, books and memorabilia. Every room had a memory box outside their bedroom door giving a glimpse into people's lives and their likes and dislikes.

The service arranged residents' meeting once a month where they encouraged people to voice their wishes and concerns, discussed matters around activities, food, cleanliness, staff and any other issues, records seen confirmed this. Most people told us they attended residents' meetings and found them useful. The service also conducted regular relatives' meetings where various care delivery matters were discussed, records seen confirmed this.

People and their relatives were actively encouraged to raise their concerns or complaints. There was a complaints / suggestions box in the entrance for people to use to make anonymous complaints and suggestions. People and their relatives felt comfortable raising concerns and complaints. Some said they never had to complain and some told us their complaints were listened to and acted on in a timely manner. One person said, "Everything is always resolved very quickly." One relative told us, "I would speak to the manager straight away. You wait a while for repairs but its fine and the door is open for chats anytime. Everything is recorded."

The provider's complaints procedure was easily accessible and the policy detailed guidance on how to

complain with specific timescales within which people should expect to receive a response. There were clear systems in place to effectively respond to complaints. We looked at the service's complaints records and the records showed the complaints were addressed in a timely manner.

Is the service well-led?

Our findings

At our comprehensive inspection on 18 and 25 May 2016 we found the provider to be in breach of the regulations in relation to notifying CQC of a death of a person and of the outcomes of applications under DoLS.

At this inspection we found the provider had made sufficient improvements, and they had followed and achieved their action plan to meet the above shortfalls and were no longer in breach of the regulations.

The service had a registered manager in post, who demonstrated a good understanding of their regulatory responsibilities. Health and social care professionals we spoke to told us this was "one of the best care homes" and the registered manager was "really approachable, prompt in responding to emails, very involved and hands on, initiative and creative." People using the service, their relatives and staff told us the service was well-led by a registered manager who was highly experienced and skilled, easy to talk to and helpful. One person said, "The manager is very good. She comes around most mornings and has a little chat." Another person commented, "[Name of the registered manager] controls everything superbly."

People and their relatives told us they were happy with the service. People's comments included, "This place is very nice. I love it. The staff are excellent; I have made many friends", "Yes, I enjoy living here. We all get on very well. Staff are very good" and "People are OK. I am quite happy [here]. I am comfortable. You get fed well. Comfortable bed."

Staff spoke very highly of the registered manager and told us the registered manager knew people very well and shared positive relationships with relatives. Their comments included, "I think [name of the registered manager] is a good manager. She ensures clients are well looked after, staff trained and she monitors things to ensure that things are getting done", "If I have any problem I will go straight to [name of the registered manager], she listens and is quick in acting" and "It is well-led. I am not just saying it. She is a very good manager. She knows the clients very well and knows what to do to keep them happy."

At the time of inspection, we observed an open and positive culture in the home where people and staff were able to voice their opinions and wishes with ease. For example, we saw one person informing a staff member that they did not want to attend the activity and were going out for a walk in the garden, we saw staff working well as a team in supporting people, we saw a housekeeping staff member interacting with people and having a laugh, we saw staff working with the occupational therapist in learning how to support a person use their new equipment, we saw some people interacting with each other and the visitors. We observed positive and supportive interaction between members of staff and the registered manager. The registered manager was seen having meaningful conversations with people and displayed a good understanding of their individual needs. For example, they showed us bars of two different chocolates they kept in their office in a lockable drawer for two people who when frustrated and agitated found comfort in chocolates. These details were detailed in their care records.

Staff told us they had received the provider's whistleblowing policy and felt comfortable to follow the

procedure if required. We saw information on local authority's safeguarding team, CQC and local ombudsman on display in staff room. The registered manager told us they encouraged staff to raise concerns during staff meetings and supervision sessions.

Staff told us daily handover and staff meetings were very helpful and they were always provided with updated information on people's needs. The registered manager conducted day and night staff meetings and senior staff meetings. At these meetings the registered manager gave information on the changes in people's needs, accidents, falls, the care delivery and encouraged discussions relevant to people using the service, staffing and health and safety issues. We saw staff meeting minutes for the last three months, the meetings were well attended. They included discussions on matters such as DoLS, safeguarding, people's health and care updates, CQC inspection and activities.

The registered manager asked people and relatives' views on staff and the care delivery on an ongoing basis via residents and relatives meetings. People's views were then discussed with staff in the staff meetings. We saw evidence of this in staff's meetings notes. The registered manager had recently introduced a quarterly newsletter to keep residents and relatives informed on various activities carried out in the quarter, people's upcoming birthdays, future planned events, and other relevant information. People and their relatives confirmed they were asked for their feedback and suggestions. The provider sought formal feedback from people, their relatives' and health and care professionals annually via questionnaires and the registered manager sought informal feedback on an on-going basis. The service's last survey analysis and report was still pending from the provider's quality assurance team and the registered manager told us they would send it to us when it was ready in late September 2017.

We found the registered manager had an effective oversight of the management of the service. The registered manager maintained robust recordkeeping, data management and audit systems and processes to ensure care delivery was at high standards. The registered manager undertook regular walks around the home, identifying areas for improvement and to check if staff were providing care as per people's care plans. She asked people if their needs were being met, checked if maintenance and health and safety checks and tasks were appropriately carried out and if the housekeeping staff were keeping the home clean and met infection control requirements. The manager told us they regularly checked people's bedrooms for cleanliness and hazards to ensure they were maintained at expected standards. The registered manager along with another senior management staff regularly visited the service unannounced at times, late in the night or early in the morning to monitor the quality of the service. We saw records of these and action points following the night checks.

We saw records of regular internal audits including care plans, risk assessments and staffing, and they were all in date. Fortnightly medicines and monthly internal health and safety audits were conducted. Incident and accident records were recorded including details on learning outcomes and action points. The registered manager monitored 'call bell' audits to ensure staff attended to call bells promptly. We looked at the service's latest contract monitoring report dated April 2017 and follow up notes dated July 2017 by the local authority and it demonstrated the service had made vast improvements since the last inspection and that the local authority had no concerns about this service. Throughout the inspection we found the registered manager was extremely cooperative and took our suggestions on board and acted on them in a timely manner.

The registered manager worked closely with local and national organisations to improve the physical and emotional well-being of people living at the service. For example, they worked with the Alzheimer's society, Magic Me, local sixth form college and Kings College. The service had successfully secured a bid from a "Dragons Den" type event in Waltham Forest with which they bought a projector used for cinema activity. An

article was published in the Daily Mirror newspaper about the service's innovative monthly activity "Cocktail Party" organised in conjunction with a voluntary organisation Magic Me.