

Orchard Care Homes.Com (6) Limited

Penwortham Grange and Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

Penwortham Grange and Lodge is in a residential area of Penwortham. The home offers residential support for up to 86 people who do not require nursing care. The home is split into the Grange and The Lodge. The Grange for 44 older people, and The Lodge for 42 people living with dementia. Each area is further divided into an upstairs unit and a downstairs unit. All bedrooms are single with an en-suite shower and toilet. There is wheelchair access and a lift to all floors. Outside there are garden areas and a car park.

The inspection visit took place on 25 and 26 September 2018. It was unannounced on 25 September and announced on 26 September.

At the time of the inspection 79 people lived at the home.

At our last inspection we rated the service good in all domains. On this inspection, we found the service good in safe, caring, responsive and well led. The effective domain was requires improvement. We found the evidence continued to support the rating of overall good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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. There had been a change of registered manager since the last inspection. The current manager had been in post for around one year. When we undertook this inspection the registered manager was on annual leave.

Medicines were entered stored and disposed of safely, but were not always given at the prescribed intervals. On occasions the intervals between doses of medicines were insufficient. Not leaving an adequate gap between doses of this medicine could place people at risk of unnecessary side effects. This was rectified immediately after the inspection.

People able to consent said staff checked they agreed for them to provide care and support. Where people did not have capacity to make specific decisions best interests decisions were not always clearly recorded and Deprivation of Liberty Safeguards (DoLS) applications were not always completed or renewed promptly. However, these were completed by the second day of our inspection.

We looked around the building and saw accommodation and equipment to assist people with mobility and personal care was in place, had been serviced and maintained as required. The décor in the Grange met and was appropriate for people's needs. The Lodge had been recently been redecorated and looked clean and maintained. However social and leisure equipment aimed at encouraging interest and interaction from

people with dementia was not in place.

We made a recommendation about providing access to dementia friendly equipment.

Staff had been recruited safely and received training sufficient to develop the skills and knowledge. Most people spoken with told us there were usually enough staff on duty and they didn't have to wait for long if they called staff. However, we saw the downstairs dementia unit was busy at mealtimes and could be unsettled. We also received a number of comments that staff were very busy including, "The staff are very busy at times – too busy. My issues would be because of not enough people around."

We made a recommendation that staffing be kept under review.

People told us they felt safe and looked after by staff. One person told us, "I feel safe because I can ring the bell and someone will come to see me." Another person said, "Of course I feel very safe." There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were personalised to meet people's needs.

We observed interactions between staff and people who lived at the home. These were positive friendly and supportive. We saw staff were attentive to people's needs and wellbeing and responded promptly to requests for assistance. Staff provided care in a personalised way, taking people's preferences into account. One person told us, "This is definitely a very good home. I wouldn't want to leave here it is lovely." One relative said, "I can't say enough or praise this home high enough. It has a wonderful feel. My relative is content and that speaks volumes."

Staff were aware of the importance of upholding people's rights and diverse needs and treated people with respect and care. People told us they were supported in the way they wanted. They said staff provided care in a way that respected their dignity, privacy and independence. One person told us, "The staff are very respectful. They make sure they keep my dignity intact."

We saw people had access to healthcare professionals. People told us staff cared for them in the way they wanted and met their care needs promptly. They referred them to healthcare professionals in a timely way. Surveys and written compliments showed staff provided caring and compassionate end of life care. A relative wrote, 'We are grateful for the dedicated care [family member] received during her time in the home. Everyone cared for her with great kindness and understood her dementia.'

People told us they could get involved in social and leisure activities although these were more limited for people with dementia. Staff were welcoming to people's families and friends. People said this assisted their well-being.

People told us they enjoyed the food provided and had choice and variety. We observed the lunchtime meal. People received sufficient food and drink and the assistance they needed to meet their diverse needs. The kitchen was clean, organised and stocked with a variety of provisions and staff were trained in food safety. A relative told us, "I've had several meals here. It is like being in a five-star hotel."

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection. One person said, "I am impressed by how clean the environment has been and the quality of care."

People who lived at Penwortham Grange and Lodge, their relatives and staff were positive about the management support in the home. Relatives said the management were very responsive and helpful. "The staff have a lovely pleasant manner and are so helpful, since [registered manager] came." A member of staff said, "It's all down to [registered manager], she's brilliant. She has a presence about her and inspires us."

The management team sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, resident, relative and staff meetings and surveys. People told us the management team were approachable and willing to listen. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Requires Improvement ●

The service has changed to requires improvement.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Penwortham Grange and Lodge

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 checked 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.

Penwortham Grange and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection 79 people lived at the home.

The inspection visit took place on 25 and 26 September 2018 and was unannounced on 25 September and announced on 26 September.

Before our inspection on 25 and 26 September 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of three adult social care inspectors and two experts by experience on day one and two adult social care inspectors on day two. 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 by experiences on this inspection had a background supporting older people and people with dementia.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included twelve people who lived at the home and five visitors. We spoke with the operations manager, two care managers and 9 staff. We looked at the care and medicines records of seven people. We reviewed a variety of records, including care plans, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

The home had a new electronic medicines system using technology to increase the information available about medicines. This included the exact times medicines were given. We observed staff administering medicines. Staff locked the medicines trolley when they moved away from it, gave people their medicines and signed the electronic medication record once taken. We saw a staff member who was giving medicines knock on bedroom doors and ask if they could enter. They explained they had come with the persons' medicines and asked them where relevant, if they wanted pain relief. They spent a few minutes talking with the person while they checked they had their medicines. These were relaxed friendly interactions and the time taken gave staff the opportunity to check the wellbeing of the individual.

No one had medication given covertly and staff were aware people had the right to refuse medicines. We checked staff did not miss giving or signing for medicines and they were stored correctly. We looked at the medicine rooms and found these organised and clean. Room and fridge temperatures had been checked daily and showed medicines were stored at a safe temperature.

Although medicines were entered, stored and disposed of safely, where a specific medicine was given several times a day, medicines were not always spaced safely. We looked at a sample of five medicines records where people had medicines for a specific health condition or for pain relief. The interval between doses for medicine records checked were on occasions less than the minimum advised. Not leaving an adequate gap between doses of this medicine could place people at risk of unnecessary side effects or times when the medicines were not active. Medicines audits had been carried out frequently and were detailed. However, the time of dosage had not been so specific until staff started using the new electronic system, so had not been identified.

The day after we informed the management team of this error senior staff spoke with GP's for all residents who were prescribed these medicines. GP's changed the prescription to stated times of administration. The management team added reminder flags of times of medicines administration to the electronic-care planning system for people who required set times. They also implemented a warning system on the Electronic medicines record system to warn staff if they attempted to give any medicines without the appropriate interval. The management team began checking the system daily to ensure administration times had been adhered to. This error was then shared with all homes in the company and was part of lessons learnt at clinical governance and managers meetings. These measures reduced the risk of further issues with the spacing of medicines.

We looked at five staff files. Safe recruitment checks had been carried out before staff started to work at the home. New staff had received induction training to make sure they had the skills, knowledge and experience required to support people with their care. One member of staff told us, "I had a three-day introduction to the home and then shadowed staff."

We saw there were enough staff on duty during the inspection and rota's demonstrated staffing levels were usually sufficient. staff attended and provided supervision and support for people throughout the

inspection. The registered manager used a dependency tool to identify staffing levels needed. However, several staff had recently left the home which resulted in a higher than normal use of agency staff. Staff had been recruited and were starting work in the home once checks had been completed. Also, an additional full-time activity coordinator had been appointed, who told us of their plans and ideas.

Most people spoken with told us there were usually enough staff on duty and they didn't have to wait for long if they called staff. However, we saw one unit was busy and unsettled at lunchtime. People's comments about staffing varied and included, "Yes I am happy with the staffing. They come quickly if I call them." And, "I would say there are enough staff but more could always be used. I think they need less agency staff and more permanent staff as the permanent staff are better." And, "There are just enough staff, although they attend to me very quickly when I call them." There were a mix of comments from relatives including, "There always seems to be quite a few carers about, [family member] doesn't have to wait long if she uses the buzzer." And "There are usually enough staff but sometimes such as Bank Holidays staff are sometimes missing." And, "There is definitely a shortage of staff but what they have are lovely." Comments from staff included, "We usually have enough time to look after and talk to residents," And "I would like more time with residents." And, "We can't always do activities with residents sometimes it feels like it's just mealtimes and personal care." Although the service had enough staff at most times on inspection, comments about staffing were mixed so we have asked the provider to assess staffing meets people's needs regularly.

We recommend that staffing levels are kept under review to ensure sufficient staff numbers are available to support people with their care.

Where we could, we spoke with people about their care. Where people were unable to converse about their care because of their dementia we observed care and spoke with visiting relatives. People we spoke with told us they felt safe and supported at Penwortham. They told us they were comfortable and staff cared for them in an attentive and considerate way. One person told us, "I feel very safe as there are always lots of people around to look after me." Another person said, "I feel safe here as I have carers to look after me all the time if I need anything." A relative told us, "I feel my relative is safe as she is well cared for and nobody can just walk in off the street." Another relative explained she felt her family member was absolutely safe despite easily falling because the staff helped her move about and had aids to make it easier for her.

Procedures were in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. We saw staff had reported any concerns in order to keep people safe where needed. Records seen confirmed staff had received safeguarding vulnerable adults training.

Risks for people were minimised because staff carried out risk assessments to identify possible risks of accidents and harm to people who lived at Penwortham, visitors and staff. These provided guidance for staff in how to safely support people, reduced potential risks to people and were reviewed regularly. We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred the management team carried out a root cause analysis which they discussed with staff to see what lessons could be learnt.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. These were easily accessible to staff should they be required to support people with evacuation from the premises. We looked at a selection of PEEPS and saw the information provided was up to date and provided clear instruction about the level of support each person required. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. We looked at five staff files. Safe recruitment checks had been carried out before staff started to

work at the home. New staff had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We looked around the home and found it was clean, tidy and maintained. There was a team of housekeeping staff working from morning to late evening each day. People told us how pleased they were with the recent decorating around the home. One relative told us, "I would like to praise the staff team for the excellent work that has been put into the gardens and decorating. It is amazing and really improves the building." There were safe infection control procedures and practices and staff had received infection control training. We observed staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of cross infection, and understood their responsibilities in relation to infection control and hygiene.

We found equipment in use at the home had been serviced and maintained as required. There had been regular health and safety checks throughout the building to ensure the home was a safe place for people to live. These included checking the fire alarm and fire safety equipment was in working order. In addition, regular bedroom checks were made testing water temperatures, checking window restrictors, ensuring the rooms were clear from safety hazards and electrical cupboards were not used as additional space. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had also been carried out.

Is the service effective?

Our findings

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People able to consent said staff verbally checked they agreed for them to provide care and support. One person said, "Staff always ask for my consent before they deal with me." A relative told us, "The staff always ask for consent before they enter [family member's] room and before any care. Care records were being transferred from paper to electronic when we inspected. Where people had the mental capacity to consent we saw although this information was not on the electronic record there were paper records of their consent. However, consents had not always been reviewed with people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Where people did not have capacity to make specific decisions best interests decisions were not always clearly recorded so the rationale for particular judgement was not always evident. This reduced the effectiveness of the decision making. The procedures for depriving a person of their liberty in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the first day of inspection we saw staff had not submitted or applied to renew DoLS applications for several people who were likely to meet the criteria for a DoLS or continuation of a DoLS and were not free to leave the home. When we continued our inspection on the following day staff had submitted the DoLS applications.

We looked around the building and saw accommodation and equipment to assist people with mobility and personal care was in place, had been serviced and maintained as required. The décor in the Grange met and was appropriate for people's needs. The Lodge was less so. The Lodge had been recently been redecorated and looked clean and maintained but the walls in the Lodge were plain and unadorned. A relative said, "All the dementia signs and focal points have not been put back after the refurbishment in the summer." Social and leisure equipment aimed at encouraging interest and interaction from people with dementia was not available on the units. Signage to assist people with locating communal areas rooms and aids such as picture menus and dementia friendly equipment had not been put back. This left people with limited stimulation and occupation. A senior manager told us the pictures and equipment were due to go back up the week after the inspection.

We recommend the service provides access to dementia friendly equipment and activities and encourages people to engage in these.

People were complimentary about the food. One person said, "The food is lovely it is like being in a hotel. We get three large meals a day, but you only have to eat as much as you want. I can get drinks all day long and in the afternoon, they provide tea and cakes." Another person said, "The food is good. I can ask for more if I wish or ask for an alternative if I don't like what is being offered. The menu changes every week." A relative commented, "The food is lovely, I can't fault it. I attended a meeting recently and they informed everyone about the meals. They even showed us how they puree food and how they present it for residents to help make it look appetising. We tasted it and it was lovely."

Staff knew people's likes and dislikes and nutritional needs. We saw that people were regularly offered drinks and snacks throughout the inspection. There were drink and fruit stations around the home. We observed a mealtime in each unit. People were given a choice of meal and the food looked and smelled appetising. The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services providing food had awarded the home their top rating of five in meeting food safety standards about cleanliness, food preparation and associated record keeping.

Staff continued to monitor people's health. They liaised with other professionals and shared information on people's needs to assist with care and treatment. People told us staff talked with them about their care and supported them to see GP's, district nurses, dentists, opticians and other healthcare professionals. Care records seen confirmed this. One person told us, "I recently mentioned that I need new glasses. They are organising an optician for me to get things sorted out." Another person said, "Staff have organised the optician and podiatrist for me." A relative said, 'The home organises all the visits required by other health care professionals."

People told us staff were knowledgeable. One person said, "They seem to be well trained. The agency staff are not quite as good." Another person told us, "The staff are well trained. They support my needs as I would expect, as they leave me alone to be independent as much as I want." Relatives told us, "The staff seem to be well trained and I have never noticed anything that has concerned me on my visits." And "They have definitely got the right training. A while ago there were a lot of very young carers but that has changed a little now."

We spoke with staff members and looked at the service's training matrix. Staff training was frequent and topics relevant. training included safeguarding, dementia, health and safety, infection control and equality and diversity. This assisted them to provide care that met people's needs. One staff member told us, "We have a lot of training with [registered manager]." Staff told us and records seen confirmed they received regular supervision and annual appraisal. These were one to one meetings held on a formal basis with their line manager. They told us they could suggest ideas and training needs and were given feedback about their performance.

We saw evidence the provider was referencing current legislation, standards and guidance to assist staff to achieve positive outcomes. This helped staff provide care which was meeting their needs and protected their rights.

Is the service caring?

Our findings

People told us the staff were caring, patient and helpful and could not do enough for everyone. One person told us, "They are patient with me and encourage me to do things for myself." Another person told us, "They are very kind, they can't do enough for me. It is a very friendly and caring place. I am very happy here and we have a good laugh with the staff." And, A relative said, "I would recommend the home to other people. I believe that people here are well cared for. The general atmosphere here is wonderful."

We observed staff spoke calmly to people encouraging them to be independent but not hurrying them. One person said 'They let us take our time. They never rush me.' A relative said 'The staff are very patient. They never rush [family member] 'They have hearts of gold. However, one relative was less pleased with the care and said staff sometime forgot to do some tasks for their family member. This was not reflected in other comments including, "The staff are unbelievably kind. They spend time with [family member] even when they are very busy." And "I think they are very good. I haven't met one member of staff that hasn't been kind to any resident they are supporting."

We saw that staff interactions with people who lived at Penwortham Grange and Lodge, and people who visited the home were welcoming and friendly. Throughout our inspection visit we saw many examples of good practice with staff showing patience and understanding when supporting people. They gave people sufficient time to ask and answer questions, listened carefully and acted on requests. People said staff spoke with them in a polite and respectful way and told us they were supported in the way they wanted. They said staff provided care in a way that respected their dignity, privacy and independence. Comments included, "Yes staff are very respectful. I can just sit alone if I want to be quiet." And "They respect my wishes and they keep me decent covering me with towels when they are washing me." A relative told us, "They always ask permission before they enter [family member's] room and they are always polite and respectful. They treat her well at all times. They never rush her for example if she is the bathroom they stand outside till she calls out for them to help."

Staff kept people's information confidential. People's records were safely stored in an office or password protected. Staff knew not to talk about people's personal information in public areas.

Staff had received training in equality and diversity. This helped them to create a positive, inclusive environment and accommodate diversity in the workplace. They were sensitive and caring in their approach, underpinned by awareness of the Equality Act 2010 and understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. Care was provided in a personalised way and these were recorded in their care records. This helped people to receive the right support around their individual beliefs including religion, culture and sexuality.

People said staff encouraged them to keep in touch with families and friends and made visitors welcome. They assisted with emails or social media so people could speak with family far away or unable to visit. One person said, "I can have visitors any time and they can stay as long as they wish." A relative told us, "I can

visit at all times and I am always made to feel welcome and offered a drink."

We spoke with the senior staff about access to advocacy services should people need their guidance and support. The service provided information with the welcome packs. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People said they were happy with their care and the attention they received from staff. They said staff were quick to respond to requests for assistance and usually available when they needed them. One person said, "My bell is always within reach and I don't have to wait long when I call." Another person told us, "I have a bell which is always close to me in my room." We observed staff responded promptly to people's needs and requests. People told us they got up and went to bed and spent their day as they wanted. Care records reflected this.

People said their spiritual needs were met. Following comments on a residents' survey the management team established a small chapel in the home. It was used regularly for religious services and for private prayer. People said it was good to have this in the home. They told us they attended services or took communion in the home if they wanted to. One person said, "My friends pick me up and take me to Church every Sunday but there is also the chapel here." Another person told us, "There is a Chapel here and we have a short service in it with prayers and hymns."

People told us there were social and leisure opportunities every day involving people from the Lodge and Grange. These included arts and crafts, pamper afternoons, armchair exercises, singing and dancing. Staff had developed a café area in the Grange. There were entertainers visiting and regular trips out in the minibus. We observed a singing activity during the inspection and staff encouraged people to join in dancing. One person said, "We do enjoy ourselves. Music is always playing and it makes me smile." Another person told us, "I like doing the exercises when the lady comes in. I can sit in my chair and move my legs and arms. However, there were not always suitable activities for people who were living with dementia. Activities on these units were limited when we inspected with few opportunities for people to engage. One person became quite agitated and told us, "I don't get out enough because they are too busy." And, "I want to go for a walk but no one is available." Having a short walk or time in the garden may have reduced their agitation.

The management team had taken action to improve social and leisure activities to benefit everyone in the home. Around a fifth of people who completed a recent survey said the range of activities provided did not always meet individual needs. This was discussed at a residents and relatives meeting held shortly before the inspection. From this the management team had appointed an additional full-time member of staff to start working as an activity coordinator. The staff team were also developing a sensory room and a dementia garden when we inspected.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate easily.

The service had a clear complaints procedure which was made available to people they supported and their

family members. Staff reassured people any complaints would be responded to appropriately. People we spoke with told us knew how to make a complaint. They said they felt comfortable about talking to the management team if they had any concerns. One person said, "I have no complaints about here." Another person told us, "I would probably speak to my staff or possibly the manager. Just recently I raised a concern. They are sorting that out now." A relative said, "I would speak to the staff and if the situation wasn't rectified I would go higher. Recently I raised a concern with staff. I am quite happy that the situation has been sorted out."

We saw electronic care records were in place. These made it easier for staff to record information as it happened. Care plans were informative, personalised and reviewed regularly. People told us and the care plans we saw demonstrated people were consulted and involved in care planning and reviews. One person told us, "Staff check if I want anything changed with my care. I am happy with it as it is." Relatives told us they were involved and kept informed about their family members care. One relative said, "I have never asked to see the care plan. However, if staff change anything regarding [family member's] care they always speak to me to ask permission before they do anything." Another relative said, "They keep me informed about [family member's] care, care plans are reviewed very frequently. Also, when staff come in the room to treat [family member] they record what they have done every time."

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. We saw people had been supported to remain in the home as they headed towards end of life. This let them stay in familiar surroundings, supported by staff who knew them. Written compliments showed staff provided caring and compassionate end of life care including, 'Thank you for letting [family member] stay at the home instead of moving to hospital when her health deteriorated. Thank you for supporting her in her final days.' And, 'The high Standard of care enabled her to stay with you till the end.' A relative told us, "End of life care has been discussed and everything is in place for [family member] when she passes away."

Is the service well-led?

Our findings

There had been a change of registered manager since the last inspection. The current manager had been employed by the service since August 2017. They had completed the registration process shortly before the inspection. 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.

People said the registered manager had made improvements to the home and care provided. Comments included, "The service has improved over the last 12 months since [registered manager] took over. She has high expectations and the staff are living up to them." And "The manager has been here about a year and I can see the improvements she has made." And "My compliments on the improvement in the home the last few months. It is a credit to the hard work the Manager has put in."

People who lived at the home, relatives spoken with and staff were praising of the management team. They said they were happy with the way the home was managed and the management team were available whenever they had questions or concerns. People said that the registered manager could be seen walking around the home and that they stopped to chat with people. One person said, "The managers are very approachable. They are brilliant." They told us they could chat informally with the management team to discuss any issues. A relative told us, "I am very impressed that the manager knows everyone by name, and she knows their needs." Another relative said, "I see the managers around the home quite often. I know them all by name and they know me well. They are very friendly."

People told us there were resident's and relatives meetings where they could suggest ideas and improvements and raise any issues. They said they had recently attended one. Records confirmed meetings had been held on a regular basis. One person said, "I attend the meetings and I am always very impressed with the information they give us and their plans for development." A relative told us, "There was a meeting last week which I attended and I gained one or two snippets of information. They tell us what they are changing and we are welcome to ask questions." Another relative commented, "I have attended meetings. I find them very useful. Notes are taken at meetings and they have asked for email addresses so that they can send out newsletters and feedback."

The management team asked people to complete surveys about the care provided. All confirmed they were happy with the standard of care, accommodation, and meals. But several wanted more activities. In response to this the management team had appointed an additional full-time activities coordinator.

The management team understood legal obligations, including conditions of CQC registration and those of other organisations. They confirmed they were clear about their roles and provided a well-run and consistent service. There was a clear management structure in place and the staff team were, knowledgeable and familiar with people's needs. A governance file was available recording statutory notifications sent to CQC, safeguarding alerts to local authority and complaints received.

There were regular audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, care plans, equipment and the environment. Actions had been taken as a result of omissions or shortcomings found. The registered manager produced weekly reports detailing significant incidents including safeguarding concerns and complaints, what the issues were and how these had been dealt with. Falls trackers and accident and incident analysis were in place. We could see action had been taken where concerns had been identified and lessons learnt.

Staff told us they felt supported by the registered manager and management team. They said they could contribute to the way the home ran through supervisions, daily handovers, staff meetings and surveys. Staff comments included, "[Registered manager] is fabulous, she has really improved this home." And "She is so approachable and caring and has made such a difference."

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a safe, quality service. These included healthcare professionals such as, district nurses, dieticians, speech and language therapists and mental health teams. This multi-disciplinary approach helped to support people in their care to receive the right support.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.