

Orchard Care Homes.com (5) Limited

Haslingden Hall and Lodge

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We carried out an inspection of Haslingden Hall & Lodge on the 27 & 29 January and 2 February 2015. The first day of our inspection was unannounced.

We last inspected Haslingden Hall & Lodge on 23 June 2014 and found the service was meeting the requirements of the current legislation in the outcomes assessed. These were, consent to care and treatment, care and welfare of people using the service, safeguarding people, requirements relating to workers and assessing and monitoring the service provision.

Haslingden Hall and Lodge is registered to provide personal care and accommodation for up to 76 people. All bedrooms are single occupancy with an en-suite toilet and shower. The home is situated in a residential area of Haslingden. There is adequate parking for staff and visitors. There are comfortable lounges, dining rooms and conservatories. Various aids and adaptations are provided to support people maintain their independence in addition to assisted bathing facilities. There is a

Summary of findings

passenger lift to the upper floor. The home is divided into two units, one of which accommodates people with dementia. At the time of our visit there were sixty eight people living in the home.

The home was managed by a registered manager. 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered manager and support staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us they were cared for very well and they felt safe. They told us they had never had any concerns about how they or other people were treated. We observed people were comfortable around staff and did not show any signs of distress when staff approached them. One person said, "I feel safe and am well looked after with nothing to grumble about." Routines were seen to be flexible to accommodate people's varying needs and there were no institutional practices observed.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. We found there were sufficient numbers of suitable staff on duty to attend to people's needs and keep them safe. People had mixed views about the staffing levels but overall considered there was enough staff working to attend to their needs as and when required.

Contractual arrangements were in place to make sure staff did not gain financially from people they cared for. For example, staff were not allowed to accept gifts or be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

We were able to establish risk assessments linked to people's welfare and safety had been completed and the management of known risk planned for. Appropriate equipment was in use to reduce any risks to people's health and well-being.

People had their medicines when they needed them. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic and staff had been trained in infection control. Cleaning schedules were followed and staff were provided with essential protective clothing. People told us they had their privacy respected by all staff and were satisfied with their bedrooms and living arrangements.

Each person had an individual care plan. These were sufficiently detailed to ensure people's care was personalised and they were kept under review. Staff discussed people's needs on a daily basis and people were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed. This meant people received safe and effective care.

We observed good interaction between staff and people using the service. From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care.

Meaningful activities were provided for small groups of people or on a one to one basis. Activities provided were creative and offered real experiences for people such as a cruise week and high tea served the traditional way. Visiting arrangements were good and visitors told us they were able to visit at any time and were made to feel welcome.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. One person told us, "Like my friend I have no complaints about the food. We get regular meals, snacks and drinks throughout the day." We saw that people had access to and helped themselves to a variety of snack foods and fresh fruit whenever they wanted.

Summary of findings

People told us they were confident to raise any issue of concern and that it would be taken seriously. Complaints were monitored at senior management level and the information was used to improve the service. There were opportunities for people to give feedback about the service in quality monitoring surveys.

People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager who was described as 'very approachable', 'always there for us' and 'a very good manager'.

There were informal and formal systems to assess and monitor the quality of the service which would help identify any improvements needed. Resident and relative meetings were held providing an opportunity for people to express their views about the service with evidence their views had been listened to and used to improve their quality of life experience.

During the inspection we found the service was meeting the required legal obligations and conditions of registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly. Safe recruitment practices were followed and contractual arrangements and policies and procedures for people's protection were in place.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. The home was clean and hygienic.

Good



Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected. Decisions made took into account people's views and values. People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly and support people's changing needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Food served was nutritious and plentiful and people told us they enjoyed their meals.

Good



Is the service caring?

The service was caring. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their day to day care. People's views and values were central to how their care was provided.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised and responsive to their needs. People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were opportunities for involvement in regular activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

Good



Summary of findings

Is the service well-led?

The service was well led. People made positive comments about the management of the home. Staff were aware of their roles and responsibilities. There were processes in place to support the registered manager to account for actions, behaviours and the performance of staff.

The quality of the service was effectively monitored to ensure improvements were on-going. This was supported by a variety of informal and formal systems and methods to assess and monitor the quality of the service.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



Haslingden Hall and Lodge

Detailed findings

Background to this inspection

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

The inspection took place on the 27 & 29 January and 2 February 2015. The first day of the inspection was unannounced.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of health and social care and dementia care. 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 reviewed the information we held about the service. During the inspection we asked the registered manager to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service.

We spoke with 20 people living in the home, two relatives, eight care staff, two domestic staff, two cooks, the registered and deputy managers and regional manager. We also spoke with five visiting healthcare professionals and one social care professional.

We observed care and support being delivered. We looked at a sample of records including five people's care plans and other associated documentation, two recruitment and staff records, minutes from meetings, training plans, complaints and compliments records, all medication records, policies and procedures and a sample of returned quality monitoring questionnaires.

Is the service safe?

Our findings

We spoke with people using the service. They told us they were cared for very well and had never had any cause to feel concerned. One person told us, "I have been here about two years and I have to say that it is very good. I feel safe and am well looked after with nothing to grumble about." Another person told us, "I love it here as I was just not coping at home. I used to lay awake listening to noises and wondering if I should get up to investigate. Now I am eating well and feel completely safe which means I am sleeping better." And, "I would definitely have something to say if anything wasn't right. We have a good manager who shows an interest in us and I think the staff that work here are very kind. I'm really grateful to be here."

A relative we spoke with said, "They (staff) are really good with her and I'm very grateful." A visiting health professional told us, "I have no concerns about this home. I find the staff to be very caring and people seem to be happy. I'm in every day for between 1 and 3 hours. I cover the local area and I particularly like the way this home feels, I would recommend it."

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We observed for example breakfast was served whenever people arrived in the dining room. People were able to walk about freely within the units and staff offered assistance when needed. People were comfortable around staff and did not show any signs of distress when staff approached them.

We discussed safeguarding procedures with eight members of staff and with the registered manager and deputy manager. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There were policies and procedures in place for their reference including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Training records evidenced staff training in safeguarding. There was also evidence a consistent approach to safeguarding was taken and matters were dealt with in an open, transparent and objective way. Records we looked at showed the service

had managed incidents, accidents and safeguarding concerns promptly. Investigations were thorough and improvements had been made as a result of learning from mistakes.

We had received concerning information prior to this inspection telling us there were not enough staff to make sure people had the care and support they needed. We were given examples such as people not being changed regularly and people remaining in bed. We discussed the reported concerns with the registered manager and deputy manager. They told us staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. There had been an increase in staffing levels as a result of this. Staff we spoke with told us any shortfalls in staffing levels, due to sickness or leave, were covered by existing staff or by regular agency staff. Staff on duty considered there was enough staff to ensure people's needs were met and provide some quality time with them.

We looked at three staff recruitment files. We found completed application forms, references received and evidence the Disclosure and Barring Service (DBS) checks were completed for applicants prior to them working. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This check helps employers make safer recruitment decisions. Contractual arrangements were in place to make sure staff did not gain financially from the people they cared for. For example, staff were not allowed to accept gifts or be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

We looked at the staffing rotas for the past two weeks. We found the home had sufficient skilled care and ancillary staff to meet people's needs. We found the deployment of staff and routines meant people could get up when they wanted and were given the right support during the day and night. Care records showed for example when people were changed, asleep, and had positional changes. There were gaps however in recording these details in two records we looked at. We checked these people in their rooms and found they were asleep in clean beds and looked comfortable. Staff told us they had been washed, changed and had breakfast before they returned to their bed for pressure relief and the incomplete records was an oversight on their behalf.

Is the service safe?

People we spoke with had mixed views about the staffing levels and availability of staff. One person told us, “The majority of the staff are fine and they do respond quickly to the call button unless they are very busy.” Another person said, “There does seem to be enough staff during the day but I think more on nights are needed.”

During our visit we observed staff in attendance in all areas of the home and people's calls for assistance were promptly responded to. Routines were seen to be flexible to accommodate people's varying needs and there were no institutional practices observed.

Staff told us they were confident they had the training to keep people safe and explained how, with patience and calmness; they were coping with a (named) person who was reaching the point where they needed to be moved to the dementia unit that was better equipped to meet their needs. We were able to establish risk assessments linked to people's welfare and safety had been completed and the management of known risk planned for. People who may be at risk of falling, developing pressure ulcers, or may not eat enough were identified. Appropriate equipment was in use to reduce any risks to people's health and well-being.

People we spoke with told us they had their medication when they needed it. We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. We found the home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. The service had recently changed to an Electronic Medication Administration Record referred to as EMAR. This was designed to ensure medication was given at the right time and minimise the risk of any error. It also proved a useful tool in monitoring how medication was managed on the units. Staff using this system had received training.

We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly. A new protocol was in place following an incident where there had been a delay in one person receiving their medication. Arrangements with the

supplying pharmacy to deal with medication requirements were good and medicines were disposed of appropriately. All records seen were well maintained, complete and up to date and we saw evidence to demonstrate the medication systems were checked and audited on a regular basis.

Appropriate arrangements were in place for the management of controlled drugs. These are medicines which may be at risk of misuse and require extra monitoring. They must be stored appropriately and recorded in a separate register. Care records showed people had consented to their medication being managed by the service on admission. Where medicines were prescribed ‘when required’ or medicines with a ‘variable’ dose, guidance was recorded to make sure these medicines were offered consistently by staff as good practice. Medicines required at different times during the day were managed well. The deputy manager told us all staff designated to administer medication had completed training. Staff confirmed this.

We checked the arrangements for keeping the home clean and hygienic. We found the areas of the home we looked at were clean and mostly free from offensive odours. All of the toilets and bathrooms we checked were clean and had hand washing soap dispensers and paper towels. There were two domestic staff and a laundry staff on duty at the time of our visit. We discussed cleaning arrangements with them. They told us they followed a cleaning schedule on a daily, weekly and monthly basis and were given enough cleaning products to use. We looked at records maintained that showed there were cleaning schedules and audit systems in place to support good practice. Bedrooms with problematic odours were regularly deep cleaned.

We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves and aprons. Environmental Health had visited the home and awarded a five star rating for food hygiene. There were contractual arrangements for the disposal of clinical and sanitary waste.

We were also shown health and safety monitoring that was being followed as routine such as, safety of the premises, furniture, fittings and equipment used. Security to the premises was good and visitors were required to sign in and out. A visiting maintenance of equipment personnel told us, “I call on a regular basis normally to check on the

Is the service safe?

equipment. I would say this is one of the better homes regarding the way they care for, clean, and also replace when necessary.” We saw that training had been provided

to ensure staff had the skills to use equipment safely such as using a hoist. We also saw evidence training had also been given to staff to deal with emergencies such as fire evacuation.

Is the service effective?

Our findings

The people using the service we spoke with offered no criticism of the qualities of the staff who cared for them. We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly.

Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. Staff told us with the established chain of command, they considered they were adequately supervised. Most staff had achieved or working towards a recognised qualification in care. One member of staff said, “We have a good staff team and we are supported very well. I’ve never been asked to do anything I’m not trained to do and if I’m unsure about anything I only have to ask.”

Staff told us they were supported at work and provided with regular supervision and appraisal of their work performance. This would help identify any shortfalls in staff practice and identify the need for any additional training and support. Staff spoken with had a good understanding of their role and responsibilities, and of standards expected from the registered manager and provider. They said they had handover meetings at the start of their shift and were kept up to date about people’s changing needs and support they needed. Records showed important key information was shared between staff. This meant people were more likely to receive effective and personalised care because of this.

We looked at pre admission assessments for three people recently admitted. We found information recorded supported a judgement as to whether the service could effectively meet their needs. Furthermore people had received a contract outlining the terms and conditions of residence that explained their legal rights.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. It sets what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Staff we

spoke with showed an awareness of the need to support people to make safe decisions and choices for themselves. They had an understanding of the principles of these safeguards and had received training on the topic. At the time of the inspection one person using the service were subject to a DoLS. This was being managed in accordance with best practice published guidance and being reviewed regularly.

Care records showed people’s capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. This provided staff with essential knowledge to support people as they needed and wished. Staff spoken with had a good understanding of people’s needs, interests and preferences. Staff were aware of people’s ability to make safe decisions and choices and decisions about their lives.

We looked at Do Not Attempt Resuscitation (DNAR) consent in place for two people. One DNAR was not completed properly as there was no indication this had been discussed with the person or reason why it had been authorised. We discussed this with the registered manager as it is important the General Medical Council’s code of conduct and practice is followed when DNAR’s are put in place. It is also important decisions are kept under review. One DNAR had been authorised during a stay in hospital with no evidence to show this had been reviewed following their discharge. The registered manager acknowledged our concerns and dealt with this immediately. GP’s involved and relatives were contacted and arrangements made for a review.

We looked at how people were supported with their health. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. People’s healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, social workers, the mental health team, the chiropodist and the district nursing team.

We spoke with four visiting healthcare professionals and discussed how well the service supported people’s healthcare needs. We had received concerns prior to this inspection regarding the incidence of moisture lesions (superficial skin damage) linked with continence management. We discussed this with the registered

Is the service effective?

manager and saw evidence measures had been put in place to ensure there was no reoccurrence of this problem. This was confirmed by a healthcare professional who told us, “They are trying to get on top of this.” Another healthcare professional told us they visited every day and was happy that the service took a proactive approach to people’s health and followed their instructions and advice given very well regarding people’s care.

We spoke with people using the service. They told us staff supported them with their healthcare needs. One person said, “They are all very helpful, making sure I get my physio sessions and they have taken me out to the shops and the opticians.” We spoke with a social care professional who was visiting. They said, “I have come across from (named place) to check on a lady who was in our area but wanted to be nearer to her relatives. I can see she is doing well and is obviously happy here. She is making good progress.”

We looked at how people were protected from poor nutrition and supported with eating and drinking. One person using the service said, “If you are eating here you should enjoy it as the food is very good.” Another person told us, “On the whole the meals are fine. I have my meals in my room because I don’t like going to the dining room.” We dined with people at lunchtime. We observed people being given the support and encouragement they needed

and being offered choices of meals and the atmosphere was relaxed and unhurried. The meals served looked appealing and plentiful and the dining tables were appropriately and attractively set. People we spoke with made the following comments, “I like the food, it is very good” and “You can have what you want. We try different things and I think the food we get is very good.” “Like my friend I have no complaints about the food. We get regular meals, snacks and drinks throughout the day.” We saw that people had access to and helped themselves to a variety of snack foods whenever they wanted.

Care records included information about people’s dietary preferences and of any risks associated with their nutritional needs. People’s weight was checked at regular intervals and we saw appropriate professional advice and support had been sought when needed.

We spoke with the cooks on duty. They told us they worked to a four week rota and changed menus for summer and winter. All meals and confection were homemade and there was some flexibility within the menu. Fresh produce was used and there was always sufficient supplies ordered. People using the service could influence the menus and they occasionally introduced different foods from around the world to allow people to experience different tastes and cultures.

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring and were doing the best they could. They agreed that wherever possible they and their relatives were involved in planning the care they required. One person said, "It is Ok here. I don't join in with much that they do and I'm happier sat here reading the paper. I think I am cared for quite well but I can't really comment, I have nothing to complain about." Another person said, "I am warm, safe, and well cared for." People we spoke with also considered staff helped them maintain their dignity and were respectful to them.

From our observations over the three days we were at the home, we found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We noted calls for assistance were responded to promptly and staff communicated very well with people. Where people required one to one support such as with eating and personal care this was given in a dignified manner. We checked on people who stayed in their room in order to look at how their care was being delivered and we observed people were attended to regularly throughout the day. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered.

The service had policies in place in relation to privacy and dignity. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. The manager told us she was the 'dignity in care' lead and some staff had signed up as 'dementia friends'. This meant staff were kept up to date with current good practice issues. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee people's care and support. The registered manager told us they were taking a more

pro-active approach to dementia care by matching staff to people using the service who have similar interests. This link was being extended to all staff groups who have regular contact with people.

Staff we spoke with had a good understanding of people's needs and of any difficulty they had in expressing themselves. They gave a good account of and showed understanding of the varying needs of different people we had discussed with them. We saw that staff were observant and noticed changes in people's needs, particularly changes in people with dementia care needs. Staff reported concerns promptly to senior staff and took guidance on action they needed to take.

Staff knew what was important to people and what they should be mindful of when providing their care and support, such as visual and hearing impairment. Staff told us they enjoyed their work. One staff member said, "I enjoy working here. It's really good and very interesting. People are cared for very well." Another staff member said, "I think there is a lovely atmosphere and people are looked after very well."

We looked around the home and we found people had single en-suite bedrooms. People had created a home from home environment with personal effects such as family photographs, pictures and ornaments. Each person had a single room and could have a key to their room if they wished. The dementia unit was designed to support people with dementia. For example, bedrooms were comfortable and recognisable for people and toilets were easy to locate. Corridors were themed to provide stimulation for people walking around.

There was a wide range of information displayed at the service. For example information about health services, health issues, social care and information about advocacy services. People had a guide to Haslingden Hall & Lodge which included useful information about the services and facilities available to them during their stay.

Is the service responsive?

Our findings

We looked at assessment records for three people. These had been carried out by a suitably qualified member of staff. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. They also included information about the person's ability to make decisions. This provided staff with some insight into people's needs, expectations and life experience. People identified as having some difficulty making choices were supported during this process. We saw people who would act in their best interests were named, for example a relative. Emergency contact details for next of kin or representative were recorded in care records as routine.

People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home and consider if the services and facilities on offer met with their needs and expectations.

We looked at three care plans and also looked at continuing assessments of five other people living in the home. Care plans clearly placed people at the centre of their care and were specific in instruction for staff to make them personal for individuals. Care staff had been instructed for example to 'respect' people's wishes, and to 'explain all the time what is happening'. There was evidence care plans were being reviewed regularly. We noticed daily records were written to reflect the care and support people had received but there were occasional gaps seen. We discussed this with the registered manager as failing to keep accurate records could potentially put people at risk of receiving inappropriate care. The registered manager told us this was currently being addressed.

We asked the registered manager how essential information was relayed when people use or move between services such as admission to hospital or attended outpatient clinics. We were told staff would escort people if needed and all relevant details were taken with them. Any information or guidance from the hospital, GP or outpatients was recorded and discussed to support people's continuing care. We spoke with a health

professional who told us, "Some carers are excellent. They will stay with you and offer assistance and take guidance on people's care. Others tend to show you where people are then rush off. You have to find them to get details off them. I think it is more of a training issue in communication than anything else. They are very nice people." Another health care professional told us, "They are very good here. Staff know all the residents and I get a full brief of their health problem when I visit."

From looking at photographs, information displayed, and from discussions with people who used the service, we found there were opportunities for involvement in a number of activities. People were involved in discussions and decisions about the activities they would prefer each day, which should help make sure activities were tailored to each individual. People's preferences were also recorded and personalised activities provided such as music, reading, knitting, chatting and TV. A full range of activities was on offer to give people valued experiences. For example the registered manager told us they had recently had a 'cruise week' with all the pomp and ceremony where people sampled food from around the world and had the opportunity to sit at the captain's table. Other creative ideas included baking sessions and on the third day of our inspection people enjoyed the experience of official 'high tea'. The service had established links with local schools and churches and people were supported to access the community on a one to one basis. One person told us, "I have my birds there in their cage and I also like to tell jokes and talk to the others. I do feel safe here, the staff are nice and the food is pretty good and we now have WI FI since last week."

People were able to keep in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own rooms, in the lounges or in the quiet seating areas. Visitors told us they were able to visit at any time and were made to feel welcome. People we spoke with told us they were happy that their care was relevant to their individual needs. Staff told us they did make efforts to connect residents with friends and family, and had recently taken some people on a trip to reunite them with their friends.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us they welcomed any comment or complaint about the service as it helped

Is the service responsive?

improve their customer service. People who used the service and their relatives had opportunity to discuss their concerns during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. People we spoke with told us they knew how to make a complaint and felt confident any issue they

raised would be dealt with promptly. Records showed complaints were taken seriously with details of the investigation carried out and conclusion recorded. Complaints were monitored at senior management level and the information was used to improve the service.

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager at Haslingden Hall and Lodge was registered with the Care Quality Commission to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. She was supported and monitored by the regional manager who visited the service on a regular basis as part of the company quality monitoring and to check she was meeting her obligations as registered manager in achieving the organisations required standards in the day to day running of the home. The registered manager also regularly attended meetings with managers from other services in the group and had a team of unit managers and senior carers for the residential and dementia units. We established the registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

There were effective systems in place to seek people's views and opinions about the running of the home. People living in the home, their relatives, health and social care professionals and staff were asked to complete annual customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided. Resident and relatives meetings were held and we were told that there had been such a meeting on the previous week when the dining room was completely full.

People described the registered manager as 'very approachable', 'always there for us' and 'a very good manager'. Staff told us, "I have no problems with the manager. She is very good at her job, organised, and caring. I would be able to discuss anything with her." And, "We have good leadership here. I have complete faith in the manager. Everyone knows what is expected of them. She is fair and treats people well." "The changes she (registered manager) has made are unbelievable and all for the better." Staff also expressed no concerns about their colleagues and considered that they were well led. There told us there were opportunities and support for career progression within the company.

Staff were aware of their roles and responsibilities. We found there were processes in place to support the registered manager to account for actions, behaviours and the performance of staff. Accountability for staff

performance was evident with check lists completed for daily tasks and personal care provided. We discussed with the registered manager the unit manager's responsibility to keep records up to date. We had found in one unit an instance when this had not been monitored. The registered manager told us she had already spoken to the unit managers and better auditing would be in place. Keeping records up to date helps to ensure staff are fully aware of people's presenting and changing needs.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, care plans, money, activities, staff training, infection control and environment. For example we saw that an improved protocol was in place to make sure new medication prescribed was not overlooked and staff training updated following an incident that had occurred. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

We found quality assurance was carried out regularly with regard to the operation of the home that included the environment. A comprehensive file of safety certification and maintenance carried out was shown to us. Guidance was also followed such as health and safety in the work place, infection control, fire regulations and control of hazardous substances.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. During the inspection we found the service was meeting the required legal obligations and conditions of registration.

The provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. We also noted that one staff member had been nominated for and attended the North West Great British Care Awards ceremony. The Great British Care Awards are a celebration of excellence across the care sector. The purpose of the awards is to promote best practice within both home care and care homes sectors, and pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. We were told a good day out was had by all who attended the ceremony to watch the staff member receive their award.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.