

Methodist Homes

Epworth Grange

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

This inspection took place on 21, 22 and 27 July 2015 and was unannounced. We had previously carried out an inspection on 25 January 2014 when we found the service had complied with all the regulations we reviewed.

Epworth Grange is owned by a national company called Methodist Homes. It is situated near a main road in a residential area approximately one mile from Bury town centre and is close to bus stops and local shops. It is a detached purpose built home set in its own grounds with

gardens. There is car parking to the front of the building. The home is divided into five wings and is registered for a maximum of 41 people who require support to meet their personal needs.

The service had a manager who was registered with us. 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 and associated Regulations about how the service is run.

Summary of findings

People who used the service said, "I feel safe. I've only ever seen a little bit of a shmozzle between two residents", "I think the place is good. I'm quite happy. I feel safe here" and "I definitely feel safe here. There's nothing to worry about in that way."

Staff had received safeguarding vulnerable adults training and knew what action they must take if they witnessed abuse or poor practice.

The service had a robust recruitment and selection process to protect vulnerable people from staff who were unsuitable.

There were sufficient staff available to support people safely and effectively. The home also had a volunteer co-ordinator and a team of twenty eight volunteers worked alongside carers and the activities co-ordinator.

Effective systems were in place in relation to the medication practices and prevention and control of infection. The home was clean, tidy and well maintained. The gardens were user friendly, well-kept and included raised beds which enabled people who used the service to garden if they so wish.

The food served was home cooked and appetising. People told us that, "The food is quite good. There's lots of choice", "They like you to eat your food because it is good for you. You have a choice of two meals at lunch and in the evenings" and "We eat well. The food is very good"

Relationships between people who used the service and staff were very warm and respectful. There was a good deal of reassuring tactile contact and conversation. People who used the service we spoke with were highly complimentary about the caring staff. They said "They look after me and we have some nice times. It's good here. It's a very nice place." "It was the best decision I ever made to come in here. They are just kind" and "It's great here. Patience is their middle name."

There was an activities programme in place which sought to meet the needs of all the people who used the service. People told us about the activities. They told us "We do all sorts; concerts, lectures, we play on DVDs and go to church for coffee mornings." "There's plenty [activities] that goes on. They have quizzes and musical things going on. This morning I've been to the church" and "You can see why we smile [member of staff was singing]. She works hard."

Prior to our visit we contacted the local authority commissioner and safeguarding teams. They did not raise any concerns with us about Epworth Grange.

A person who used the service said "I was thrilled to bits to come here. I was so pleased to get in." A member of staff said, "It's brilliant, I have to say. I would put my mother in this home, without doubt."

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 who used the service told us that they felt safe and happy at the home. Staff had received safeguarding vulnerable adults training and knew what action they must take if they witnessed abuse or poor practice.

The service had a robust recruitment and selection process to protect vulnerable people from staff who were unsuitable. There were sufficient staff available to support people safely and effectively.

Effective systems were in place in relation to the medication and prevention and control of infection.

Good



Is the service effective?

The service was effective.

Systems were in place to ensure staff received the training and support they required to deliver safe and effective care, which promoted people's rights.

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

People were able to access professionals and specialists to ensure their health needs were met.

Good



Is the service caring?

The service was caring.

People who used the service spoke positively about the attitude and approach of staff. We observed staff to be kind, caring and thoughtful in their interactions with people.

People were supported to receive the care they wanted at the end of their life.

Good



Is the service responsive?

The service was responsive.

There was a wide range of activities for people to get involved in if they so wished, including people living with the advanced stages of dementia.

People's choices were respected and staff responded quickly to their needs.

Good



Is the service well-led?

The service was well led.

People we spoke with told us they thought the home was well-led and that managers and senior care staff were always supportive and approachable at all times.

Effective systems were in place to monitor the day to day running of the home and check out the quality of the service provided.

Good



Epworth Grange

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 registered 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 21, 22 and 27 July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received a detailed response from the registered manager.

Before our inspection we reviewed the information we held about the service including the previous inspection report and notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. No concerns were raised with us about Epworth Grange.

During our inspection we spent time on three of the units observing how people were being cared for and supported. We spoke with thirteen people who used the service, a relative and a best interest assessor. We also spoke with the registered manager, deputy manager, two senior care staff, five care staff, the volunteer co-ordinator, a volunteer, the activities co-ordinator, a chef and a housekeeper.

We looked at the care records for seven people who used the service and the records relating to the administration of medicines. In addition we looked at a range of records relating to how the service was managed; these included staff personnel files, training records and quality assurance systems.

Is the service safe?

Our findings

Everyone we spoke with told us that they thought that the home was a safe environment and that staff respected the people who used the service and looked after their needs. People who used the service said, "I feel safe. I've only ever seen a little bit of a shmozzle between two residents", "I think the place is good. I'm quite happy. I feel safe here" and "I definitely feel safe here. There's nothing to worry about in that way." A relative commented, "She's safe here. The staff treat her well." and a volunteer said, "I've not seen any problems since I came here."

The staff we spoke with knew what action they must take in reporting any concerns they had witnessed in relation to abuse of people who used the service and poor practices of colleagues [whistleblowing]. A staff member told us, "Without a doubt I would report it. It could be my mum." We saw that staff received training in safeguarding vulnerable adults and in the reception area we saw there was information available for people about safeguarding, which included information about 'No Secrets' for everyone to read. We saw a copy of the homes whistle blowing policy.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The same recruitment process was used for volunteers and bank staff.

We looked at the records kept of questions asked at care workers interviews. We saw questions covered a range of areas which included the qualities the applicant would need, scenarios about a person who was falling frequently, safeguarding and whistle blowing and also what action would you take if you were given an instruction that you did not want to follow. The home had an equal opportunities policy.

A person who lived at the home said "The staff work very hard. I wish that they had a lighter work load." Staffing levels during the day were seen to be high with a number of additional volunteers also helping out with activities or working in the dining rooms. We looked at the rota for the home which showed that there was always either a manager or senior care staff member on duty including through the night at the home.

The home were currently recruiting to 10% over the number of staff they needed to ensure they had sufficient staff to support people to cover annual leave and sickness. The registered manager told us that there was a low staff turnover. The managers of the home were supported by other management staff and MASCOT, a national call centre. The home had a number of regular bank staff that they used. No outside agency staff were used at the home.

We spent time talking with the volunteer co-ordinator. They told us that there were currently 28 people on the volunteer rota who were involved in different activities throughout the home such as a volunteer Chaplain, helping with activities, using the computer and helping to support people to eat their meals. Volunteers wore bright red t-shirts to distinguish them from other staff.

We saw that there was a list of first aiders and the emergency procedures in the main reception areas. We saw that personal emergency evacuation procedures [PEEP's] were available to use in the event of the need to evacuate the premises and were kept in the main office so they were accessible to emergency services.

The home had an emergency lifting cushion to help support people up from the floor if they fell. We saw that there was a monthly analysis of accidents and incidents to check if there were any trends or patterns to the falls. The analysis record directed senior staff to check that appropriate risk assessments were in place. Accident and incident forms were held on people's individual files. People were seen to be wearing well-fitting foot wear to help prevent falls. We saw that where wheelchairs were being used staff always used the foot plates to help prevent injury to people's feet.

We watched people being given their medication. We saw that the staff member took their time to give medication to people and were on eye level with them during the process and offered reassurance and made sure they were taken.

Is the service safe?

We also saw that people's right to refuse medication was respected. One person said during the administration of medicines about the staff member that they were "Good at listening and they would be lost without them."

We looked at the medication practices at the home. Medicines were seen to be stored in locked trolleys which were securely held in the treatment room. Either a manager or the senior carer held the keys for medicines throughout the shift. Eight staff were authorised to give out medicines and a record of their initials was kept.

We saw on medicine administration record sheets (MAR's) that there was a photograph of the person to help staff identify them. Records were seen to be accurate and up to date. One person had been prescribed medication to help support them with behaviours that challenged others when required. We saw that this medication had only been given to the person on one occasion. We were told that this was because there were concerns that the person would be more at risk of falls and that diversion techniques had been successful. People who had Parkinson's disease were given their medication early to help reduce any tremors before getting up and promote their independence.

We saw that fridge and room temperatures were checked and recorded daily. Controlled medicines were appropriately stored and signed for by two staff. The controlled medicines that we checked corresponded with the records.

Two people were self-medicating and records were maintained. Prescribed creams were applied by care staff in people's rooms and a MARs was completed. Two people took a food supplement and one person was on a liquid thickener but refused to take it. This was recorded.

We looked around parts of the premises. A member of staff said, "It's well maintained. They keep on top of things." We saw that there was a conservatory that led out into a safe, secure and user friendly garden which had raised floor beds, a water feature and places to sit. One person who used the service said "I go and do a bit in the garden every

morning." In the main lounge we saw there was a large screen to watch TV and films on DVD as well a loop system available for people who wore hearing aids to help them join in.

We checked that valid certificates were in place for the passenger lift, gas safety, electrical fittings and fitments and portable electrical items as well as special baths and hoists. A legionella check had been carried out at the home. The maintenance man carried out a monthly check in each bedroom to look at general health and safety, water temperatures, window restrictors and the nurse call. There was also a maintenance book for staff to use if they found anything that needed to be addressed. Staff also checked water temperatures before a person had a bath and a record was kept.

People who used the service and their relatives told us they thought the home was clean. They said "It's very clean and there's no smell." and "It's clean and pleasant." Staff we spoke with told us that they used disposable aprons and gloves when they supported people with personal care and these were always available. Paper towels and liquid hand wash were available for people to use throughout the home and hand sanitizer was sited at strategic points throughout the home.

We saw that staff did not arrive or leave wearing their uniforms but changed on site to help prevent the spread of infection. Information about the local infection control nurse and contact details were available in the reception area. Waste bins with foot pedals and colour coded mops and buckets were used to help reduce the opportunity for the spread of infection.

The home had control of infection champions who met on a regular basis. We saw minutes of the last meeting which took place on 17 June 2015, which discussed a range of issues which include what action to take if there was an outbreak of an infection at the service. A control of infection champion showed us a copy of the audits that they carried out to help ensure high standards were maintained.

Is the service effective?

Our findings

We looked at the care records for seven people. We saw that an assessment had been carried out before the person came to live at Epworth Grange to help ensure that their needs could be met. We found evidence that people who used the service had given consent about a range of issues which included consent to photographs being taken, outings, self-medicating, transfer of personal information to others, the use of bed rails and having reflexology. Where people lacked the capacity to make their own decisions, we saw family members and independent professionals had been involved in ensuring any decisions made were in the best interests of the individual concerned.

We saw that when staff started at the home they were allocated a more experienced member of staff as a “buddy” to support them through their 12 week induction period. The new staff member completed an induction workbook. The new staff members first day at the home being made welcome, introducing them to the layout of the home and emergency procedures such as fire, maintaining a safe environment and the homes values.

By the end of the first week in which they are supernumary the new staff member is expected to be familiar with the care induction standards, communication, introduction to health and safety, food hygiene, infection control, moving and handling, safeguarding and dealing with incidents. The induction programme continues over 12 weeks and includes dementia, spiritual and emotional wellbeing, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), medication, advocacy and activities. The course also gave new staff the opportunity to reflect and recap on the training they had completed and included ‘Living the Values’ training.

The home had a staff training room and training was in the main completed online by staff. The online training was able to be monitored by the registered manager to ensure that it was being completed correctly by staff. A record of staff training was held on a database that could also be accessed by the provider to check staff were receiving the training they should. We saw that refresher training was offered to staff

A senior member of staff informed us about the 4 day course run by the provider and Bradford University about dementia care. The topics covered included, positive

communication, life story work, redefining challenging behaviour, engaging in positive activities, expressing sexuality and contributing to care planning. The senior care staff member was in the process of sharing this training with the staff team. They also attend an annual continuous professional development day with Bradford University to discuss any updates, problems and ideas. Relatives and volunteers can also access the homes training.

As part of dementia care training staff completed a reflected journal called ‘The Person Inside’ which enabled them to consider their own views and attitude towards people living with dementia and good practice in relation to the consideration of and support of people’s presenting behaviour which included what the person maybe trying to communicate.

We looked at the arrangements for staff supervision. Responsibility for supervision was cascaded through the staff team, for example, the registered manager supervised the deputy manager and senior care staff who in turn supervised their care staff within their keyworker group. Records showed that staff received regular supervision.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. We saw that there was a best interest assessor visiting the home to carry out [DoLS] assessments. The registered manager said that all urgent DoLS assessments had been done and the local authority was carrying out the remainder of the assessments.

During our visit we spoke with the best interest assessor who was undertaking assessments at the service on behalf of the local authority. They told us that their impression of the home was that it was caring and people were treated with dignity and respect. They said they had been offered privacy to meet with people and that the records that they had seen were good.

No one was receiving medication covertly and appropriate Do Not Resuscitate [DNR CPR] documentation was in place.

We saw that a meeting had been held to discuss understanding and managing people’s behaviour that challenges that considered the providers policy and procedure. We saw that the meeting included a discussion about different forms of restraint for example, physical, mechanical, technological, chemical and psychological.

Is the service effective?

Risk assessments were completed for people who displayed challenging behaviour. Any incidents were recorded on the person's file and we saw evidence of them when we checked some people's care records.

We attended the morning handover at 8am where a handover was given to the day staff coming on duty from the night senior about people who used the service. The diary was consulted for planned events such as hospital appointments, the chiropodist visiting and people going out to a coffee morning. Staff were allocated to where they were to work their shift. They were also given a safeguarding procedure update and reminded that it was warm and the need to ensure that people were offered regular drinks throughout the day. The keys were handed over between the people in charge and a record of the handover was kept.

People told us that, "The food is quite good. There's lots of choice", "They like you to eat your food because it is good for you. You have a choice of two meals at lunch and in the evenings", "We eat well. The food is very good" and "I have a banana every day. After dinner they serve fruit. I can always ask for more."

There was a menu available in the main reception area which included a large picture version for people to refer to. We observed meal times in all three of the small dining rooms throughout the home. The atmosphere was calm. There were frequent and friendly interactions between people who used the service and the staff supporting them.

Water and a variety of fruit juices were offered at the start of the meal and tea or coffee at the end. Two carers served 12

people who used the service with kindness and respect. We saw that staff asked people what they wanted and where a person was not happy with their meal asked if they would prefer an alternative. The choice was sandwiches and soup or poached egg on toast and fruit salad with or without ice cream to follow. We saw staff check temperatures of food to ensure it was not too hot or too cold to eat.

People's weight was monitored regularly. There was a weighing machine that could be used to weigh people in their wheelchairs and were unable to weight bear. The service had a group of nutrition champions who met three times a year to discuss any issues they had or new ideas. We saw copies of the last two meetings held at the home the most recent on 22 July 2015. The record for the most recent meeting confirmed that were there had been no concerns about people's weight improvements had been achieved due to fortified diets.

Because people were supported by volunteers to eat their meals there was an up to date list of people who were at risk of choking. Volunteers had been given strict instructions not to support people who were at risk.

We saw on the care plans that we looked at that their health was closely monitored across a range of areas. We saw that people had access to health care professionals that they needed such doctors, district nurses, chiropodists, opticians and dentists. We saw the visiting chiropodist carried out treatment privately in people's rooms.

Is the service caring?

Our findings

We arrived at the home early and saw that there were very few people up which meant people were able to stay in bed later if they wished. We saw that people were well dressed and were offered a hot drink by staff to their individual taste. There was a radio playing in the background. We saw that people looked well cared for. We were told by the registered manager that people could get up when they wanted to.

We saw throughout the day that carers were considerate and kind towards people who used the service. There was frequent and friendly conversation as well as a lot of reassuring tactile contact between people who used the service and staff. People who used the service we spoke with were highly complimentary about the caring staff. They said "They look after me and we have some nice times. It's good here. It's a very nice place", "It was the best decision I ever made to come in here. They are just kind" and "It's great here. Patience is their middle name."

A family member said "The ambiance of the home and the care from staff is very good." and "She's settled very well, is comfortable and happy. She's very happy." A volunteer said,

"I've been coming here for a couple of years and I really enjoy it. The staff are brilliant, very friendly."

We saw that people's privacy was protected when Do Not Disturb signs were displayed on bedroom doors. Memory boxes with people's photographs or other items were placed outside their bedroom doors to help people find which was their bedroom. People's bedrooms contained a lot of their own personal belongings which included furniture, books and pictures, which helped to create a home from home feel. A person told us, "I'm happy here. It's a privilege as it's a lovely place. I have all my belongings here, all my own furniture. It's my home."

We saw that the importance of appropriate touch was considered as part of staff training to demonstrate affection, provide reassurance and to gain the attention of people who were hard of hearing. It also raised awareness of touch as restrictive practice or restraint.

At the point of admission to the home a personal profile was completed with the person and their family. This

covered their life story from their childhood to now and included what was important to them, their favourite things, their proudest moment as well as their likes and dislikes. At this time they were also allocated a keyworker.

Staff told us about the responsibilities they undertook as the person's keyworker. We were told that the keyworker would ensure that the person's care plan was up to date and they were familiar with the contents of the person's profile, check that all the person's personal care needs were met and ensure a good relationship with the person's family and friends.

We saw that there were dignity champions identified at the home. We saw the minutes of the last dignity meeting which took place on 22 June 2015. The minutes showed that how to communicate effectively with people and their right to privacy was discussed.

There was a clear value statement displayed in the reception area which made reference to respecting a person as a unique individual and to treat others especially the most frail and vulnerable with the dignity and respect we would wish for ourselves. We also saw that information about advocacy services and Independent Mental Capacity Act Assessors [IMCAs] and how to contact them was displayed in the home.

The home had a chaplain who worked two days a week as well as a volunteer chaplain who were available to people who used the service as and when they were needed. Services were held at Epworth Grange and people were supported to attend church if they wanted to. One person said pointing to the church "I like to go there it makes me feel less left out."

We spent time talking with one of the two senior care staff responsible for End of Life care at the home. They told us that they started to talk about end of life at the point the person was admitted. This important conversation was usually carried out by the chaplain or volunteer chaplain with the person concerned and their relative or their representative.

The provider had mandatory training called the 'Final Lap' which included staff reflecting on their own attitude towards death. Some staff had also had Six Steps end of life training. Staff from Epworth Grange had given talks to other homes about the Six Steps process and also attended Six Steps meetings that were held at the local hospice. They were able to talk through the Six Steps process with us that

Is the service caring?

included a multidisciplinary approach involving other health care professionals. A check was always made to ensure the person did not have an underlying infection that had caused any deterioration in their health.

There was an information board which gave people information about the end of life process. The home had also developed a detailed but easy to read information leaflet about the Six Step and end of life process to help prepare people for what might happen, which included the need for communication, the dying process, syringe pumps and also best interests and mental capacity. Following a discussion with people and their relatives a picture of a

coloured butterfly was placed in the person's memory box outside their room. The colour of the butterfly indicated the progress the person was making towards their end of life wishes and this discreetly altered others to their needs.

The home had a bag that contained equipment that might be needed for example, moisturisers for skin and mouth care. There were no restrictions on visiting as the person came to the end of their life and a put up bed was available so that a relative could stay with them. When the person died people who lived at the home were able to pay their respects to the person as their body left the home. The body was covered in a special purple and gold blanket and a lily and a butterfly were placed on the person's body. A memorial photograph of a person who had recently died was seen in the reception area.

Is the service responsive?

Our findings

We looked at the care records for seven people. We saw that people had detailed care plans in place that covered a wide range of areas, which included examples such as, tissue viability, nutrition, spiritual well-being and personal care amongst others. The sections of the care plan included a helpful narrative to guide staff. We saw that the person, where able, and a relative or the person who represented them was involved in setting up the care plan and in the review that was undertaken every six months or more if necessary. We saw that daily notes made by staff were cross referenced to the care plan. Records were positively written

People told us about the activities. They told us "We do all sorts; concerts, lectures, we play on DVDs and go to church for coffee mornings.", "There's plenty [activities] that goes on. They have quizzes and musical things going on. This morning I've been to the church" and "You can see why we smile [member of staff was singing]. She works hard."

We saw that next to the main lounge there was an activity board which gave information about what activities were available in the morning, afternoon and evening over the seven day week. People who used the service were also given their own paper copy of the activities available to see if there was anything available that they wanted to attend.

We saw that there were a lot of activities going on throughout our inspection visit. There was something going on all the time. We saw a volunteer playing dominoes and 'play your cards right'. A music therapist was working with individual residents on musical activities throughout the morning with a group music therapy session in the afternoon which a significant number of people who used the service attended. A veteran's choir and the 'Acapeelers' singing group had recently visited.

We talked to the activities co-ordinator who told us about the work they did and looked at the records and audits that were kept. They told us that sometimes the men who lived at the home were reluctant to get involved in activities so they had set a men's group to look at activities specifically for them. They were already in the process for planning Christmas activities and a visit from a reindeer had already been secured.

There was a research library and computer room for people to use. We saw a person using the computer with the

support of a volunteer. The computer was also used for people who used the service to Skype their relatives, for example one person was not well enough to travel to a family event but attended via Skype so that they could be involved. A computer key board with large keys was also available. A range of daily newspapers for example the Times and Radio times were available for people to read. Money was raised by the home for an amenity fund for people and this was used for special events, for example one person living with dementia had plans to go on a local steam train.

The home had a much loved parrot called Charlie who people would stop and talk with and who also joined in with all the singing that was going on. There was a pet's as therapy dog visiting the home and other animals had also come into the home including spring lambs, iguanas and a skunk. The home participated in the National Care Home Day and the local MP attended which gave people who wanted to the chance to debate with them. A local councillor had also visited the home to talk with people there.

People who we spoke with said "They let me be independent." and "Everybody's very kind and they encourage you to do things." We saw people using special equipment to help them maintain their independence for example special cups so that they could drink independently and walking frames.

There was a policy in place that covered the provider's expectations when responding to a call bell and a request for assistance from a person. The policy states that a response time of over four minutes would be checked out by the registered manager and a response time of over 10 minutes would be reported to the service manager.

We were told that residents meetings were held at the home. We looked at the minutes of the last residents meeting which took place on 24 June 2015. Twenty four people attended the meeting and two relatives. A range of issues were discussed which included the premises, staffing, menus, housekeeping and laundry as well as feedback from the recent Standards and Values assessment carried out by the providers quality assurance team.

Information about how to make a complaint was displayed in the reception area. We saw a copy of the home complaints procedure which gave clear information about

Is the service responsive?

how a complaint was handled and what people could expect in terms of how long the process would take. We also saw a suggestions box available for people to use in the reception area. There had been no recent complaints made about the home.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager is a registered nurse with many years' experience working in both the NHS and private healthcare provision. The registered manager was supported by a deputy manager and senior care staff. There were also identified staff members responsible for activities, catering, maintenance, housekeeping and administration. The registered manager was additional to the staffing numbers which enabled them to fully carry out their management responsibilities.

The registered manager told us that they were very proud of all the staff who worked at the home. They said that they had an open door policy and that they encouraged people who used the service and their families to come and speak to them at any time. They also told us that the provider had a strong value base, which supported them to achieve high standards. The registered manager said that she felt very well supported by the regional manager and the organisation in general. They met regularly with other registered managers from other homes locally for support and to share ideas.

A senior staff member that we spoke with said that both managers were very approachable. They said that, "The manager has been very helpful in supporting me with my continuous professional development. I have achieved Level 5 Diploma in leadership and I am now undertaking an assessor's course to help support staff training." We saw that there was also succession and leadership training available for senior staff so that they were able to take on the tasks of the registered manager in their absence. There were clearly identified responsibilities for the senior staff team.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager reported all incidents to us no matter how small they might be and given us information about what action they had taken to resolve or respond to the issue.

We had also received a detailed provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The registered manager gave us information about what improvements they intended to introduce in the next 12 months which included

The homes statement of purpose and a service user guide were on display in the reception area, with the homes complaints policy and procedure as well as information about safeguarding and a copy of the homes emergency procedures. There was also a lot of leaflet information for people to read which included information about the Six Steps end of life programme.

Audits were carried out by the registered manager, which were then compiled into a monthly manager's summary and monitored by their line manager. Areas covered in the summary included people's weight and falls. This information identified those people who were high risk and required close monitoring by staff. Clear tasks were delegated from the manager to the deputy manager and senior care staff about action they needed to take, which always included keeping the family informed of change.

The care records of people who were identified as being at high risk were always reviewed by the regional manager at their monthly visits.

We saw a copy of the homes 2014 Your Care Rating survey results dashboard report. Although difficult to understand in parts, the home scored 858 out of 1000 overall with 911 out of 1000 for people who said they had a good quality of life, which was positive.

The home received a copy of the provider's policy news bulletin which helped the registered manager keep up to date in changes in legislation, government policy and social care.

We saw a copy of the last senior staff meeting that was held on 18 June 2015. At the meeting health and safety, the premises and staffing were discussed as well as updates on care practices within the home. We also saw a copy of the staff survey results which were very positive about job satisfaction, teamwork, management and the provider.

The registered manager told us that the home was well resourced. They said they had a good budget and whatever people need could be requested.

Is the service well-led?

Prior to our visit we contacted the local authority commissioner and safeguarding teams. They did not raise any concerns with us about Epworth Grange.

A person who used the service said "I was thrilled to bits to come here. I was so pleased to get in." A member of staff said, "It's brilliant, I have to say. I would put my mother in this home, without doubt."