Four Seasons (GJP) Limited

Pennine Lodge

Inspection report

Pennine Way
Harraby
Carlisle
Cumbria
CA1 3QD

Tel: 01228515658

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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 was an unannounced inspection which we carried out on 23 January 2017. We last inspected Pennine Lodge in August 2015. At the August 2015 inspection we rated the home as Requires Improvement and made four recommendations.

Pennine Lodge is a purpose built care home that provides personal and nursing care to a maximum of 70 people, including people who live with dementia. There were 66 people living in the home when we inspected.

A registered manager was 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.

On this inspection we found improvements in all the areas we had made recommendations in. There was a tangible upbeat atmosphere within the staff team who were enthusiastic and motivated to provide "The best care they could for people" they told us. Staff were positive about the opportunities for growth and improvement. People living in the home were benefitting from a more engaged workforce and people appeared more responsive and animated.

People living in the home and their relatives were happy with the care and support given. People told us that they felt safe and that staff were kind and treated them well. One person said, "It's very nice, the girls look after you. I have all my things here and my family comes in." A number of relatives said they had noticed improvements since the last CQC inspection. One relative said "The care is good now, it's improved a lot lately, the girls are lovely to (relative).

People were treated with respect and dignity. A health professional said, "The staff are very respectful." A visitor said, "My (relative) passed away here and the care was brilliant, I come back to help sometimes now, I could not fault it." And another relative wrote to tell us, "Pennine Lodge gave our relative exceptional care throughout their stay. We as a family observed the professionalism and total dedication of each and every member of Pennine Lodge. Our relative was nursed with love and respect. They also gave us comfort and support especially when they became so very ill. We were so very fortunate to find Pennine Lodge where my relative called home."

However we received mixed views on the quality of the food and how it was presented. We recommended that the home looks at how this can be improved for people.

The accuracy, quality and detail recorded in people's risk assessments had significantly improved. Risks to people, as a result of reduced capacity due to dementia, were now well managed. All staff we spoke to, from nurses to carers to auxiliary staff, were now fully aware of how to ensure people's safety.

We saw the way staff were being utilised and deployed in the home had improved. This particularly helped at mealtimes. The mealtimes were better organised with clearer delegation of staff roles. This meant that people were receiving the support required to enjoy a calm and pleasant mealtime experience.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

We found that improvements had been made to people's care and support plans. These had been made simpler and staff reported that these were easier to use in knowing exactly what support needs were required by each person. People's care plans were also more individualised and staff demonstrated good knowledge of people's backgrounds and how they liked to spend their time. We observed that there were interesting and appropriate activities available for people.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received their medicines in a safe and timely way.

We found that staff training and development had improved and that staff felt "better supported" with their roles and responsibilities. Training was now a real positive feature of the home, with dedicated training staff based in the home to deliver face to face training. Staff said the training had been "amazing" and "thought-provoking".

Staff had received good levels of both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved and "hand over" of shifts were well managed to ensure people's changing needs were passed on to all staff.

Infection control measures in the home were good. The staff team had been suitably trained and had access to personal protective equipment. The home was clean and orderly. The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment being done. The home looked well maintained, homely and welcoming.

A complaints procedure was available. People told us they felt confident to speak to staff about any concerns if they needed to. Staff and people who used the service said the registered manager was supportive and approachable. Record keeping had improved and staff had received training on this as well as on care planning and tools to use to assess people's needs.

We found the home was being well-led with a strengthened, more effective management structure in place.

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.

People were kept safe as systems were in place to ensure their safety and well-being.

Staffing levels were sufficient to meet people's current needs safely. Appropriate checks were carried out before new staff began working with people.

People were protected from abuse and avoidable harm. Staff had received training with regard to safeguarding.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff received the training they needed and regular supervision and appraisals. Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs. However the food was not always to people's liking.

Is the service caring?

Good

The service was caring.

Staff supported people with their personal care needs in a sensitive and dignified way. The privacy and dignity of people who used this service were promoted and protected.

Staff were familiar with the needs of the people they supported. They demonstrated concern for people's wellbeing and

understood the need to spend quality time with the people who used this service.

People's personal choices and preferences about the support they would like at the end of their life were clearly documented. People received good support at the end of their lives.

Is the service responsive?

Good

The service responsive.

Care planning had improved and people were more involved in the development of their plan and this ensured that care was becoming increasingly more person centred.

Activities and entertainments were being developed to meet the needs of the people in the home.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. The management team were supportive and could be approached for advice.

There were robust systems in place for monitoring the quality of the service.

People who lived at the home and their relatives told us the atmosphere was good and the home was well run.

The home had a quality assurance programme to check on the quality of care provided.

Pennine Lodge

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.

The inspection took place on the 23 January 2017 and was unannounced. The inspection was carried out by an adult social care inspector, a specialist advisor in dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities and health authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During our inspection we spoke with 16 people who lived in the home in communal areas and in private in their bedrooms. We spoke with 8 relatives who were visiting people living in the home, two nurses, eight care staff, two domestic staff, the activity coordinator and the chef. We spoke with the Head of Units and the regional manager for Four Seasons.

We observed the care and support staff provided to people in the communal areas of the home and during the lunch time meals. We looked at the care plans and records for four people and tracked their care in detail.

We looked at records that related to how the home was being managed. We also viewed other documentation which was relevant to the management of the service including quality and monitoring systems and training records.

Good

Is the service safe?

Our findings

People said the staff were good and they kept them safe. They told us, "The staff are excellent. I have no worries, they know exactly what I need to keep me safe" and "I think they are all very good and look after me. I am very comfortable."

Relatives said staff supported people to be independent, whilst keeping them safe. One told us, "I think the staff know exactly what residents need, and they keep my (relative) very safe. My relative can be a bit forgetful and unsteady, but likes to go to the lounge every day and join in. I've heard staff often remind them to use their walking stick."

People and relatives said there were enough staff working in the home. One person said, "Staff are always around and very helpful" and, a relative told us, "Yes there are enough staff here and they know how to look after everyone."

There were sufficient numbers of staff working in the home to ensure people had the support they needed. The provider had reviewed the staffing levels following the last inspection. The registered manager told us staffing levels were determined by a dependency tool. This was used to check against each person's dependency profile to calculate if there were sufficient staff to meet people's needs safely. She said that the service was currently running at 20% above the staffing level as indicated by the dependency tool. We were told that the provider of the service had put in additional funding to ensure the home continued with the progress made following the last CQC inspection. Each of the floors were now staffed with 7 to 8 care staff and one nurse. We saw that people were receiving care and attention in an organised and timely manner.

The registered manager described a restructure to the staffing team and explained how new roles had been developed to ensure people were receiving safe and effective care. For example each of the floors now had a clinical nurse lead with clearer lines of control and delegation. One staff member said, "We run like clockwork now . We all know what we are doing and people are definitely getting better care."

Risk assessments had been completed depending on people's individual needs. These included nutritional risk, skin integrity and pressure area care, mobility and moving and handling. Such as for example how to assist people to transfer with the correct moving and handling techniques and equipment. Staff demonstrated a good understanding of people's support needs and were able to support them to take risks in a safe way.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood and spoke confidently of the different types of abuse and described the action they would take if they had any concerns. We saw that all grades of staff had received safeguarding training, from the nurses to the maintenance staff and cooks. Staff told us they would report anything they were concerned about to the registered manager. They said they were confident that any concerns would be dealt with and if they were not satisfied with actions taken they would contact external agencies. One said, "I would stop what was happening and then tell the manager. If they didn't do anything I know I can report it

to you (CQC) or the local authority." Another member of staff said, "We raise safeguarding as a regular topic at staff meetings and often its spoken about in supervisions."

Safeguarding information was on display and the contact details of the safeguarding team were available to staff in the office. Where safeguarding concerns had been identified these had been referred to the local authority, advice had been sought and appropriate action taken.

Systems were in place to record accidents and incidents. Accidents had been recorded, with details of where and what had occurred, with a review of why the accident had occurred and what action should be taken to reduce the risk of a re-occurrence.

Medicines were managed safely. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. People had 'medicine capacity' assessments in place to record the support they required when their medicines were administered. The medicine administration record (MAR) charts had been completed appropriately. At the front of each MAR chart there was a picture of each person, with a list of their prescribed medicines, what they were for and any allergies. We observed staff as they administered medicines, these were given out individually to each person; staff asked people if they were comfortable and offered pain relief when appropriate. The medicine trolley was locked when not in use and staff signed the MAR only when the medicines had been taken.

We looked at personnel files for three new staff; these contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, and interview records. Records of checks with the Nursing and Midwifery Council to check nurses' registration status were also available and up to date. Application forms included full employment histories and any gaps where accounted for. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Copies of interview questions and notes were also available to show how each staff member had been appointed. The recruitment procedures ensured that people were suitable to work with vulnerable adults.

The provider had a plan to deal with emergencies. There was guidance for staff to follow displayed near the fire alarm at the front of the building, which identified how people could leave the building safely. The manager explained some staff lived close to the home and their contact details were available for staff working nights to ring them if required. Staff told us the emergency procedure had been explained to them when they started working at the home and they felt people would be able to leave the home safely if required. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plans were reviewed monthly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

Relevant checks were carried out, these included a weekly fire alarm test, monthly checks on emergency lighting, call bells and water temperatures and legionella risk. PAT testing for personal electrical equipment was done yearly and when new equipment was brought into the home. There was on going repair and maintenance at the home. The maintenance log showed that staff had logged and dated where repairs were required and the action and the date they were resolved was recorded by the maintenance staff.

We found the home to be clean, tidy and fresh smelling throughout. Housekeepers were employed at the home and cleaning schedules were in place. Staff wore protective clothing such as gloves and aprons while carrying out personal care. People told us that staff were very good at washing their hands and using aprons and gloves when carrying out personal care. Staff told us that infection control was part of their induction training. This helped to ensure that people were cared for by staff who were knowledgeable about the

spread and causes of infection.

Good

Is the service effective?

Our findings

People told us the staff looked after them very well and relatives supported this. They told us that staff were well trained and knew what they were doing and knew how to help them with their care needs. One person said, "They certainly know what I need" and, a relative told us, "The staff are excellent, they know exactly how to look after residents, they have all been trained."

All relatives we spoke to were happy with the care and treatment received by their relatives. One said "Oh it's lovely, they look after (relative) really well" and another said, "I pop in when I want, sometimes lunchtime, there's no worries about this place the girls are great." And another relative said "It's wonderful, I come in when I like, and they prefer not mealtimes or late night, but other than that anytime." And another said, "I'm in all the time, it's really good, I have no worries the health side is also good, with the GP called out when it's needed."

We received mixed views on the food on offer in the home. Some people told us they liked the food on offer and that they got plenty of choice while others felt the menus lacked variety. A relative said "The food is repetitive and poor quality, I know they are trying to alter that." Another relative said "The food is a bit basic, run of the mill I'd call it." We observed that the pizza offered at lunchtime had a very thick base and some people were struggling to cut it. We also noted that the pizza was badly burnt underneath and this had not been spotted by the cook or the staff cutting it up into portions and serving it up. People also told us that they would like more home cooked cakes and biscuits for afternoon tea or for the drinks trolley. We noted that snacks on offer were shopped bought biscuits and held little nutritional value.

We recommend that the home assesses the food on offer to people, seeking their views, and to ensure that the food is suitable to meet the nutritional needs of older people.

When we spoke with the cook they were putting out new menus for the day and said, "I do this throughout the home; the hostess comes up and offers today's choices. I don't do it the day before, there is no point, I don't even know what I want to eat tomorrow. We try and make it as varied as we can." The cook also said, "I know what people like and dislike and there are snacks available at any time of day. Staff can make a sandwich, or cook a light meal, if residents want one, there is always food in the fridge." We observed the lunchtime meal and saw that people received individual support in a discreet and patient manner, with equipment available to be assist people to eat as independently as possible. The dining room was laid out to enable people with walking aids or wheelchairs to use the room if they wanted to; condiments and napkins were available.

People had a nutritional assessment when they moved into the home and then this was reviewed on a regular basis. The home sought the advice and support of the speech and language therapist and dieticians, where people had been identified as at risk of weight loss or had swallowing difficulties. We saw that people's weights were being monitored in line with their identified risk assessment and need. If required, additional calories were added to meals using creams and cheese; when necessary fortified drinks were provided and dieticians had been involved in planning meals for people who had lost weight. Some people

were prescribed powder to thicken drinks to assist with swallowing difficulties. Appropriate arrangements were in place for using these and staff had been trained in their use so that people were given their food and drinks in a way that was safe.

Staff had opportunities for training to understand people's care and support needs. Staff comments included, "We get loads of training", "There are training opportunities all the time", "There's training every other week", "Training is nearly always face to face now", "I've had more training than in my other job." Records showed staff had attended relevant training including moving and handling, infection control, safeguarding, fire safety and health and safety, as well as specific training to meet people's individual needs. This included dementia and mental health awareness. Staff said the training had given them a broader understanding of people's needs. They gave an example of requesting to learn sign language so they could better communicate with a person who was deaf and an 8 week course had been arranged for those staff interested.

All of the staff we spoke to during our inspection told us of the improvements to staff morale, support from senior staff and management. One member of staff said; "It's been a steep curve but we are all feeling so much better with the support we get. Staff are pulling together." Staff were also keen to tell us about recent training opportunities and being involved in local and national initiatives to promote best care practice. Such as the "OOMPH programme" that trained staff to provide interesting, stimulating and meaningful activities. The provider had a scheme to train and skill care staff to be senior care practitioners, which was named a 'CHAP' scheme. One of these staff members told us, "I love it. I'm much more involved in the clinical side of care and have had training for all the areas we cover, such as basic dressings, administering medicines and delegating care staff on the floor."

We saw improvements to the way staff were deployed and in the way staff communicated. For example we saw a newly developed white board on each floor termed 'Allocation board' that set out each staff members duties for that shift; such as who would help people at meals times who chose to eat in their rooms and who would check that bed rails and sensor mats were in place. Staff said, "It's really clear now, even down to who can take a break and when. We find we can spend more time with people now that we are better organised."

We sat in on an early morning communication meeting, held at the same time every day for a range of key staff, that included the head of housekeeping, the cook, the maintenance man, both clinical nurse leads and a carer worker from each floor. The clinical lead for the ground floor led the meeting. He told us, "It's called a flash meeting and doesn't take up too much time for people, no longer than 15 minutes usually and it's a chance to highlight any important things happening that day. For example today we have a new person coming in for respite and we want to check out everything's in place, like risk assessments care plans and that the room is ready." We heard a request that the maintenance man put a bed rail in place for this person to which he replied, "Yes I can do that but do we have a risk assessment in place?" To which the reply was that there was one in place. Another person's worsening of a health condition was also flagged up and staff were asked to be more vigilant in monitoring them across the day. We judged that this is good practice and demonstrated the level of understanding and effective communication across the whole staff team.

We spoke with members of staff who were able to describe their role and responsibilities clearly. Staff told us when they began work at the service experienced they completed an induction programme and they had the opportunity to shadow a more member of staff. This ensured they had the basic knowledge needed to begin work.

Support staff said they received regular supervision from one of the home's management team every two

months and nurses received supervision from the registered manager. Staff also received an annual appraisal to evaluate their work performance and to jointly identify any personal development and training needs. A staff member commented, "I have an appraisal annually and I find this helps me plan for my future." This showed staff were supported in their role as well as assisted to identify their individual training needs.

Staff had attended training in Mental Capacity Act (MCA) 2005. They demonstrated an understanding of capacity and the implications of Deprivation of Liberty Safeguards (DoLS) for the people they supported. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals, there is no other way to safely care for them and it is the least restrictive. The registered manager said DoLS applications were made if capacity assessments identified people at risk. Staff asked people for their consent before they provided assistance and they involved people at all times in decisions about the support provided.

People had access to healthcare professionals including opticians, district nurses, speech and language team and GPs as required. GPs visited the home if necessary although people also attended appointments at the surgery or hospital. If people had been assessed as being at risk of falls the occupational therapist and falls team had visited people and advised staff how to reduce the risk of falls, whilst also not restricting people. Appointments and changes in planned care and support were recorded in people's care plans and, people told us they could see their GP or the nurse if the needed to. One person said, "I ask them to arrange a visit and it is easily arranged" and a relative told us, "They always contact the doctor and let me know if my (relative) is not well. They are very good about that."

Good

Is the service caring?

Our findings

People told us that the staff were caring and were very positive about the support they received. One person said, "It's lovely here, I frequently get asked about how I am". Another person said, "Staff are very kind, they know I need some support, but they don't hurry me." And another said, "The staff respect my choices and support me to do what I want to do" and, "I am very comfortable here, I wouldn't want to live anywhere else."

Relatives told us the staff were very welcoming when they visited the home, "They provide the care and support residents need" and, "I think my (relative) is in the best place for her. They are so good and support me as well." "My relative passed away at the beginning of the year in Pennine Lodge. The care given to myself as I sat with my mum and the love and care given to mum was excellent. The staff were like an extended family. Even the Funeral Director made good and positive comments about the staff there. All this was a comfort to me at a very sad time."

Staff said they were able to provide the support and care people needed; they demonstrated a good understanding of people's preferences and supported them to be independent and make choices. Staff were respectful when they spoke with people and it was clear they understood their needs. They used people's preferred name and responded quickly when they needed support. For example, one person was unsure of where they wanted to sit and became unsettled; staff put their arm around them and spoke quietly as they suggested they might like to sit in the lounge.

We observed staff caring for people in a relaxed, warm and friendly manner. It was notable that staff knowledge of people's personal history and families was good. When spoken to by staff people become animated and enjoyed staff contact. Staff took time to speak with people who used the service. We observed staff sitting talking to people and engaging in lively conversations about their families, social events and sharing memories. We noted that staff took opportunities to engage with as many people as possible. For example by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were okay, and by popping in and out of bedrooms to check on people, often stopping for a chat.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. When we looked at people's care plans we noted there were references to maintaining people's privacy and dignity throughout. People said staff were very careful to protect their privacy and dignity when they assisted them with washing and dressing. One told us, "They are very kind and the curtain is always closed when they are looking after me. They always ask if they can do anything else before they leave and I couldn't ask for any more."

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that people were able to access advocacy services if they required support to make their feelings known. Staff we spoke with were aware of the need for these services and ensured people were informed of their rights relating to this. Both people who used the service

and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a slightly more formal manner.

Staff were clear on promoting a service that was person-centred. We saw that people were given time and were able to follow their own routines of getting up in the mornings and where to eat their meals. The plans were clear on ensuring that support was given to the right level and did not undermine people's independence. Staff told us that this was very important to this person and we could see how this promoted this person's self-esteem. The home was well furnished, people said they liked their rooms and had personalised them with their own furniture, pictures and ornaments.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed as required. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible. We received a number of positive comments from relatives about the support given to their loved ones and to themselves during the end of their relative's life.

Good

Is the service responsive?

Our findings

People received care which was responsive to their individual needs. The people we spoke with and their relatives told us individual preferences were met and were respected. One person with whom we spoke said they were supported to get up in the morning and go to bed when they wanted to.

People told us they were involved in decisions about the support they received and said staff, "Make sure they provide the care we need" and, "Yes I have a care plan and we have talked about it with my family, so they know what I like." Relatives said they were pleased with the care and support provided. One told us, "They keep us up to date with everything and they ring me if there have been any changes." Staff said they discussed each person's support needs with them and their relatives regularly.

Relatives told us the service was on top of any changes in their relative's health or condition. One relative told us how they were impressed about how good the handover of information between staff was. They told us when they rang up to ask about their relative, staff never failed to be "clued up" and clear about their relative's current condition and any recent changes.

At the last inspection we had concerns that records did not accurately reflect people's care and support needs for staff to provide the correct care and support in the way the person wanted and needed.

We saw that improvements had been made to ensure that records accurately reflected peoples' care and support needs so staff had guidance to provide appropriate care and support. The registered manager also told us a new system for care documents had been introduced. The care plans had been streamlined and made easier for staff to read and to write in, making it much easier to see what people's key needs were. Staff had up to date information and guidance about people's care and support needs and more detail of how care was to be delivered with frequency of interventions to make care more person centred.

People were assessed as to their risk of pressure sores and appropriate plans of care were put in place. Pressure reducing equipment such as air mattresses were put in place and the setting was regularly checked by staff to make sure it remained appropriate. Documented daily skin checks were undertaken and regular repositions were undertaken to reduce the risk of people developing pressure sores.

There was clear guidance for staff to follow to ensure people were as independent as possible and staff demonstrated a clear understanding of people's needs. One member of staff said, "The care plans provide us with guidance to support residents safely, like when they are walking around the home and there is information about their likes and dislikes so we can chat about things. One resident likes animals and we often chat about past pets and look at books about animals with them. They love the dog we have here."

The assessment included information about the person's likes and dislikes, their social and health care needs including mobility and diet, their routines and details of the support they needed. This information had been used as the basis of the care plans, which people and relatives said they had been involved in developing. One person said they knew they had a care plan and they discussed the support they wanted

with staff daily. "They always ask me what I need and are very helpful in every way."

People and relatives had signed the care plans to show that they had read and agreed with them. One person had been supported by an external advocate and the care plan had been reviewed and updated yearly. The registered manager said they were happy with the support provided. The daily records and handover sheets were completed at the end of each shift and checked regularly by management. There was clear information about how staff supported people, any changes in a person's needs were recorded and passed on during the handover session at the beginning of the shifts. Staff demonstrated that they knew about people's support needs, how they had spent their time, including activities they took part in, and the records we looked at supported their comments.

Relatives told us there were suitable activities available for people. One relative told us, "They try really hard with activities and have all kinds of activities in the afternoon especially." An activities programme was in place to ensure a range of activities and opportunities were provided to people on a daily basis. Internal activities included hand massages, games, sing-alongs, reminiscence sessions, film days, and arts and crafts. In addition, external visits from musical entertainers took place. As well as planned activities, staff participated in activities on an individual basis with people, such as domino's, reading newspapers and taking people out for a walk. Staff helped people maintain links with the local community, for example assisting people to go out to the shops.

A complaints procedure was in place and had been given to people, and their relatives, when they moved into the home. The registered manager said there had been no complaints since the last inspection and people told us they did not have anything to complain about. One said, "If there is anything I just mention it to staff, usually something silly, not really a complaint." Another person told us, "There is nothing to complain about. They look after us very well, but if there was a problem I would talk to my family." Relatives said they had no complaints, but were confident if there were any issues the management would deal with them.

Good

Is the service well-led?

Our findings

The home had a registered manager. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

Staff we spoke with were positive about their management and had respect for them. Staff commented, "The manager is approachable" and "There's good management, I'm well supported." Relatives also told us the registered manger was approachable. Their comments included, "There's an open door" and "If I had any problems I'd see the manager."

The registered manager and deputy manager had been involved in the review of the quality assurance and monitoring system and action had clearly been taken to address the concerns identified at the last inspection. Staff said, "We are always looking for ways to improve what we do." A number of audits had been completed, including medication, care plans, training, activities, catering and cleaning and the registered manager said they had been used to plan improvements and identify training needs. They had identified that the care planning records needed to be reviewed. For example, staff recorded the same information on two different forms and they felt that a small change would resolved this. The registered manager told us they would discuss this at the next team meeting, so that staff would have an opportunity to put forward suggestions and said, "We like to keep them involved from the beginning so that they can offer solutions and know what is planned rather than just telling them."

We saw that the senior staff team had clearly defined roles and staff had lead roles in specialist areas of care, such as infection control and clinical lead nurses. The senior staff team held regular quality management meetings to check on progress towards meeting the home's development plan. This ensured the effective running of the service.

People and relatives all spoke positively about the quality of care provided at the home. Relatives told us how since the new provider had taken over the home, the quality of care and support had increased significantly. One relative told us "I was happy before, but it's a lot better now, manager and owner are both great, care is better, a lot better than 12 months before." Relatives all said they would recommend the service to anyone. Relatives were very complimentary about the registered manager and the way the service was led. Staff expressed very positive views about the home and working there one saying, "It's so much better now."

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. Records showed where a person had fallen more than twice they were referred to the falls clinic. Staff meeting minutes showed if an incident occurred it was discussed at a staff meeting. We found that records relating to staff and people who used this service had been kept securely in order to maintain confidentiality.

Staff and the management team regularly consulted NICE which are a national set of good practice

guidelines set out by the government, and incorporated these into the home's working practices. For example we saw this had been used to ensure good practice in caring for people who were prone to pressure sores. Systems were also in place to share good practice with the other homes owned by the same provider to enable good ideas to be implemented.

Staff meetings were regularly held which were an opportunity to discuss quality issues and make further improvements to the service. The registered manager was required to feed information on the performance of the home such as incidents, complaints and safeguarding into a monthly clinical governance audits to ensure the provider was aware of how the home was performing and this provided a mechanism by which performance and risk could be scrutinised.

Mechanisms were in place to listen to people and use their feedback to further improve the service. Regular 'resident and relative' meetings were held. The ethos of the home was to involve people, relatives and friends and staff in contributing to bringing about improvements. There were regular meetings with people living in the home and their relatives. The minutes from the residents meetings showed they discussed food and activities and encouraged people to put forward suggestions for any changes or improvements.

We saw these were an opportunity for the provider to inform people about changes in the home, and ask them to feedback on any care quality issues as well as areas such as food and activities. The home's improvement plan was also discussed with relatives to keep them informed of development progress. People and relatives views were also sought through quality surveys.