Haven Care Homes

Grafton 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

The inspection took place on 16 January 2017. The inspection was unannounced.

Grafton Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grafton Lodge provides accommodation and support for up to 22 older people. There were 16 people living at the service at the time of our inspection. People had varying care needs. Some people were living with dementia, some people had diabetes, some people required support with their mobility around the home and others were able to walk independently. One person was cared for in bed due to deterioration in their health.

The service was in a detached well maintained building in a residential area. A pleasant private garden was available for people to sit out in when the weather was fine. Bedrooms were on the ground and first floors. A passenger lift was available between floors so people could access any part of the building if they wished.

At the last inspection on 8 December 2015 the service was rated Good. At this inspection, we found the service remained Good.

A registered manager was employed at the service and had been in the position since the last inspection. The registered manager was also one of the providers. 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. A new manager had recently been appointed who would be applying for registration with CQC when the registered manager took a different role in the service.

Staff continued to be aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to.

Individual risks were identified and steps continued to be taken to reduce and control risk. Staff had the guidance they needed to support people to maintain their independence while at the same time preventing harm. Accidents and incidents were recorded by staff, action was taken and followed up by the registered manager.

The processes for the administration of people's prescribed medicines was still managed and recorded well so people received their medicines as intended. Regular audits of medicines were undertaken to ensure safe procedures were followed and action was taken when errors were made.

The registered manager and deputy manager continued to undertake a comprehensive initial assessment

with people before they moved in to the service which fully included the involvement of the person and their relatives where appropriate. Care plans were developed and regularly updated and reviewed to take into account people's changing needs. People's specific needs were taken account of and addressed in care planning to ensure equality of access to services.

People were supported to make their own choices and decisions whenever possible. The registered manager and staff continued to have a good understanding of the basic principles of the Mental Capacity Act 2005 (MCA) and promoted people's rights.

Food was home cooked with plenty of variety and choice at mealtimes. People told us they had access to plenty of drinks throughout the day. People's specific dietary needs were known about and catered for.

People were supported to gain access to health care professionals when they needed advice or treatment. The registered manager had developed good relationships with local health care professionals and referred people as soon as they needed.

People had access to activities of their choice. Some people preferred their own company and pursued their own interests such as reading, watching TV or puzzles and this was respected by staff. People were asked their views of the service and action was taken to make improvements where necessary.

There continued to be clear evidence of the caring approach of staff. People and their relatives were positive about the staff who supported them, describing them as caring and saying they were confident in the care they received. Staff knew people well and were able to respond to their needs on an individual basis.

Suitable numbers of staff were available to provide the care and support individual people were assessed as requiring. The provider continued to make sure safe recruitment practices were followed so only suitable staff were employed to work with people who required care and support.

Staff were still supported well by the management team. Staff told us they were approachable and listened to their views and suggestions. Training was up to date and staff were encouraged to pursue their personal development. Staff continued to have the opportunity to take part in one to one supervision meetings to support their success in their role. Regular staff meetings were held to aid communication within the team and to provide updates and feedback.

Quality auditing processes were in place to check the safety and quality of the service provided. Action was taken where improvements were observed.

People and their relatives thought the service was well run, people knew the registered manager well and were very happy with the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well Led.	**Good**

Grafton 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 16 January 2018 and was unannounced. The inspection was carried out by one inspector and one expert by experience who has experience of family members living in a care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with six people who lived at the service and five relatives, to gain their views and experience of the service provided. Some people living in the service were not always able to articulate their views or had a poor memory. We also spoke to the registered manager, the new manager, the deputy manager and two staff. We received feedback from one health professional and one local authority commissioner.

We spent time in communal areas observing the care and support provided and the interaction between staff and people. We looked at four people's care files, medicine administration records, three staff recruitment records as well as staff training and supervision records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Good

Is the service safe?

Our findings

Some people living in the service were not always able to articulate their views or had a poor memory. However, the people we did speak with told us they felt safe living at Grafton Lodge and with the staff who provided their care. The comments we received included, "I feel very safe. I can walk up and down with my frame, I know there are staff about to keep an eye out for me"; "Very safe here. The owners make sure that they employ the right staff"; "On my own I couldn't cope, I would get frightened especially at night. I feel very safe here, the staff are very good, always looking out for you day and night" and "I feel safe, the staff are very good, they have never been impatient with me". People knew who they would go to if they did feel unsafe or had concerns. One person said, "I live here this is my home. They (the staff) know not to boss me about. If they did I would soon speak to the manager".

Relatives also felt their loved ones were safe living in the service. The comments we received from relatives included, "She is definitely safe here, good staff. We know that staff will help when her breathing becomes difficult"; "Absolutely safe, all loving and caring, wonderful staff" and "Grandma is safe here, it is a loving community here, there are always people about for her".

The registered manager continued to promote an environment where people were safe. Staff had a good understanding of their responsibilities in protecting the people in their care from abuse. They told us they would report to the registered manager, deputy manager or the senior staff member on duty. Although they were very confident the registered manager would deal quickly and appropriately with any concerns raised, staff were aware they could report outside of the service if their concerns were not dealt with. One staff member said, "I always think, if it was my mum I would want something done straight away. [The registered manager] would definitely do something because she is a really nice person. I am confident of that".

The registered manager had continued to make sure individual risks had been assessed and the necessary steps in place to prevent harm. People who were at risk of falls had an assessment undertaken to determine the level of risk. Steps were in place to reduce the risk to prevent their falling over and potential injury. One person used a walking stick to get around when they were outside of the home but they chose not to use it when inside the service. Staff encouraged them to use the walking stick indoors some days if they were unsteady to support them to stay safe.

People at risk of acquiring pressure sores due to their frailty or because they were cared for in bed had assessments in place to determine their individual circumstances. Clear control measures were in place to protect the integrity of people's skin including; the use of specialist mattresses, regular position changes and the use of prescribed creams. A body map showed where people were showing signs of redness on their skin with a written record to detail what action was being taken.
Risk assessments were reviewed monthly. Records showed that changes in circumstances had been recognised and recorded. Action was taken accordingly to update records so staff had clear guidance and direction. One person's health had deteriorated in December 2017 requiring staff to care for them in bed. All risk assessments relating to their care had been reviewed showing they were now at high risk of acquiring pressure areas and of malnutrition which increased their level of dependency on staff care and support.

Staff continued to keep good records where people were at risk and needed their care to be monitored. For example, when people were at risk of malnutrition or dehydration staff recorded the food and fluid they had taken. Where people were cared for in bed, staff recorded the regular checks they made including when they changed the person's position in bed. This enabled the registered manager to monitor and report to a health care professional if they had concerns people's health was deteriorating further. A relative told us, "Very confident with the staff. When mum slips down the bed, two staff come along and lift her up the bed. They always check with her that she is comfortable".

The administration of peoples medicines were still managed well, keeping people safe from the risks associated with prescribed medicines. The ordering, storage and returns of medicines were well planned and documented. Medicines administration records (MAR) were neat and legible which meant errors were more easily identified. People had an individual care plan and a risk assessment to address the support required with the administration of their medicines. The care plan included the medicines people were taking and any precautions staff needed to be aware of. This meant staff were provided with the information necessary to support people with their individual requirements when administering their medicines.

The registered manager and deputy manager carried out a regular audit of medicines, checking the stock of medicines to ensure they tallied with the records. MAR's were checked to make sure there were no gaps or other errors. Where errors were found, these were addressed with the staff responsible and lessons learnt to prevent future errors, making sure people received their medicines safely.

Staff who were administering people's medicines took their time and did not rush people. People were given the time to ask questions about their tablets or medicines and to take the time they needed. One person told us, "I suffer from seizures and COPD (Chronic obstructive pulmonary disease) so having my medicine is important to me. I always get my pills and my inhalers. Always here, they never run out of medication". A relative said, "[Name] is often reluctant to take her medicine, staff take their time and tell her it's good for her. They are very patient with her".

Staff continued to record in detail accidents and incidents, describing the incident, the action taken such as observation or seeking medical help, and the outcome. The registered manager completed a comprehensive audit of accidents and incidents each month. They scrutinised the incident, what happened and checking that appropriate action and follow up was taken. Themes and similarities were considered to prevent avoidable re-occurrence.

Most people had been assessed as requiring staff support to evacuate the building if a fire broke out or some other emergency situation. People continued to have a comprehensive individual personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical, communication and equipment requirements that each person has to ensure they could be safely evacuated from the service in the event of a fire.

The provider continued to employ domestic cleaners to take care of the cleanliness and housekeeping of the service and cooks to cook all the meals and take responsibility for the kitchen area. This meant the staff could concentrate on their role of providing care and support to people. The provider had continued to employ a suitable number of staff to provide the care and support people living at Grafton Lodge required. Staff told us they covered most absences such as annual leave and sickness between themselves. The registered manager often stepped in to provide people's care and support.

The service was clean and odour free from the outset of the inspection. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use when providing personal care.

This helped to prevent the spread of infection.

The provider continued to follow safe recruitment practices to ensure that staff were suitable to work with people living in the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. Gaps in employment were explored with the person by the registered manager. The provider had made sure that at least two references were checked before new staff could commence employment. The provider was still following safe recruitment policies and guidance when employing new staff to the service.

The registered manager had a detailed fire action plan with clear guidance for staff to follow in the event of a fire. An emergency plan to follow in the event of an evacuation provided contact numbers of the management team and a safe place where people could be evacuated to. All essential servicing of fire systems and appliances were carried out at the appropriate regular intervals as advised by trained technicians in the field.

The premises were well maintained. One of the providers provided the maintenance service and made sure all essential works and servicing were carried out at appropriate intervals by the appropriate professional services. The maintenance person was in the service each day. This meant they were available to respond to requests for repairs and maintenance from people, the registered manager or staff without delay.

Good

Is the service effective?

Our findings

People told us they were involved in making decisions about the care they received and staff would ask permission before doing anything to assist them. People said, "They (staff) let me do what I want to. I can still wash and dress myself. If I am struggling because of my breathing, I'll ask them to help me"; "I choose what clothes I am going to wear. I have just had my nails done and I chose the colour"; "I like to do as much as I can for myself, they help me when I ask them. I use the lift to get downstairs but don't need to ask for help"; "The staff do everything I need them to do and more when I ask" and "I decide when I am going to bed. If I have a lie in they'll bring me breakfast if I want them too".

A relative who told us their loved one was living with dementia said, "If she doesn't want to get out of bed the staff don't force her, but chat to her and say, we will come back and see you later when you are ready to get out of bed".

The MCA 2005 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. Mental capacity assessments had been undertaken where it was understood people may not have the capacity to make particular decisions. The decisions considered included, support with personal care; administering medicines and assistance to take food and fluids. The registered manager continued to make sure decisions were made in people's best interests if they lacked the capacity to decide themselves, by involving others who were involved in their lives. Care plans continued to clearly document if people were fully able to make their own choices and decisions and when people may require support with some more complex decisions.

Where people had asked a family member or friend to be a Lasting Power of Attorney (LPA) to support them with decision making when they required it, this was clearly recorded. The areas of decision making delegated within the LPA were clear. An LPA can be used to support people with their financial decisions or with health and welfare decisions. It is important the distinction is clear to make sure others are not making decisions on a person's behalf when they do not have the authority to do so. This meant people's rights were protected and the LPA was used appropriately. A relative told us, "I now make decisions on mum's behalf. Staff don't tell mum what to do, they are good at asking her what she wants. If she refuses they say, we will come back later".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in making sure people's rights were upheld. They continued to make appropriate DoLS applications to the supervising authority and kept these under review. Some staff did not have a good understanding of DoLS even though they had received training. We raised this with the registered manager and the new manager. They told us the new manager was in the process of planning dementia training with staff, which they were qualified to provide. They planned to incorporate a

refresher around DoLS to ensure staff understanding.

The registered manager and deputy manager continued to undertake an initial assessment with people, and their family members where appropriate, before they moved in to the service. This enabled the registered manager to make an informed decision that the staff team had the skills and experience necessary to support people with their assessed needs. The initial assessment led to the development of the care plan. People signed to say they were involved in the assessment, or their family member if they had been involved.

Care plans continued to be well set out making it easy for staff to find the information they needed. A 'social profile' was one of the first documents in people's care files, describing their earlier life including occupation, interests and pets. The people who were most important in their life at the present time were also recorded. Preferences were listed such as favourite foods and drinks, including if people liked to have an alcoholic drink occasionally and what time they liked to get up and go to bed. One person disliked fizzy drinks and squash, preferring water and they also liked red wine. This helped staff, particularly new staff, to enable discussion and a greater understanding of people. One person's family member had written their own description of their loved one's routine at home and how they liked things to be done to enable staff to provide care and support in the way the person liked and had chosen.

The registered manager continued to have a range of care plans in place to describe people's assessed care and support needs. As people and their family members were involved in providing the personal information to inform the care plan, records were person centred, basing the plan around the individual person. Care plans followed a format of key questions, including, 'The things I am able to do'; 'The things I would like you to help me with' and 'How I would like this to be done'. Areas covered included, maintaining a safe environment; communication; drinks and drinking; food and eating; personal cleansing and dressing and mobilising. Care plans were reviewed each month unless a change in health or circumstances prompted an earlier review. The records we looked at showed changes being made to the care plan whenever a change had occurred, keeping people's records fully up to date with the information required to keep people safe and ensure they received good care.

A relative said, "Staff know what they are doing. They know she likes her bed. Staff will sit with her and talk to for a while and then came back later to encourage her to get up. The bedding always looks crisp and clean".

People's care plans included personal information to make sure they were supported to express their sexuality. One person's 'Expressing sexuality' care plan requested that staff helped them to look clean and tidy as this was something that was always very important to the person through their life. They also liked their hair to be neat and well groomed. The care plan showed the person's daughter styled their hair regularly as they were a hairdresser. People's cultural needs were identified and the support each person required was recorded, for example, if they needed support to attend a place of worship or be able to worship in the service.

An 'Ill-being assessment' was in place to determine if people were showing signs of negative mental health symptoms such as anxiety, being withdrawn or in pain. A care plan addressed any areas identified to offer support to people to improve their well-being. A 'Well-being assessment' was undertaken alongside this to check the positive signs of people's well-being and how to maintain this. People were supported to maintain the quality of all areas of their life through a care planning system that was person centred and followed through in the care and support witnessed.

People continued to be supported to maintain their health by a management and staff team who had good relationships with health care professionals such as GP's, district nurses, dieticians and community nurse practitioners. Comprehensive records were kept of referrals, appointments and visits. Care plans and risk assessments were updated following advice and guidance given about people's care and treatment.

People were happy with the food and meals provided. The comments we received included, "All food is home cooked. I don't leave much. I had chicken pie yesterday, lovely topping, really nice. You can have orange squash, tea or water at any time. I even have a cup of tea at two o'clock in the morning when I cannot sleep"; "Food is very good. Good plain cooking with plenty of veg. Breakfast I usually have cornflakes or porridge with some toast"; "I don't like fish and chips on Friday so cook will do me eggs. If I don't like what I have chosen they will take it away and get me something else, never a problem"; "I have always been a fussy eater. Today, I had soup and crisps and the pudding. Sometimes I will ask for scrambled egg and cheese, my choice. I eat more here than I did at home, I have put on some weight, I get weighed every week after a shower" and "Its good and homemade if there is any left over, they will offer seconds. This morning I had a fried egg on toast".

The cook made cakes most days for tea time. There was a pleasing smell of home baking throughout the home during the morning of the inspection and we saw people eating the newly baked cakes in the afternoon. The lunchtime meal consisted of choices, all of which were home-made, including shepherd's pie, sausage rolls and cheese rolls. A choice of fresh vegetables were also available. Two people had changed their mind about the meal they had chosen and asked for something different. People were encouraged to sit at the table to eat their meal and some people chose not to. There were enough places for anyone who wanted to sit at the table. Throughout the meal people were chatting to each other and having some friendly banter with a volunteer and staff.

Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. A relative said, "Staff appear very knowledgeable on how to care for people". New staff received a full induction into the service and their new job and a period of shadowing more experienced staff until they were confident and competent. Staff told us they had a good induction and felt able to ask the management team or other colleagues questions. The registered manager carried out probation reviews with new staff, providing encouragement and support as well as constructive criticism to support them to do well.

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager or deputy manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff were supported in their role to make sure they had the skills and experience to provide good quality care and support to people.

Good

Is the service caring?

Our findings

People were very complimentary about staff throughout the inspection and we noticed many kind and caring interactions from staff with people. We received many comments from people and these included, "Staff are definitely very kind and caring, never nasty. They are always asking how 'how are you?' In the morning they'll pop their head in the door and always say, 'good morning how are you today?'"; "Staff are lovely, very good. They help me put my ointment on my feet and help me put my tights on. I struggle to reach down that far"; "Very nice staff, very friendly, not bossy. I like to have a laugh and joke with them" and "The staff are certainly caring. Staff know I cannot stand too much fuss. Christmas is not a happy time for me. This year I got upset, staff sat and comforted me and talked to me about my memories". One person told us when they first came to the home they were very poorly and couldn't accept that they would not be going back home, "Initially I didn't eat, the staff took time to find out what I liked having and then tempted me back to eating".

One relative told us about their experiences of staff attitude, "Although mum is now in bed she is always well dressed, her clothes are all kept clean. Her hair is always brushed and her finger nails are always clean. They (staff) are extremely patient with mum. All the staff seem dedicated to her caring" and another said, "Staff are very friendly, very caring. We can ask questions and confident in the responses any of them give you".

A member of staff told us they thought the management and staff team provided a caring service and said, "I would be very happy for my mum to live here".

The registered manager made sure useful information was available for people and their relatives on noticeboards in the hallway. This included a list of the various healthcare professionals who attended the service and their contact details, fire evacuation information, the complaints procedure and a charter of people's rights. A large board with photographs of every member of staff, their name and their title was prominently displayed in the hallway. This meant people and their relatives had access to all the information they needed about the service, including being able to recognise staff and who was on duty.

Collages of photographs of people living in the service and staff engaging in activities or enjoying relaxing were displayed around the corridors and hallways. Recent photographs of events at Christmas 2017 were already framed and displayed. This gave an opportunity for people to share memories and gave a homely and personal touch to the environment.

Bedroom doors had a photograph of the person whose room it was and their name. This meant people were more likely to be able to find their room if they got disorientated. Bedrooms were personal with framed photographs of loved ones, beds with homely bedding such as bedspreads and throws, an easy chair and a TV sited on the wall. All rooms were well decorated to add to the pleasant surroundings. The provider made sure one person had a longer than average bed for their comfort as they were tall in height.

There were frequent friendly and humorous interactions between people and staff. If people were sitting down, staff communicated with them by bending down so they could see them at eye level. Staff checked

with people if they were warm enough and offered blankets to put around their legs if they felt the cold. One person said they were feeling a bit cold and staff offered to get their cardigan from their room. They asked the person which one they wanted and when they came back checked with the person they had brought the correct one and then assisted them to put it on. The staff member then also checked if the person wanted the cardigan buttoned or left open. One person wanted to watch snooker on television. A staff member supported them into a recliner chair. They checked with the person that they were close enough to see the television and asked them if they wanted their feet elevated. Before the staff member left the person they checked that they were warm enough and comfortable.

People were able to go to bed and get up when they chose and this was recorded in their care plans. One person was known to stay in bed until late in the morning and sometimes later than that and into the afternoon. This was clearly their choice. We saw them arise in the afternoon and their lunchtime meal had been kept aside for them as they requested.

People and their relatives continued to be fully involved in planning and reviewing their care. A review was held where people were given the opportunity to make changes to their plan of care. Relatives were invited where relevant and were able to give their views. Action was agreed at the end of the meeting to make sure decisions were incorporated into the care plan. People and/or their relatives signed the record showing they had been involved.

People continued to be asked if they had a religious faith and if they required assistance with their cultural needs. Some people said they did not practice a religion and others had a relative to make sure they could attend a place of worship. Where people did require the support of staff this was recorded and plans were put in place.

People and their family members were supported and encouraged to discuss and record their wishes towards and at the end of their life. One person said, "Everyone knows I do not want to be resuscitated. I have already planned my funeral, I have discussed this with the manager and family know my wishes". A relative told us, "We have discussed end of life care with the manager". Most people expressed a wish to remain at Grafton Lodge at the end of their life. However, it was acknowledged that circumstances may mean this was not possible as nursing care by trained nurses was not provided. People gave alternatives such as a hospice in the event that this was the case. Some people had been assessed by health care professionals as being near the end of their life. All appropriate care and treatment was in place to offer the care and treatment required.

Staff respected people's privacy by knocking on their bedroom door before entering. People told us, "Staff always knock on the door and say my name, even if my door is wide open"; "They (staff) always knock on the door and call out my name and always ask, are you alright. They are very kind to me" and "It's my choice to leave the door open. Staff always knock and speak before they come in". We heard staff speaking people's names as soon as they entered their room, greeting them respectfully and letting people know they were there and who they were. One person came out of the toilet with their skirt tucked in their underwear; a member of staff discreetly pulled it out helping them to maintain their dignity. Another person's trousers started slipping down whilst they were walking through the lounge; a staff member immediately stepped forward and pulled them up and suggested going back to their room to check the drawstring.

The registered manager had purchased a large screen laptop with larger keyboard so people could see and use it with ease. The laptop was available for people to use when they wished for games, email and an application providing access to video conversations. This meant people could stay in touch with relatives and friends who lived too far away to visit often.

A 'Resident's handbook' was still given to each person when they arrived and kept in their room, although it had been updated since the last inspection. A copy was also displayed in the main hallway by the front door. The handbook provided all the information people would need to know about the service in an A to Z format so people could find what they needed to know easily. For example, the letter 'C' included 'Church' and stated, 'If you would like to attend a service of any denomination we will help you organise it. We will cater for any religion within our home'. The provider and registered manager made sure people had access to the information they needed to help them to settle in well.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing their care. The people we spoke with said, "My son and I sat with [Registered manager] and discussed what help I wanted and what I liked doing. I told them I liked to do most things myself and was a fussy eater and walked about a lot"; "I have a care plan, the staff know I do most things myself. They asked me what I liked doing and what I don't like" and "I have a care plan which changes depending if I need help. I like to do as much as I can for myself and staff know that I decide what help I need". A relative told us, "We discussed mums care plan with [Deputy manager]. Mum has had a DOLs assessment to keep her safe. Mum was still involved in letting staff know what help she needed. We discussed her history and what she liked to do". Another relative said, "We discussed her care plan with the manager, initially I was concerned that she wouldn't find her way around the home. I wanted her to continue doing things for herself as long as possible. Now she knows where her room is and were the toilet is".

Detailed person centred information was recorded in people's care plans including the streets they lived in and the schools they went to. Some people declined to give a full record of their life and this was respected. However, the registered manager made a record to confirm this and people were happy to sign that this was their decision. Interests and hobbies were described. One person liked to do puzzles and also liked to read particular romantic novels. Another person wanted staff to encourage them to join in activities and they liked singing along to older songs. The person also liked to look at old photographs and liked to sit in the garden.

Care plans continued to be reviewed on a regular basis detailing achievements made since the last review and confirming the continued effectiveness of the plan or if changes were required. One person's care plan showed their health had deteriorated and changes needed to be made to their care. For example, they now required two staff to support them at all times rather than one member of staff. Care plan reviews were clearly responsive to people's changing needs to make sure staff had up to date information to be able to provide the care people needed and wished for. Staff had recorded in one person's review they had lost a small amount of weight. A referral was made to the dietician to get early advice and intervention to support them to maintain their health and well-being. The dietician had been in touch but not yet visited.

People told us they had sufficient activities to suit them. The comments we received included, "We have plenty of activities here - dominoes, throwing a large disc onto a mat to score points, exercise classes and quizzes. I like sitting in the new lounge as it is not so hot and read my book. My sister comes in the afternoon and both of us sit and do the crossword"; "I like dancing and singing to the music. When dancing I hold onto one of the staff so I don't fall over"; "I just had my nails done. I like sitting and reading magazines. I like chatting to my friends in here"; "I prefer being by myself and I like watching TV. I like reading the newspaper, one of the staff pops a paper in for me after lunch" and "I like playing netball. They have a portable netball stand which we use. Sometimes a singer or a musician comes along to entertain us. Quite enough for me".

Each person had an activities plan detailing their hobbies and interests and likes and dislikes. Records were clear if people liked to socialise and chat with others or whether they preferred their own company most of

the time. Staff kept a record of the activities people joined in with and the contact they had with others if people were either cared for in bed or chose to stay in their room, to prevent social isolation. Details were displayed on the hall notice board of external entertainers who would be visiting the home in the next few months. A staff member was manicuring and painting people's nails. There was lots of chatting going on between them during the time they spent doing this. Other people watched the television or sat and read their books or newspapers.

People told us they knew who to go to if they had any complaints, although they had not had reason to complain. The comments we received included, "I've never had cause to complain"; "No complaints whatsoever. If I had an issue would go and talk to [Registered manager] or [the new manager]"; "I have a little moan every now and then, they (staff) sort it out straight away" and "It's a lovely home, no complaints. If I had any I would speak to [Registered manager]". The registered manager continued to follow their complaints procedure when complaints were received. The procedure was clear and easy to read so people knew the process they could take in the first instance and who they could take their complaint to if they were not happy with the way in which their complaint was handled. All verbal and written complaints were investigated by the registered manager and the outcome reported to the complainant. Copies of all complaints, investigations and outcomes were kept and used as a point of learning to prevent a future occurrence and to ensure improvements were made. Many compliments had been received about the care and support provided by staff. One thank you card from a family following their loved ones funeral said, 'A big thank you for providing [Name] with such a warm, safe and caring home'.

Good

Is the service well-led?

Our findings

People and their relatives thought the home was well run. The comments we received from people included, "Everything is in order, it is always very calm, never any fluster"; "Marvellous place. Wife and husband team. I like my TV and often have a problem it, I just go to [Provider] and he sorts it out straight away" and "Very good home, it is always being decorated, the meals are good and always on time, staff are always happy". A relative told us, "I would give the home a score of 10 out of 10 for the way it is run" and another said, "Very well run home, I cannot fault it. Their attention to the [people] here and their families is excellent. I just couldn't manage looking after her at home any more, happy we chose to come here".

The registered manager was also one of the provider's. They had decided to take a step back and revise their continued involvement in the service. A new manager had been appointed who had only been in post a few days so was getting to know the service. The intention was they would make an application to register with CQC. The new manager had specific experience working with people living with dementia and had already started on plans to enhance the knowledge and skills of staff in this area. Staff told us they had met the new manager and were pleased with their first impressions and the new manager's work experience. A deputy manager was also in post who had worked at the service for many years so providing continuity. Their role was to provide support to the registered manager by carrying out delegated tasks and deputising in their absence.

There were lots of positive comments about the management team and their approach. One person said, "Definitely know the manager (name), just as friendly as the girls. I have met the new manager, she appears friendly" and another person told us, "(Name) is the manager. I have met (Name) the new manager, she seems very good". A relative said, "I think the home is fantastic. We would put our names down for a place. It's a relief to have mum in here. We know she is safe. She seems very happy. The girls are all good".

The staff we spoke with told us they thought the service was well run. One member of staff said, "It is all very organised. I have worked in places where it is not", and "The managers are very approachable, you can talk to them about anything. They are part of the team. I love it here". Regular staff meetings had continued where open discussions were held and the registered manager updated staff about the service and other relevant information. Staff told us they were encouraged to raise issues or ideas and were listened to.

The management team also continued to meet on a regular basis and kept records of their discussions. They spent time reviewing the management plan and had discussed the higher care needs of people recently referred which meant they would need to continuously review staffing levels and recruitment. This meant the management team continued to have an overview of the service and plan future strategy to ensure the viability of the service.

A range of audits were in place to monitor the quality and safety of the service provided. The areas checked included; People's care plans, medicines management, maintenance, health and safety, falls, accidents and incidents and infection control. The staff member or member of the management team undertaking the audit completed an action plan where improvements were required. An audit of staff supervision meetings

had been carried out in July 2017 for the period January to June 2017 found that all staff had not received supervision in line with the provider's policy. Action was required to address this shortfall. All staff did receive supervision following this and a discussion was held at the staff meeting on 12 October 2017 regarding themes that had arisen. Sometimes an audit action plan had not been completed which meant areas that required improvement may be missed. We spoke to the registered manager about this who said they would add in an extra layer of oversight to check the completed audits more regularly to ensure staff responsible had completed appropriately and followed up on action required.

People and their relatives told us they always felt as though they were listened to and their concerns were acted upon. The comments we received from people's relatives included, "The manager does listen to what we say and does something about it"; "I feel listened to. I've just had a chat with the new manager about mum's moods, she seems to be quite knowledgeable about mum's needs and care" and "Staff always listen to us and will take time to tell me how [family member] has been. I was concerned about her not eating a lot. The manager told me that when she was hungry even the night staff had prepared her some food".

Resident's meetings were held about once a year. The last meeting was held on 14 November 2017. People discussed the food and mealtimes, giving their ideas for different choices at tea time rather than sandwiches. Suggestions given included beans on toast, jacket potatoes, scrambled eggs or pizza. These were now on offer.

People were asked their views of the service they received during their regular care plan review. One person said at their review on 29 August 2017 that they, 'Chose the home themselves and likes it here'. Another person's review record on 4 December 2017 stated, [Name] says she is in the best place and likes it here'. People had been asked to complete a survey in the form of a questionnaire in November 2017. Feedback from people was very good with 100% of people saying they were either 'Very satisfied' or 'Satisfied' with every area covered in the questionnaire. Comments such as, 'Couldn't ask for better care and attention' and 'Carers always helpful and cheerful' were included.

The registered manager tried to gain the views of the service from others involved such as GP's, district nurses and local authority staff. They sent 10 questionnaires to these groups in November 2017 but unfortunately received no responses. Responses were received to the 'Professionals survey' sent in 2016 and all feedback was very good. The provider had sought the views of staff through a staff survey in November 2017 with a 72% response. Responses were primarily positive with some negative comments that the registered manager was in the process of addressing to make improvements as a result of the feedback.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.