

Thistleton Lodge Limited

Thistleton Lodge

Inspection report

Thistleton Lodge
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Ratings

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

Summary of findings

Overall summary

This inspection visit took place on 06 April 2017 and was unannounced.

At the last inspection on 28 January 2015 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to person centred care, consent and capacity, safe care and treatment, safeguarding service users from abuse and improper treatment, nutrition, staffing levels and governance of the home. The provider sent us an action plan saying they would meet the legal requirements by 06 July 2015. During our inspection visit on 06 April 2017 we found these actions had been completed.

Thistleton Lodge Care Home is a large detached property in its own extensive grounds. It is easily accessible and there is ample car parking space for visitors. There is a lift and access for wheelchairs throughout. The service can accommodate a maximum of 54 people and specialises in providing care for people who live with dementia. At the time of our inspection visit there were 50 people who lived at the home.

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.

People who lived at the home told us they were happy with their care and liked the staff who looked after them. One person said, "The staff are brilliant and we get the best care possible."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment. One person who lived at the home said, "They are always organising something for us to do. There is never a dull moment."

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

The service used innovative methods to ensure care was provided in a way that was responsive to people's needs. For example, staff on night duty wore pyjama type uniforms to help orient people to place and time.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

We looked at the recruitment of four recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. People who lived at the home were happy with the standard of accommodation provided.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found equipment used by staff to support people had been maintained and serviced to ensure it was safe for use.

Medication procedures at the home were safe. Medicines were safely kept with appropriate arrangements for storing in place.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy with their care.

The service used a variety of methods to assess and monitor the quality of the service. These included resident meetings and care reviews.□

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff

who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection visit took place on 06 April 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 06 April 2017 we 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.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included seven people who lived at the home, five people visiting their relatives, the company director, the registered manager, deputy manager and six staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

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.

We looked at care records of six people, the training and appraisal records of four staff, arrangements for meal provision, records relating to the management of the home and the medicines records of six people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

When we last inspected the service we found sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to make sure they could meet people's care needs.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

During this inspection we found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation and laughter. People visiting the home told us there was always plenty of staff on duty when they visited their relatives. One person said, "I have never had an issue with staffing levels. You can always find them if you need them and [relative] tells me they respond quickly when [relative] requests help."

When we last inspected the service we found the registered provider had not protected people against the risk of unsafe or unsuitable premises. This was because we found storage heaters around the home were very hot to touch and could have led to injury if people came into contact with them.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we found storage heater temperatures were controlled and had low temperature surfaces. We saw records confirming the services maintenance team completed regular checks on the storage heaters to ensure temperatures remained safe and people were protected from potential harm.

We spoke with seven people who lived at the home who all said they had confidence in the staff who supported them and felt safe when they received their care. One person said, "I absolutely love it here the place is fantastic. I wouldn't still be here if it wasn't for the staff." One person visiting the home said, "I have no concerns about the safety of [relative] the staff are brilliant with them."

Staff spoken with had received moving and handling and health and safety training. They told us they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We observed a staff member transferring one person from their wheelchair to an armchair using a standing aid after lunch. Standing aids are designed to provide support and assistance to those having difficulty getting up into a standing position. We saw the staff member constantly explained what they were doing and provided the person with reassurance they were safe. The person looked comfortable with the

procedure and was chatting with the staff member who was kind and patient with them.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed and audited by the registered manager to ensure hygiene standards at the home were maintained. One person visiting the home said, "We chose the home for [relative] because of the wonderful environmental standards. It's beautifully maintained and is spotlessly clean."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. We spoke with a member of the services maintenance team and checked records completed. This confirmed equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had been carried out.

We found the building and grounds were appropriate for the care and support provided. People who lived at the home had access to the rear grounds which were enclosed and safe for people to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing. The design of the building provided sufficient space to enable people to walk about safely. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened.

We looked at the recruitment of four recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. People visiting the home told us they had never witnessed poor care or mistreatment of people who lived at the home.

Discussion with the registered manager confirmed they had an understanding of safeguarding procedures.

This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we received information about the service when we should do.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed two staff members administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff members informed people they were being given their medicines and where required prompts were given.

Is the service effective?

Our findings

When we last inspected the service we found people's liberty was being restricted without authorisation and there was no record of the discussions which took place to decide whether this was in the person's best interests. 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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

During this inspection we found people's needs had been reassessed and consent forms completed with people confirming they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. Records seen were consistent and staff provided support that had been agreed with each person.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (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 made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort.

Training records seen confirmed the registered manager and her staff had completed training to help them understand the principles of the Mental Capacity Act, 2005. Staff spoken with showed a good awareness of people's rights and we saw this was sufficiently demonstrated through practice and record keeping.

When we last inspected the service we found people's nutritional and hydration needs were not met whilst having regard to their well-being and did not reflect their preferences. During this inspection we found people's nutritional and hydration needs were met. We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw staff assisting people if they required a drink.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals

and drinks were on offer along with a cooked breakfast if requested.

We saw laminated menu sheets in the dining areas for the meals of the day. Choices provided on the day of our inspection visit included cottage pie, fresh vegetables, plum crumble or tapioca pudding, tea, coffee and juices. The cook told us an alternative meal was offered if people decided they didn't like the choices available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties and one vegetarian. The cook also had information about people's likes and dislikes.

At lunch time we carried out our observations in the services four dining rooms. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "The meals are lovely. I can honestly say I have never had a meal here that I haven't enjoyed." And, "I enjoy the meals that much I have put weight on."

We found people received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed. We saw people visiting the home were made welcome by staff and updated about their relative's welfare. One person visiting the home said, "The communication is excellent, always contacted immediately if there are any concerns about [relatives] welfare."

We spoke with six staff members and looked at individual training records. We saw staff had completed or were working towards national care qualifications and the care certificate which is a set of standards that social care and health workers stick to in their daily working life. Records seen confirmed training provided by the service covered a range subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff had received dementia care training and were knowledgeable about how to support people living with dementia. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The staff members we spoke with said they enjoyed working for the service and felt well supported by the management team. When we undertook our inspection visit the registered manager was in the process of completing annual appraisals for her staff. These are one to one meetings held on a formal basis with their line manager. We saw records of a number of staff members who had recently had their work appraised.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. The care records of one person confirmed their GP had recently visited and following a review had informed the home to continue with the person's medication and care being provided.

Is the service caring?

Our findings

When we last inspected the service we found the registered provider had not ensured people were fully involved in reviewing their written plans of care. This meant that people's written plans of care may not have always reflected their current preferences.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

During this inspection we looked at care records of six people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the support people received and the activities they had undertaken. We saw people's care plans had been reviewed and updated on a regular basis. The care plans had been signed by the person or a family member confirming they had been involved in the review and had agreed the care and support to be provided. This ensured staff had up to date information about people's needs.

We spoke with one person who lived at the home who confirmed they had been involved in their review. The person said, "Yes we sat down and discussed my care and I said I was happy and didn't want anything to change." One person visiting the home said, "Yes I was invited to attend [relatives] care review and was happy to do so. I am very happy with the care they are providing."

People who lived at the home told us they were well cared for and were happy living at the home. They told us they were treated with dignity and the staff were respectful towards them. Comments received included, "I absolutely love it here the staff are fantastic. I love the girls they spoil me rotten." And, "I couldn't walk when I came here and look at me now. The staff are lovely with me, so kind and caring." And, "I am really happy with everything here. The staff are excellent and very caring people. I couldn't be looked after better anywhere."

Throughout our inspection visit we observed care practices and saw staff were kind, caring and patient with the people they supported. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

We saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People told us and we could see for ourselves they enjoyed the attention they received from staff who frequently asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We observed routines within the home were relaxed and arranged around people's individual and collective

needs. We saw they were provided with the choice of spending time on their own or in the lounge area. One person who lived at the home was seen accessing the grounds to walk their dog throughout the day. The person told us they were delighted they had been able to bring their dog with them. The person said, "This home has been great for us. The garden is ideal for walking my dog, it's pleasant and safe."

We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw people being given drinks on request and assisted to the toilet where needed. One person who lived at the home said, "The staff are very caring and attentive. It's a lovely place to live and I am very happy."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, I am really comfortable and receiving good care. The girls are very good with me."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. 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.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority and Healthwatch Lancashire. Neither organisation had concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

Discussions with people who lived at the home confirmed the service was responsive towards people's needs. They told us if they brought things to the attention of staff they would go out of their way to resolve them as quickly as possible. One person said, "I told the manager the sun was shining directly into my room and it could be quite unpleasant on a warm day. Within three days I had a brand new blind fitted. It's much better now."

Whilst walking around the home we spoke with one person in their bedroom. They told us they ran a tuck shop from their room selling drinks and snacks to staff and people who lived at the home. The person said staff and her family brought the goods into the home and they sold them but not for profit. The person said, "We are in the middle of nowhere here so I thought I would set up the tuck shop for the staff. I absolutely love running it as it keeps me occupied and I get lots of visits from the staff who are always popping in for a chat and to buy something."

We spoke with five people visiting the home. They told us they were glad their relatives were living at the home as they knew they were safe and well cared for. Comments received included, "I chose this home from the six I looked around and I am so happy I made the right decision. Nothing is too much trouble for the staff who are always available if you need them." And, "[Relative] has settled really well and is as happy as they can be. I enjoy visiting the home because I am always made welcome and I know I do not have to worry about anything."

We looked at care records of six people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. We found care plans were flexible, regularly reviewed for their effectiveness and amended in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

The service used innovative methods to ensure care was provided in a way that was responsive to people's needs. For example, staff on night duty wore pyjama type uniforms to help assist people being more aware of the time of day or night and to encourage the comforting evening preparations for bed usually associated with the end of the day. This helped to prompt and encourage people to prepare for bed so that normal sleep/rest and wake patterns were maintained. If people woke during the night they were supported by staff wearing pyjamas and slippers which is far more reassuring than uniforms or day clothes.

The service employed an activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured, varied and thoughtful. We saw activities organised were advertised around the home and in addition each person was issued with a monthly list advertising the events organised for each day. We looked at the activities organised for April which included chair exercises, reminiscence, knit and natter, craft class, men's pub lunch in the bar room and a themed bar night. On the day of our inspection visit we saw people playing bingo in the morning and dominoes in the afternoon. The people we spoke with told us how much they enjoyed the activities organised. One person said, "We have an entertainer on Fridays and we all enjoy a good sing song."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at the complaints log and saw the service had one complaint recorded. This had been investigated by the registered manager and there was clear evidence the service had made several attempts to resolve the issues raised.

Is the service well-led?

Our findings

When we last inspected the service we found the registered provider did not have appropriate governance arrangements in place. This was because they had failed to identify and address issues with staffing levels, the environment, capacity and consent and care planning arrangements.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

During this inspection we found good governance arrangements were in place. Following our last inspection the service had implemented an action plan addressing the issues we identified with staffing levels, the environment, capacity and consent and care planning arrangements.

Comments received from staff, people who lived at the home and their visitors were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. Comments received included, "We have really good support from the manager. The management team are friendly and approachable." And, "This is a really good home to work at. The management are the best I have worked for. It's a pleasure coming to work."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included reviewing care plan records and monitoring the environment. Checks were also completed to ensure window restrictors were working, water temperatures were safe in line with health and safety guidelines and storage heaters had low temperature surfaces. This helped to confirm people were living in a safe environment.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included staff training, staffing levels and maintaining confidentiality.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included resident meetings. We looked at the minutes of the last residents meeting held in January 2017. Issues discussed included any requests for menu changes, if people were happy with staffing levels and staff wearing uniforms. The registered manager told us some menu changes had been made following the meeting and people had said they were happy with staffing levels and wanted staff to continue to wear uniforms. This showed the service listened to the people in their care.

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, 'Thank you for all the care you gave in the difficult last years. Also for looking after us when we visited.' And, 'I appreciate everything you and your staff did for [relative]. I am really happy that I selected Thistleton Lodge as the best place for [relative].' And, 'Thank you from the bottom of

our hearts for all the tender care, time and support you have given us. Nothing was too much trouble for you.'

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