Mayflower Care Communities Limited

Pine Martin Grange

Inspection report

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Date of inspection visit:
24 July 2018
25 July 2018

Date of publication:
31 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 24 July 2018 and was unannounced. The inspection continued on 25 July 2018 and was announced.

Pine Martin Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pine Martin Grange is a large detached property in Wareham. The home provides long term and respite accommodation for up to 64 older people with personal care and nursing care needs. At the time of our inspection 22 people were living at the home.

The service did not have a registered manager 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. The registered manager had handed in their notice four days prior to our inspection. The regional director explained that the current deputy home manager was acting up and had started the registration process with us.

People, staff and relatives told us they felt there weren't enough staff which left people at potential risk of harm. At times where people requiring two staff are receiving personal care and the team leaders or seniors are completing paperwork or administering medicines there is no staff member on the floor supporting others. The regional director and deputy home manager acknowledged our concerns and by the end of day two told us that they had agreed with the provider to increase staffing levels by 12 hours per day over the next three months when it would be reviewed again.

People, relatives, health professionals and staff told us that Pine Martin Grange was a safe home. Safeguarding alerts were being managed and lessons learnt by the home. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding. Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and assessed as competent to give medicines.

People were supported by staff who understood the risks they faced and valued their right to live full lives. Risk assessments in relation to people's care and treatment were completed, regularly reviewed and up to date.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred. Staff were able to access care plans and guidance on the go via their hand held devices.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training in response to people's changing needs. Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Capacity assessments and best interest decision paperwork had not always been completed correctly. The management team were reviewing this.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. The head chef told us that the menu was reviewed every four weeks with people's input.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, district nurses and a chiropodist.

People, professionals and relatives told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People were encouraged to feedback. Regular relative and resident meetings took place.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. Outcomes were not always clearly recorded and we were told this would be reviewed. The deputy home manager told us that lessons were learnt and shared with staff in meetings. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them. Staff told us they felt recognised.

People, relatives, professionals and staff felt that the service was well led. There had been a number of management changes over the past 12 months however; staff told us they felt the management of the home was now stable. The deputy home manager and regional director both encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring systems within the home were robust and effective. Audits and additional checks were completed by the regional director. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate.

The service worked in partnership with other agencies. Professionals told us that communication and information sharing with the home was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We were told that there were not sufficient staff available which left people at potential risk of harm.

All areas of the home were kept clean to minimise the risks of the spread of infection.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses and staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective. People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and their dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

The premises did not fully meet people's needs. People were

able to access different areas of the home freely.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff that used person centred approaches to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives, professionals and people told us they felt able to raise concerns with staff and/or the management.

Resident and relatives meetings took place which provided an opportunity for people to feedback and be involved in changes.

People were supported with end of life care. Preferences and choices were respected by staff.

Is the service well-led?

Good

The service was well led.

The management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery.

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Pine Martin Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 site visit took place on 24 July 2018 and was unannounced. The inspection continued on 25 July 2018 and was announced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience on day one and one inspector and an assistant inspector 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. Their experience related to older people and people with dementia. The specialist adviser had clinical experience and expertise in nursing.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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.

We spoke with 17 people who used the service and four relatives. We had a telephone conversation with four health and social care professionals. We met with five staff, the maintenance and housekeeping managers, one domestic staff member and the head chef. We spoke with the deputy home manager and regional director.

We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment and quality audits. We observed staff interactions with people and at meal times. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interaction between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us information after the visit. This included policies and the staff training record. They agreed to submit this by 30 July 2018 and did so via email.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt there were not enough staff to meet everyone's needs. A person told us, "I am concerned that there are simply not enough staff….I have had to wait for ages before my bell gets answered…..I understand that there may be other demands from other residents, but I should not have to wait for so long". A relative told us, "My only concern is that I don't think there are enough staff. There have been times I want to talk to staff but they aren't around as they are with others. I think they count the senior staff who are in the care hubs doing paperwork as care numbers but they aren't always able to help the carers".

A care assistant said, "When team leaders or seniors are doing paperwork or administering medicines they aren't able to support us on the floor. This will then leave one or two carers with 12 people upstairs and there are three people who require two staff to support them with personal care". This meant that at times where people requiring two staff are receiving personal care, and the team leaders or seniors are completing paperwork or administering medicines, there is no staff member on the floor supporting others. This left people at potential risk of harm. A senior staff member said, "I can understand that there could be a risk to people if care staff are delivering personal care whilst we are doing our other tasks leaving no other staff on the floor". Staff told us that they had raised these concerns in staff meetings. We found that staffing numbers had been discussed in both staff and resident/relative meetings.

We discussed our concerns with the regional director who told us they were actively recruiting staff which included hostess staff who could cover meal times and serving meals meaning that care staff would not be pulled away from delivering care to people. We were told that currently staffing numbers were calculated using observations and needs of people. At the time of our inspection a dependency tool was not being used to calculate staffing hours. The regional director and deputy home manager acknowledged our concerns and by the end of day two told us that they had agreed with the provider to increase staffing levels by 12 hours per day over the next three months when it would be reviewed again. We were also told that the deputy home manager would move their office to the first floor and that daily meetings would alternate between both floors to increase visibility on the first floor.

The regional director told us that they would submit a rota for the next four weeks to evidence the staff increase and seek feedback from people, relatives and staff following these changes. This demonstrated a responsive approach to feedback by the provider and management team and minimised the potential risk to people.

On day two of our inspection we observed times when no staff were available on the first floor where people were living with a dementia. There was one new staff member completing their first day of shadow shifts. We were told that this new staff member had had to support people at times during the day because other staff were not available.

People, relatives, professionals and staff told us that Pine Martin Grange was a safe place to live. A person

told us, "I do feel safer than at home". Another person said, "I feel safer here than at home because I do suffer falls and, at least here, there is help available". A relative told us, "My loved one is safe here. Staff are very good they know [name] and they can't get out". Another relative said, "My loved one is safe here. I can leave rest assured they are in good hands". A professional told us, "Pine Martin Grange is a safe home. People can't leave unattended and safe care is delivered". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

The home had safe systems and processes which meant people received their medicines, on time and in line with the providers medicine policy. The service had started to use an online Medicine Administration Record (MAR) system. This system sent alerts to nursing staff if a time specific medicine was due, for example pain relief, Parkinson's and antibiotics. Alerts were also sent if medicines were not provided.

The service had safe arrangements for the ordering, storage and disposal of medicines. The senior staff responsible for the administration of medicines were trained and had had their competency assessed. The temperature of the room where medicines were stored was monitored and was within an safe temperature range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

Staff were recruited safely. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities in regards infection control and keeping people safe. All areas of the home were kept visibly clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves and throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A domestic staff member said, "It's a clean home. We work hard to make it the best we can. There is a cleaning schedule kept in our trolley's which we work to and record tasks we have done". The house keeping manager took us through the cleaning audits which were robust and up to date. A professional told us, "The home is always clean and well presented".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the deputy manager and regional director would listen and take suitable action. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. There was a log at the front of this file which captured dates, nature of concerns, outcomes and which authorities had been informed. All records reflected outside agencies involved, lessons learnt and recommendations and preventative actions made. The deputy manager told us that all lessons were shared with the team either in meetings, supervisions or in handovers.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. They described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. The online system showed an accurate record of people's risks and how they were being monitored and managed.

Equipment such as specialist chairs, adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. The maintenance manager took us through the fire records and health and safety checks which were all legible and up to date. They told us, "We also have a maintenance log which is kept on reception and tasks are written in there by staff. I use this to prioritise my days". People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Pre-admission assessments formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to via the online system. A relative told us, "The admission process has been amazing. I arrived one night and staff couldn't have been better. I explained my situation and that information was passed on. The next day my loved one was assessed. I was totally involved in the assessment process as was my loved one as best they could".

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.

Staff showed understanding of the MCA and told us they had received training. One staff member told us, "People need to have their capabilities assessed of what they can and can't do to honour their decisions to keep them safe" and another staff member told us, "It's to do with the person's ability to make decisions, just because a person can't make big decisions doesn't mean they can't make small decisions".

Consent to care was sought by staff from those that had capacity. A person said, "They (staff) always ask for my consent to do anything". MCA and best interest paperwork was in place for people. Capacity had been assessed and best interests meetings involved relatives and other relevant parties. A health professional told us, "I have been involved in best interest meetings. The decisions made were the least restrictive and in the people's best interest".

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS) and were pending assessment by the local authority.

Where people had DoLS appropriate assessments and best interest meetings had taken place which included the person with Lasting Power of Attorney. We found DoLS that had conditions. We read that the assessor from the local DoLS office had visited the home recently and reported that the conditions were being met.

Staff told us they had completed eLearning and face to face training in areas including, but not limited to, moving and assisting, Fire Safety, Mental Capacity Act (MCA) and medication. One staff member told us they felt able to discuss training needs within their supervisions and told us management would arrange extra training as required. One staff member told us they had identified a training need with regards to using the

computer. Pine Martin Grange provided extra training and now the member of staff feels confident when using the computer and the computer system. A health care professional told us, "Staff come across competent and well trained".

Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. We were told that the service supports nursing staff with their continuous learning.

Following feedback from staff the management team told us that the induction process was under review. The regional manager told us that this will include requirements covered in the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Staff showed us how they used electronic care records to document care as it happens. Staff could read a person's care plan from the mobile device they carried around with them and were able to update the daily care notes in real time providing an adequate representation of the care and treatment required and delivered. A health care professional told us, "Staff records helped me with my on-going assessments".

People were supported to maintain a healthy diet and food and drink charts were maintained where appropriate. People were provided with a healthy, nutritious diet. A person told us, "We get a choice of two or three main courses….I eat lunch in the dining room". Another person said, "The food is very good". A relative mentioned that they felt the food was good and they had enjoyed scones with their family member before. Staff told us those with a clinical need had their food and fluids recorded onto the electronic system. Senior staff reviewed people's intake daily and handed over to the night staff details of any person who had not met their targets for the day. One staff member told us "We haven't been in the position where someone hasn't met their targets yet or began losing weight but if that did happen, we would contact their GP."

The kitchen knew people and their needs well. A large white board provided clear dietary information for each person. The head chef felt proud about the menus. These were tailored to what people wanted to eat and were updated every four weeks. The head chef was provided with paperwork about a person's likes, dislikes, allergies and dietary information when they first moved in. After four weeks the head chef visited the person to discuss what they liked and did not like to eat from the previous four weeks. This ensured each person has something they enjoy on the menu. People were also able to discuss what they would like on the menu during resident meetings.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall people told us meal times were a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected their dignity and demonstrated knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms or the communal dining rooms.

Staff monitored people's healthcare needs and made sure people had access to professionals to meet on-going health conditions and to respond to acute illnesses. People had access to healthcare professionals. One person told us, "we just ask and the girls sort it". Another person said, "They have arranged to take me to the hospital when I've needed it". A further person said, "Yes, I see the doctor when I need to." People also had access to district nurses and other healthcare professionals.

The environment provided opportunities for people to access communal areas, private areas and accessible

outside space. The first floor of Pine Martin Grange specialised in caring for people living with a dementia. To aid orientation, and a feeling of belonging, people had memory boxes outside their doors which included favourite pastimes, interests, hobbies and photographs. Each door resembled a street front door and their door number. However, signage was not clearly adapted to assist people living with dementia: toilets and bathrooms were not identified other than with small written signs. At the end of day two the regional director told us that they had ordered some visual signage for the first floor. Bedrooms and communal areas were spacious. Long hallways enabled people to walk around. People on both floors had access to outside areas. One person told us, "I like it when we go around to the garden". During the inspection we observed people and the relatives using the outside spaces.

Good

Is the service caring?

Our findings

People, their relatives and professionals told us staff were kind and caring. One person told us, "The carers are very welcoming and pleasant to me". Another person said, "I love it here, food good, carers lovely, no complaints". People were treated with respect; staff knocked on people's doors before entering and did not share personal information about people inappropriately. One person told us, "The staff are kind and show respect". A relative said, "Everyone is friendly and has my loved one's best interest at heart". Another relative told us, "Staff are just wonderful, I can't speak highly enough". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. A person said, "I have some of my own furniture in my room which makes it feel nicer, I like my room and the view onto the garden….I can open the windows which is also nice when it's warm". A professional told us, "Staff are caring and kind. They know the people which is reassuring".

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "In general I feel comfortable with the care", "I can't praise the place enough", "I am happy here, the care is very good" and, "The care has been fantastic". One member of staff told us, "We are a caring team. We make sure people are safe, clean, and tidy and respect them as individuals."

People's cultural and spiritual needs were respected. A local minister attended the home on a regular basis and others were able to express their spirituality in a way that suited them. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. The activities coordinator told us that people were supported to attend a local church service at Christmas and other cultural celebrations. They told us that people currently only have a Christian belief and said, "If people with other faiths come in the future we would meet these".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There were a number of small lounges and private areas so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "I am always made to feel welcome when I visit and can come anytime". Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality was respected. We observed a staff member encouraging a person to walk freely to another area of the home. The staff member was reassuring, patient and did not rush the person. A relative said, "The staff do make an effort to get to know the residents". People's privacy and dignity was respected. Records were also kept securely and staff required usernames

passwords to access the online system.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I can go to bed and get up when I want to. Nothing needs changing". A staff member told us, "I give people options to help them make decisions; I find this helps a lot. For example, options of meals, clothing, how they would like personal care delivered and where they would like to eat. This way they can make decisions for themselves". People appeared well cared for and staff supported them with their personal appearance.

The home had received a number of compliments and expressions of thanks. We read one which said, 'My relatives care has been excellent from day one. The team leaders and care staff have been the best that I have experienced'. We read another from a person living in the home which read, 'I cannot fault the care I receive. I have made some new friends and interesting friendships. The activities are stimulating and fun'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people at the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "The service meets my loved one's needs, my loved one had a chest infection over the weekend. The doctor was out on the Monday and [name] now has some antibiotics. They [staff] are so on the ball here". Another relative told us, "We had input on the care plan when my loved one came in". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A professional told us, "I have been involved in care plan reviews before". A relative said, "They [staff] keep me up to date with my loved ones which I really appreciate".

Care plans were available to staff on the go via the online system. These were up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The system alerted staff to changes and when checks needed to be completed. We found that the online care plans contained photos of people and information about the person, their family and history. A person told us, "I know they have my care plan and I have had sight of it". A professional told us, "Staff are able to refer to people's needs. Staff seem to know people well". Another professional said, "Staff have a good understanding of people's needs and are responsive to these. They are very proactive. For example, they sought advice regarding a person's diet and additional stimulation".

An activities coordinator was employed and worked across the home. They had a good understanding of people's social needs and what people's hobbies and interests were. They said, "When people first come here they have care plans. We are given information on people's likes, dislikes, hobbies and interests. I then meet with them to get to know them more. For example, one new person likes reading and not so much group activities so I got them some books to read". The person's relative told us, "It's wonderful that my loved one has been given books to read". There were peoples' notice boards opposite the main dining room and reception area. These displayed listed upcoming events and weekly activities. We observed people being supported to take part in a skittles game on day one. People who chose to participate appeared happy to be involved. We also saw the hairdresser in the salon doing people's hair. On day two we noted that people had been supported to go on an outing to a local park and lake.

The activities coordinator told us that they plan and arrange a variety of activities in response to people's feedback, interests, hobbies and cultural beliefs. For example, films in the home's cinema, coffee mornings in the home's bar and bistro area, exercises and craft activities. The activities coordinator said, "We have an external company come in and do memory sessions, reading and singing. Some of our activities are open to the community as well". They went on to say, "I regularly visit those who are supported in their beds or stay in their rooms. I either read the newspaper with them, have a general chat and give hand massages". A person said, "We had a lovely day out in the garden yesterday, it was so nice to get fresh air in the sunshine…..the carers took me and my two friends down". We were shown the home's gym and private dining room. The activities coordinator told us, "The private dining area is often used by families. They have a lovely time". A personal trainer attended the home twice a week and supported people with specific exercises as part of their care plan and assessments. There was also a table tennis table in the room which

we were told was enjoyed by a number of people.

People were provided with opportunities to feedback to the service. Following a recent party a person had written a thank you card to staff on behalf of them and others living at Pine Martin Grange. It read; 'Thank you for the party. I know it took a while to decorate the courtyard. I know we all enjoyed it in our own individual way'. We found that resident and relative meetings took place. These were opportunities for the service to listen to people and their families and share developments and new opportunities.

The deputy manager and regional director told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. However, we did saw that outcomes were not always fully recorded. The deputy manager told us that they would make sure that these were clearly recorded.

Although no one was receiving end of life care the deputy manager told us that people were supported with end of life care and preferences were recognised, recorded and respected.

Good

Is the service well-led?

Our findings

The service did not have a registered manager 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. The previous registered manager had left four days prior to our inspection. The regional director explained that the current deputy home manager was acting up and had started the registration process with us. They went on to say that they were currently recruiting for a new home manager.

Although there had been three management changes within the past 12 months staff told us that they felt the deputy manager and regional director were good and had provided staff with stability. Staff comments included, "[Director and deputy name's] are very approachable and organised. They listen and act", "The deputy manager is easy to talk to and understanding. I feel I can go to them" and, "The management are lovely. Really helpful if I need support they are there. They are understanding, welcoming and make me feel I belong here. I like that the deputy manager comes and checks on us". A relative feedback saying, "The deputy manager is very approachable, visible, open and honest. They are always willing to listen to me and my loved one".

Pine Martin Grange had implemented a number of quality monitoring systems and processes. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, kitchen, medicines and equipment. The regional director completed monthly audits; these reflected actions from the last audit and recorded progress. The audit template also ensured that the auditor captured people, staff and visitors' views. This demonstrated a proactive approach to auditing and capturing people's voice to drive improvement.

The regional director told us that they would now use a staffing dependency tool to monitor staffing levels based on people's needs and levels of dependency. They said that they will review staffing again in three months and as new people are admitted. This told us that there would be management oversight on the staffing levels at the home.

The management told us that they promoted an open door policy. The manager's office was well located on a main corridor on the ground floor opposite the dining area and reception desk. This meant that they were visible to people, visitors and staff. The management told us they recognised good work which was positive and promoted an open culture. A nursing assistant said, "I feel involved in the development of the service. I know what I've got to do and I get on and do it, the fact that the place is so new helps me a lot".

The provider had an equality and diversity policy in place. The recruitment process was open and equal to all. The deputy manager told us that they would make adaptations for staff in relation to cultural beliefs. For example, uniforms, flexible shifts to allow for prayer times, food and holidays. Other adaptations could include staff who were pregnant or have a disability.

Staff told us they attended meetings regularly and felt these were "really good, people are quite happy to say things if something is niggling them, they're not afraid to speak up. The person chairing the meeting is very open". We saw evidence that regular meetings were being held. Important information was shared and communicated to all staff including information about the MCA and Safeguarding.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. Health and social care professionals told us, "The service are proactive and continue to ask how best to support people. Information is readily available and shared with us when we need it", "They [the home] keep in contact with us and work well in partnership. Information is made available and shared on a need to know basis" and, "Management work well in partnership with us and take on advice".

The manager understood the requirements of the duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.