Make-All Limited

Annefield Grange

Inspection report

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Date of inspection visit:
08 June 2018
12 June 2018

Date of publication:
10 July 2018

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

Annefield Grange is a 'care home'. People in care homes receive accommodation and nursing or 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. The home is registered to provide accommodation for up to 18 people. There were 16 people living at the home at the time of the inspection.

Accommodation is arranged over four floors which could be accessed by a passenger lift or a turning/spiral staircase. There was a number of communal areas available to people including a dining area, lounge and conservatory.

The inspection was conducted on 8 and 12 June 2018 and was unannounced.

A registered manager was in post. 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.

At our last inspection in March 2017, we gave the service an overall rating of 'Requires improvement' and identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed and that all reasonable action is taken to ensure people's safety. The provider wrote to us, detailing the action they would take to address the concerns.

At this inspection we found that appropriate actions had been taken that and therefore the service was no longer in breach of this regulation.

People felt safe living at Annefield Grange. Staff knew how to identify, prevent and report abuse. Safeguarding investigations were thorough and identified learning to help prevent a reoccurrence.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

There were enough staff to meet people's needs in a timely way and staff were able to support people in a relaxed and unhurried way. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and staff followed best practice guidance to control the risk and spread of infection.

People's needs were met by staff who were competent, trained and supported appropriately in their role. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

People had access to health professionals and other specialists if they needed them.
Procedures were in place to help ensure that people received consistent support when they moved between services.

People were cared for with dignity and respect and were treated in a kind and caring way by staff. Staff know people well, encouraged people to remain as independent as possible and involved them in decisions about their care.

Staff protected people's privacy and dignity and responded promptly when people's needs or preferences changed.

Staff worked in partnership with healthcare professionals to support people at the end of their lives to have a comfortable, dignified and pain-free death.

People had access to a range of activities. They knew how to make a complaint and felt any concerns would be listened to and addressed effectively.

People and their relatives felt the service was run well. There was a clear management structure in place and the registered manager had access to appropriate support from the provider.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

People, their families and staff had the opportunity to become involved in developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Individual and environmental risks to people were managed effectively.

People felt safe at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruiting practices helped ensure that all appropriate checks had been completed.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

Is the service effective?

Good

The service was effective.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care.

People received effective care from staff who were competent, suitably trained and supported in their roles.

People were supported to have enough to eat and drink.

People had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support if they were admitted to hospital.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's privacy.

Staff respected people's independence and encouraged people to do things for themselves.

Staff supported people to meet their cultural and religious needs.

Is the service responsive?

Good

The service was responsive.

People received personal care in line with their personal preferences. Care files contained detailed information to enable staff to provide care and support in a personalised way.

Care and support was planned in partnership with people, their families and healthcare professionals where appropriate.

Staff responded promptly when people's needs or preferences changed. Staff were kept up to date on people's changing needs.

People received appropriate mental and physical stimulation and had access to activities they enjoyed.

The provider had arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

People were happy living at Annefield Grange and felt the service was well-led.

The provider was engaged in running the service and there was a positive and open culture. Staff were organised, motivated and worked well as a team. They felt fully supported and valued by their registered manager.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

People, their families and staff had the opportunity to become involved in developing the service.

Annefield Grange

Detailed findings

Background to this inspection

We carried out this comprehensive 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 8 and 12 June 2018 by two 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 home was last inspected in March 2017 when it was rated as 'Requires improvement' overall with a breach of Regulation 12 of the Health and Social Care Act 2008 relating to Safe Care and Treatment.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about.

During the inspection we spoke with nine people who use the service and three family members. We observed care and support being delivered in communal areas of the home. We also spoke with the registered manager, the deputy manager, the service auditor, the house keeper, five care staff and the cook. We also received feedback from two health care professionals who had contact with the service.

We looked at care plans and associated records for nine people and records relating to the management of the service. These included staff duty records, three staff recruitment files, records of complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

At the previous inspection, in March 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider has failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed and that all reasonable action is taken to ensure people's safety. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People, their family members and healthcare professionals told us they felt the service was safe. People's comments included, "I feel quite safe here", "Yes very safe here, no problems" and "I feel very safe here, it is very nice." A healthcare professional said, "I'm not at all worried about people's safety."

Individual risks to people were managed effectively. Risk assessments had been completed and identified possible triggers and actions staff needed to take to reduce the risks. For example, for people who had specific mental health conditions the risk assessments and care plans in place, reflected the support people needed to meet those needs. For people who behaved in a way that might present a risk to the person or others, the behaviours and triggers to these had been identified and these were clearly understood by staff. People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food and the implementation of food and fluid charts, so that their intake could be closely monitored. Where people were at risk of falling this was clearly documented in their care plan and risk assessment, with evidence of actions taken to help prevent future falls from occurring. Other risks were monitored and managed and risk assessments in place included moving and positioning, skin integrity and medicines management.

The registered manager reviewed any accidents and incidents that occurred in the home weekly to identify any patterns or trends and they described the action they would take if a common theme emerged. The homes fall audit had highlighted that one person had experienced an increased number of falls; this had resulted in staff considering preventative measures, which were implemented and a referral to healthcare professionals had been made to help establish the reason for the falls.

The home was clean and systems were in place to ensure that all areas and equipment were cleaned on a regular basis. The housekeeper told us they felt they had sufficient time to complete their daily cleaning routines. People also confirmed that the home was clean. Comments included, "All is very clean, they are always cleaning", "They vacuum and dust my room regularly" and "Yes, it is a clean and pleasant place to be."

There were processes in place to manage the risk of infection and personal protective equipment (PPE) stations were situated on each floor, which were fully stocked with gloves and aprons for staff to use. Staff wore these when appropriate. We looked at records of infection control audits which were completed regularly by the registered manager. The laundry was clean and organised and measures had been taken to ensure the risk of infection was minimised. For example, colour coded mops, buckets and cleaning cloths

were available for different areas of the home and there was a dirty to clean flow for laundry which helped to prevent cross contamination. Care plans contained guidance to staff to help ensure that the risk of cross contamination was mitigated. For example, one care plan stated, 'Care staff to ensure they are wearing correct PPE – gloves and aprons, when supporting me with personal care.'

Equipment such as hoists and lifts were serviced and checked regularly. Environmental risk assessments and general audit checks of the building were done weekly and a monthly health and safety audit was completed. On reviewing these they were robust and showed a clear action trail so that any issues that had been identified were acted upon immediately. There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Staff had the knowledge and confidence to identify safeguarding concerns and acted to keep people safe. Staff had received training in safeguarding, which helped them identify, report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone was experiencing abuse. A staff member said that if they had any safeguarding concerns they would, "go to the manager, they would definitely take action." Another staff member told us, "I would report any concerns to the manager, the safeguarding team or CQC if I needed to." Records showed the registered manager had worked effectively with the local safeguarding team to undertake investigations and appropriate action had been taken to protect people from the risk of abuse.

People and family members felt there were enough staff deployed to meet people's needs. One person told us, "The staff are very kind here, I am not rushed at all." Another person said, "Most of the time the staff are not in a rush." A visiting health professional told us, "There is always staff around." Staffing levels in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. We saw that staff responded to people's needs promptly. Staff also felt there were adequate staffing levels and that staffing levels had been increased when required. One staff member said, "There are enough staff, the staffing levels are good. We have time to spend with people."

The registered manager told us that staffing levels were assessed by considering the number of people who were living at the service and the level of support they needed. There was a duty roster in place which was completed by the registered manager. They told us that they ensured there was a suitable skill mix of staff for each shift, and that a senior care staff member was always available. Absence and sickness was covered by existing staff working additional hours or by the 'on-call' senior for each day. The registered manager explained that they were also included on the rota to cover care shifts where needed. From viewing the duty rotas and observations, we saw that staffing levels were provided as required. The service also provided a cook, cleaning staff, a maintenance person and an activities co-ordinator. This ensured that care staff could focus their time on supporting people and their needs.

There were safe recruitment procedures in place, which included seeking references, obtaining a full employment history and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed appropriately before new staff started working with people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed.

People received their medicines safely. A person said, "My medicines are given as needed, no problem." Medicines were administered by staff who had received appropriate training and had their competency to

administer medicines, assessed by the registered or deputy manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified, this indicated that people received their medicine appropriately.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. Full stock checks of medicines were completed monthly to help ensure they were always available to people. Controlled drugs were stored in accordance with legal requirements and there were robust auditing systems in place to ensure that all medicines were given as prescribed and managed safely. For example, after every medicine round an audit was completed to ensure medicines had been given correctly. Safe systems were in place for people who had been prescribed topical creams. A record was kept of when tubes or containers of topical creams were opened and body maps were available to staff which highlighted where creams needed to be applied. This meant staff were aware of when the topical cream would no longer be safe to use.

A medicines profile had been completed for each person. This showed any allergies to medicines and the person's preference in taking their medicines. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

Good

Is the service effective?

Our findings

People, their families and healthcare professionals told us effective care was received from experienced and competent staff. A person said, "This is one of the better homes I have been to, I like it here." A family member told us that, "[relative] has definitely settled well, they have been to a few different homes but since being here we have noticed a big difference in [relative]. They have really improved, they seem much happier and they are clearly well looked after."

Staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We found assessments of people's capacity had been completed, where needed. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection three people living at the home were subject to a DoLS and the staff were aware of any conditions that were attached to these. The registered manager was also aware of when these authorisations expired and the need to reapply within an appropriate timeframe. This demonstrated that the registered manager and staff had a good understanding of the DoLS process.

Throughout the inspection we heard staff seeking verbal consent from people. Staff often used simple questions and always gave people time to respond. A person told us, "Staff never pressure me, they ask if they can do things." Staff were aware of people's rights to refuse care and were able to explain the action they would take if care was declined. One staff member told us, "If a person declined care I would encourage them and explain why it was needed but if that didn't work I would respect their wishes and try again later."

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. This included a period of shadowing a more experienced member of staff and the completion of essential training. Staff confirmed that they had received induction when they started work at the service. New staff also received a supervision with the registered manager at the end of their first three shifts, and we saw records within staff recruitment files that showed these were consistently completed.

Staff received regular one-to-one sessions of supervision with the registered manager, deputy manager or a senior staff member, to discuss their progress and any concerns they had. Staff confirmed that they received these and that they found them helpful. Practical supervisions were also completed in the form of

observations around a specific area of care delivery, such as medicines or moving and handling. Staff were given clear feedback from each observation, which allowed them to focus on specific areas of improvement in their role. Staff who had been employed with the service for longer than 12 months also received an annual appraisal where they discussed their performance and development needs. We saw records of supervisions and appraisals in their staff files, which evidenced where staff needed to develop their skills, with an action plan of training and any development needs required.

People, their families and healthcare professionals described the staff as being well trained. One person said, "The staff are well trained and helpful at all times." Another person told us, "As far as I am concerned the staff are good at their jobs." A healthcare professional said, "The staff seem well trained, I don't have any concerns." Staff told us they received effective and appropriate training. A staff member said, "I do lots of training and these are updated yearly. This staff member added that, "We are also offered additional training when people have specific needs or a health condition that we need to support them with." Another staff member told us, "I am being supported by the manager to do my level 3 in care and I have completed my care certificate." The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us all staff members held at least a Level 2 vocational qualification and a number of staff had completed or were in the process of completing a Level 3 qualification. Staff training was delivered via online 'e-learning' and practical classroom training. The service had a minimum pass mark percentage for online training, and where this had not been achieved, we saw the registered manager had taken action to ensure the staff member was booked onto a follow up training session until they were competent in this area. All staff received a yearly refresher, which covered essential training areas such as fire safety, moving and handling and infection control. Additional training was also completed by staff on a less frequent interval, such as fluid and nutrition and the Mental Capacity Act. A record of staff training was kept in the main office, and we saw that some staff were not up to date with their yearly refresher training. We spoke with the registered manager about this, who had already identified this prior to the inspection, and had taken action to rebook staff training where it had expired.

People received food and drinks of their choice. Throughout the inspection we observed people being offered hot and cold drinks throughout the day and were encouraged to drink regularly by staff. People told us they enjoyed the food provided at Annefield Grange and that they had enough to eat and drink. People's comments included, "The food is very good here, they try their very best. I need more protein so the cook gets the right food for me", "I can always get a drink day or night", "The food is very good here" and "I do sometimes want a sandwich and they get me one."

People were offered a choice of main meal and a menu had been developed by the cook on a 4-weekly rotation. The cook told us that when a new person came to the service, they spent time with them to find out what foods they did and did not like, and adapted the menu to include certain meals they preferred. They said, "Anything they want, they can have. It's their home." People were also given the opportunity to express any meal preferences at regular resident meetings. The cook explained that when it was someone's birthday, they made a birthday cake for them and they prepared a buffet, or the person could choose what meal they wanted for that day. In the kitchen there were notices on the walls to remind the cook of people's food and drink preferences and if they had any medical needs in relation to their diet including food allergies.

Staff recorded people's food and fluid intake for those people who were at risk of malnutrition and dehydration, and we found that these records were fully completed and reviewed to ensure that people had received adequate amounts of food or fluids. We saw that action had been taken when people were

identified as suffering from unplanned weight loss.

People were supported to access appropriate healthcare services when required. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All the healthcare professionals we spoke to were positive about the home and the care that people received. One healthcare professional said that staff would, "phone them appropriately and follow advice and guidance."

Information in relation to people's health needs and how these should be managed was clearly documented within people's care plans. For example, we looked at a care plan for a person who had diabetes, which stated, 'I am advised to consume a low sugar diet – I do enjoy sweet things and have to be reminded that this may affect my health if I consume too much.' We saw additional information in people's care plans to aid staff understanding about a certain condition and how this affected the person's abilities. Staff knew people's health needs well and were able to describe the action they would take in medical emergency, for example if they suspected a person had had a stroke or if a person had suffered a head injury.

The registered manager was in the process of implementing the 'Red Bag Pathway' to help to ensure that people received consistent support when they moved between services. This was planned to be active by the beginning of July 2018 following all staff completing training on the use of this process. The Red Bag Pathway helps ensure that all standardised paperwork, medication and personal belongings are kept together throughout the people's hospital stay and is returned home with them. The standardised paperwork ensured that everyone involved in the care for the person had the necessary information about their general health, current concerns, social information, abilities and level of assistance required. This allowed person centred care to be provided consistently.

The registered manager and staff made appropriate use of technology to support people and to help ensure that audits and checks on the service were completed in a timely way. The service used a computerised system to document each person's care plan and this system would notify the registered or deputy manager when staff had not completed specific tasks. The registered manager also demonstrated how this system aided the management team's auditing process and other management tasks, enabling them to appropriately complete audits in line with provider policies. The registered manager told us that people would be provided with equipment to help keep them safe if required, including pressure mats to alert staff when people moved to unsafe positions and pressure relieving mattresses. There was electronic call bell system in place which allowed people to call for assistance when needed. Wi-Fi had also been installed to allow people or their visitors to connect to the internet.

Annefield Grange Care Home is an older style building set over four floors with bedrooms on all floors. Floors could be accessed by people, staff and visitors via a passenger lift or a turning/spiral staircase. The registered manager had considered the risks posed by the staircase when admitting people to the home and a robust assessment of their needs was completed to ensure the environment was suitable and people were safe. People and family members described the environment as "homely" and inspectors noted a calm and relaxed atmosphere. People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions. Some adaptations had been made to the home to meet the needs of people living there. For example, corridors within the homes had handrails fitted to provide extra support to people. People were able to choose where they spent their time and there was a number of communal areas available to people, including a dining area, lounge and conservatory. People also accessed an enclosed garden which had seating and tables available to people.

Good

Is the service caring?

Our findings

Staff showed care, compassion and respect to the people living at Annefield Grange. People, family members and healthcare professional's spoke positively about the attitude and approach of staff. People's comments included, "Staff are always caring and always supportive", "They treat me with respect, they always ask and do not demand", "Staff are very caring and thoughtful" and "The staff are very caring and kind to me, I am treated with proper respect." A healthcare professional said, "The people living here seem very happy." A staff member told us, "Different people have different needs and wants, it's great that we [staff] get the opportunity to really get to know the people we look after."

People were cared for with dignity and respect and all interactions we observed between people and staff were positive and supportive. Staff spoke with people in a kind and polite manner and took time to engage with people on a personal level, even where they were busy with other tasks. For example, we observed one staff member offering people tea and biscuits in a communal area. They addressed people using their name, knelt to their eye level when offering them a drink, and used touch appropriately to provide reassurance. In another instance, we observed a staff member who was already occupied with another task, walk through a communal area and immediately notice a person who appeared to be coughing. They stopped to sit down with the person and ask how they were feeling and said, "I'm going to get someone to look at that chest, just to be on the safe side." On another occasion we observed two people talking to each other in the lounge, a staff member approached them and said, "Sorry for disturbing you, would you like a fresh cup of tea?" When people needed assistance, for example to mobilise, staff provided support in a relaxed and calm way while giving the person reassurance and encouragement. Staff took care to look after people's property and keep their rooms tidy; for example, people's clothes were hung neatly in wardrobes.

People were listened to by staff who gave them the time they needed to communicate their views and wishes. Where people had specific communication needs, these were recorded in their care plans and known by staff. One care plan provided information to staff about how to best communicate with a person who experienced some memory impairment. Their care plan stated, 'repeat information or write it down as I may forget.'

People's privacy was respected when they were supported with personal care. During the inspection we observed staff knocking on doors, and asking people's permission before entering their bedrooms. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed and making sure people were covered when providing personal care. A staff member told us, "When I help people with personal care I will always ensure they are covered and doors and curtains are closed. I would also explain everything to them, what I am doing and why."

Information regarding confidentiality, dignity and respect formed a key part of the induction training for staff. Confidential information, such as care records, were kept in in the manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

Staff respected people's independence and encouraged people to do things for themselves when able. Comments in care plans highlighted to staff what people could do for themselves and when support may be needed. Comments included, 'Please encouraged me to do as much for myself as possible', 'I am able to dress independently', 'I need support to cut and file my nails' and 'I am able to turn on my wall light if I want it on.' Throughout the inspection we saw staff encourage people to eat and drink independently and people had access to appropriate equipment where required. For example, specific cutlery and walking aids, such as frames and sticks. Staff provided ongoing encouragement and support where required and reassured people to move at their own pace.

The registered manager told us they explored people's cultural and diversity needs by talking to them and their families and by getting to know them and their backgrounds. This information was then documented within the person's care plans. Care plans contained a section for information to be recorded about a person's religious or cultural preferences. This was completed for each person, even where a religious preference had not been identified. For example, 'I have not expressed any religious or spiritual beliefs at the time of this assessment, staff to support me appropriately if I express any wishes with regards to religion and record this in my care file.' Another person's care plan said, 'I am catholic and when feeling up to it I enjoy going to church on Sunday morning.' We discussed this with the registered manager, who told us that they were in contact with the local church in order to arrange a regular service to be held at Annefield Grange, so that accessibility was not a barrier to the person following their religious preferences. The registered manager confirmed that if a person followed a particular faith that they and the staff lacked knowledge of, they would research this by looking for information on the internet and by speaking to followers of that faith to help ensure that people could be effectively supported.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff provided flexible and individualised care and support to people.

People's care plans contained consistent and person-centred information about peoples' individual needs and how people wanted their needs to be met. Information within care plans included detailed guidance for staff as to how best to support people. This included, people's personal history; likes and dislikes and hobbies and interests. The care plans were divided into sections for each area of care, along with an action plan to meet people's needs. For example, one medication section of a person's care plan said, 'Carers to offer and provide a drink of my choice when administering medication, I usually like water.' Another section describing a person's night care needs stated, 'I usually like to lay down around 1900-2000. This may vary daily and I will let you know if I am not ready to lay down.' A third stated, 'I can choose whether I would like a shave or not, please support me if I choose to have one.' These records helped to ensure that people received the care that they required in line with their needs, wishes and preferences. During the inspection we saw that care was provided in line with this information. People's care plans were reviewed every month by the registered or deputy manager or more frequently if required, to ensure that information remained relevant and correct.

Staff demonstrated a good awareness of the individual support needs of each person living at the home. Staff knew how each person preferred to receive care and support for example, those people who needed to be encouraged to drink, the support each person needed with their continence and where people liked to spend their day. Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. We heard people being offered choices throughout the inspection.

Care and support was planned in partnership with people, their families and healthcare professionals where appropriate. The registered manager and deputy manager completed assessments of the people before they moved to the home to ensure their needs could be appropriately met. People and their family members told us that they were involved in their or their relatives care. A family member told us, "I have been involved [with care planning]." Family members also confirmed that they were kept informed of any changes in their loved one's needs both face to face or via telephone or email contact.

The service was responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. People's care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. One healthcare professional said, "The staff will always follow advice and guidance we give, I don't have any concerns that people don't received the care they need when they need it." Another healthcare professional told us, "The staff here always flag things up to us [healthcare professionals] appropriately and the manager is very proactive. I am not worried at all about the home." Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between the day shifts. These meetings provided the opportunity for staff to be made aware of any

relevant information about risks, concerns and changes to the needs of the people they were supporting.

People were provided with appropriate mental and physical stimulation. There was an activities co-ordinator employed for one day a week, who was responsible for organising events at the home and chairing house meetings. There was a timetable of activities on display in the communal areas of the home and this included activities such as games and motor skills. At other times activities were provided by the staff in line with people's requests and preferences each day. During the inspection we saw one person was supported to visit the local town with staff, a staff member sat with some people playing dominos and another staff member was sat chatting to people who had chosen to spend time in the garden. A person told us, "The staff will take me out in my wheelchair to the local shops." Another person said, "We get a man in to play music now but it is every two weeks". They added, "The staff take me out, usually just me and a member of staff." One person who enjoyed reading was supported to visit the local library regularly. The registered manager told us that they had sourced the use of a minibus which had allowed more group outings for people and people were given the opportunity to go to the theatre and out to local places of interest .

People's care plans highlighted their social interests and past hobbies. Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choices. On viewing the minutes from the recent 'resident and relatives meeting', we saw that discussions had taken place which involved people in making decisions about future activities. People were also supported to maintain important relationships. People's family members and friends confirmed they were able to visit at any time, made to feel welcome and kept updated about any changes of need for their loved one, where appropriate.

At the time of the inspection no one living at Annefield Grange was receiving end of life care. However, the registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care from the local hospice and demonstrated that they understood this. The registered manager told us that when they were caring for a person at the end of their life that would, "communicate with healthcare professionals to help ensure the person remained comfortable and pain free." The registered manager also said that they would involve and support the persons family if required and invite them to stay during the person's final days. The registered manager provided us with information about care that was provided to a person who had received end of life care at Annefield Grange, they said that they had contacted the local minister to find out what they should do in terms of respecting the persons religion, and read out a passage from the Bible. People's care plans contained information about people's individual end of life wishes. This included information about where the person wanted to be at the time of their death and how they wished their body to be cared for.

The provider had arrangements in place to deal with complaints. These provided detailed information on the actions people could take if they were not satisfied with the service being provided. The registered manager told us they had received one complaint since the last inspection from a person living at the home. They explained the action they had taken to investigate the complaint and respond to the concern raised. There actions included fully investigating the complaint, keeping the person updated both verbally and in writing about their findings and outcomes and liaising with the local safeguarding team. People and their families told us that they would feel comfortable raising concerns with the registered manager and felt confident these would be resolved.

Good

Is the service well-led?

Our findings

People were happy living at Annefield Grange and felt the service was well-led. Comments from people included, "I think the home is well managed I have no complaints, all is well", "I think the management listen and act on our needs", "It is well managed there are no panics; it runs smoothly" and "They do have residents get togethers to see what residents want or need." A family member said, "The home is really well run."

There was a clear management structure in place consisting of the registered manager, a deputy manager and senior care staff. Each had clear roles and responsibilities and the management team worked well together. In addition, an 'on call' rota was in place to enable staff to access management advice out of hours.

The provider was engaged in running the service and their vision and values centred on, 'The individual person, their needs, their family's needs; to ensuring that they are all supported as part of a wider community- a family cared for together.' Staff were aware of the provider's vision and values and how this related to their work. Staff meetings provided the opportunity for the provider and registered manager to engage with staff and reinforce the vision and values. The provider visited the home every three weeks to oversee the running of the service and the registered manager sent them a weekly report which highlighted any issues that there had been or that needed to be addressed.

Observations and feedback from people showed the home had a positive and open culture. Visitors were welcomed at any time and people and visitors said that they felt they could always talk to the registered manager about any concerns they had, and said that these were taken seriously and addressed. People's comments included, "I think the staff are happy working here, the atmosphere is very nice", "Staff are always helpful and cheerful, they all seem to get on well with each other", "The staff seem to enjoy their work" and "I have been asked to resident's meetings with staff, I think they do listen to our views." The registered manager completed unannounced 'spot checks' every two months to help ensure that they had oversight of the service provided out of hours. This was a formal process and we saw that action had been taken if any issues were noted during these spot checks.

Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One staff member said, "The manager has a real passion for this industry, they really want to provide people with the best quality of care. They make it clear that the resident and staff's wellbeing is paramount." Another staff member told us, "We couldn't have a better manager, they are the heart and soul of the home." A third staff member said, "The managers door is always open, they definitely listen to us and will take action." They added, "Its great being part of a team that all really care."

There were robust auditing processes in place and the provider employed an auditor who visited the service weekly to complete and review audits, ensuring that these were effective. The audits completed included

the environment, medicine, infection control, training, supervision and care planning and demonstrated that action was taken where concerns were noted in a timely manner. We also saw that where incidents and accidents were logged these were analysed to see if there were any common themes and if there could be any learning from these events. This helped to ensure that risks to people were mitigated.

The quality of the service provided to people was monitored both formally and informally. The registered manager sought feedback regularly from people and family members when they met in the home. A family member said, "We are always kept up to date, fully involved and asked what we think about [relatives] care." People and relative's meetings were held every eight weeks and these meetings provided people and their families the opportunity to give feedback about the culture, quality and development of the service. From the minutes of the last meeting we saw that discussions had taken place about future activities, the food choices and any concerns people had about the home. Quality assurance questionnaires were sent to people, their families, professionals and staff yearly. We found that the feedback from quality assurance questionnaires, which were completed in January 2018 was positive and any individual issues noted were addressed.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. A healthcare professional told us, "There is a good relationship between us [healthcare professionals] and the staff, we do a lot of partnership working." The registered manager also told us that they were making active attempts to get more involved with the community. A summer party had been arranged by staff, and people from a neighbouring care home and family members had been invited. Contact had been made with local schools and this had resulted in school children visiting to join people for activities. For example, at Easter the people living at the home arranged an Easter egg hunt for local school children.

Duty of candour requirements were being followed; these required staff to act in an open and transparent way when accidents occurred. The manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed prominently in the home.