Care Quality Commission

Care Uk Community Partnerships Ltd

Manor Lodge

Inspection report

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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

Overall summary

The inspection took place on 25 November 2015 and was unannounced.

Manor Lodge provides accommodation and personal care including nursing care for up to 120 older people some of whom may be living with dementia. The service has four units offering residential, residential dementia, nursing and nursing dementia care.

On the day of our inspection, 115 people were using the service. There were a mix of men and women and people from different cultural backgrounds. A number of different faiths were practiced.

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.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when

Summary of findings

they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed and on time.

The provider had a robust recruitment process in place to protect people and staff had been recruited safely. Staff had the right skills and knowledge to provide care and support to people.

People were treated with kindness, compassion and warmth by staff who knew them well and who listened to their views and preferences. Their dignity and well-being was respected and their individuality maintained. Staff were committed and highly motivated in their work.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service was individualised and person centred. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs. The food and drink available was to a high standard.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong registered manager who was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

Summary of findings

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 felt safe and protected from harm. Staff knew what action to take to prevent people from harm.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained to an high standard that enabled them to meet people's needs in a person-centred way.

People had their healthcare needs met by nursing staff and a range of external professionals.

Consent to care and treatment was sought in line with the Mental Capacity (2005) Act legislation and staff understood the requirements of this.

People enjoyed the food and drinks available at Manor Lodge.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by kind and caring staff who knew them well and staff put people first.

The home went out of its way to support families and offered individual services to relatives which made them feel valued.

Staff were extremely caring and thoughtful and remembered the small details that made people feel important.

People and their relatives were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was responsive

Care plans provided detailed information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

Summary of findings

There was a large range of activities on offer at the home. These were enjoyed by people and were mentally stimulating. People were also encouraged to pursue their own hobbies or interests.

Complaints were listened to and dealt with promptly and to people's satisfaction.

Is the service well-led?

Good

The service was very well led.

People were at the heart of the service and were involved in developing and improving the service.

The registered manager was a role model and led by example. The vision and values of the home were understood by staff and embedded in the way staff delivered care.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way the home was managed.

Manor 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 25 November 2015 and was unannounced. The inspection team was made up of one inspector, a specialist professional advisor with specialist expertise in the care of people with dementia and an expert by experience with knowledge and understanding of older people's services. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed the care provided and spoke with people, their relatives and staff. We spent time looking at records including ten care records, five staff files, medication administration record (MAR) sheets, the staff training plan, compliments, complaints and other records relating to the management of the service.

On the day of our inspection, we met and spoke with 25 people who used the service and 14 relatives. We spoke with the registered manager and deputy manager and 20 staff from across all departments in the service - nursing, care, housekeeping, kitchen, maintenance and activities staff.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe living at Manor Lodge. One person said, "Yes, I do feel safe with the day staff and the night staff – nothing's ever too much trouble for them, and they listen to me." One family member told us, "I didn't want [relative] to go into a home, but it's the best thing that has ever happened. They are better off here than at home. I feel there's always someone here to keep them safe." Although the person was unable to tell us verbally, when asked if they felt safe, they nodded that they did.

Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see any abuse taking place. They were very confident that the registered manager would deal with any safeguarding issues quickly and thoroughly in order to keep people safe. One member of staff told us that if they were very concerned they would ring the registered manager at home.

We saw that the registered manager and staff recorded and dealt with safeguarding concerns. For example a process had been developed which guided staff on what to do when a person was found with a bruise. This enabled a prompt investigation to take place as to the possible cause. We received notifications that are required by law to be sent to us in a timely way.

There were systems in place for assessing and managing risks. The records we looked at showed us that the registered manager identified and measured the level of risk to people so that this could be managed safely. These risks included if people might need to use a hoist or to be assisted to move, if they were prone to falls, their ability to eat and drink, their weight and diet, care of their skin and personal care. We saw in several care files that, for people with dementia at risk of choking, a screening assessment had been put in place to raise awareness of their needs and ways in which to support them. Staff told us about people's individual risk assessments and what support and assistance was needed to keep them safe whilst maintaining their independence.

People and their relatives were involved in decision making about risks to their health and wellbeing. Discussions with families included how people could be kept safe but move around the building in their own time and how people's choices could be supported if they did not have capacity to make decisions that kept them safe. We saw that staff enabled people to do this in a safe way.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks and daily, weekly and monthly maintenance was completed systematically and all actions recorded. Safety checks included slings and hoists, beds and mattresses, weighing scales and lifts, fire drills and accidents and incidents. People's emergency evacuation plans were in place and updated so that staff were aware of people's needs if an emergency should occur. The service had taken prompt action to prepare a plan for a person who had newly arrived on the day of our inspection in order that they would be kept safe. The staff were clear about what they would do in emergency situations.

The building was decorated to a high standard as were people's bedrooms which were ensuite and were bright, light and clean. Each room was completely refurbished when a new person went to live at Manor Lodge.

We saw that a number of people liked to have their doors locked when they were not in the room. We observed a staff member assuring a person using the service that their room was "safe and locked so they did not need to worry." One person told us, "I didn't like being at home but here I like people around me."

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. People told us that there were staff around when they needed them. Relatives told us that they felt there was enough staff to meet the needs of their family members and they did not have any concerns about staffing levels.

The manager explained how they assessed staffing levels based on the needs and occupancy levels in the service. The staff had a good mix of qualifications, skills and experience to meet people's individual needs. The registered manager told us that they had developed a bank of staff who they used when necessary to cover for holidays, sickness and maternity. All the bank staff knew the needs of people who used the service and therefore

Good

Is the service safe?

they did not have to rely on agency staff who would be unfamiliar with people's needs. One person told us, "In my opinion there are plenty of staff – I never have to wait long for help, and they help me tremendously well."

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. We saw that satisfactory references had been taken up, gaps in employment had been requested and verified, relevant photographic and personal identification had been provided. All staff were also checked through the Disclosure and Barring Service (DBS) that they were not prohibited from working with people who required care and support. All staff had the right to work in the UK and nursing staff were checked that they were registered with the Nursing and Midwifery Council (NMC).

Medicines were given to people in a safe and appropriate way. We observed a member of the nursing staff carrying out the medicine round after the evening meal and they were competent at administrating people's medicine. They did this in a dignified manner, speaking to people about what medicine they were having and supported them in taking it. We were told by one unit leader that the medicine round was completed after each meal, unless there was a need for medicine to be given with or before the meal such as insulin so that people were not disturbed whilst enjoying their breakfast, lunch or dinner. We saw this was done in one unit but in another medicine was given during the meal which did not affect people's meal time experience.

There were appropriate facilities to store medicines that required specific storage, such as medicines that required to be kept in a fridge. Medicines were safely stored and administered from a lockable trolley. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicine errors within the service.

Records relating to medicines were completed accurately and stored securely. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Good

Is the service effective?

Our findings

People and their relatives told us repeatedly of their admiration for the staff, telling us that they believed them to be, "Well-trained, competent, and that the home employs the right sort of people for the job." A person visiting their family member said, "I don't worry about [relative] whilst I am not here – I feel they are well looked after, they always look clean and well-dressed when I arrive. [Relative] being here gives me peace of mind when I'm at home."

There was a formal procedure for the induction of new members of staff to Manor Lodge. Each new member of care staff spent their first day of work being shown round the service and reviewing the home's policy documents. Staff then shadowed experienced staff and completed a number of formal training courses before providing care independently. The staff told us that the induction they had received at Manor Lodge was, "Excellent." And, "It was very thorough and gave me a good understanding of the work I am doing."

The staff told us that good training and support was available and arranged for them by their managers. We saw that a comprehensive training programme was in place for all staff to complete which included courses in health and safety, food and fire safety and fire awareness. In addition, infection prevention, moving and handling people, (both theory and practice), safeguarding adults from abuse and dementia awareness were provided. The staff files contained certificates confirming that they had received the training provided in the mandatory training programme. The management team (the registered manager, deputy manager, nurses and team leaders) had led by example and were up to date with their training in the above subjects.

A system of supervision was in place together with a clear line management structure. Staff in all departments knew who their managers were and the review process for their ongoing development. One staff member told us, "We have regular times when we meet with the manager. Everyone has someone in their area that gives them supervision whether housekeeping or kitchen or care staff." One to one and group themed sessions were held such as looking at a person's risk of choking and how to prevent it. Observations of their practice were also completed such as how they helped a person move or use a hoist and how they administered medicines.

All staff had an annual review of their performance. This, together with structured and consistent support throughout the year provided people who used the service with a trained and skilled team of care staff, housekeeping, kitchen staff and managers.

Staff communicated with people well and very clearly. They gave people options and spoke to them directly to their face so that they could hear and understand what was being asked of them. We saw that the staff asked people before they did things for them. For example a person was asked, "Can I help you take your cardigan off?" and helped them slowly to take it off at their pace when they nodded yes. For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people's needs were met.

Staff used verbal and physical prompts to encourage people to participate in everyday tasks. For example, helping people to put their clothes away, participate in an art class, to assist someone to go to the toilet when they were getting distressed with their underclothes and to help someone read the newspaper up the right way. We saw that staff had the skills and knowledge of individual people to meet their care and health needs and to support them in a respectful way.

Six volunteers provided help and support to people across all units. One person ran the shop for example and another person befriended people who benefitted from having someone to talk with or participate in an individual activity.

Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected and for others, and where appropriate, to make a decision in the person's best interests.

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.

Good

Is the service effective?

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw on people's care files that assessments of their capacity to make day-to-day or significant decisions had been completed appropriately. The staff had an awareness of their responsibilities around assessing people's capacity to make decisions. We spoke with unit team leaders who had a very good understanding of the MCA 2005 and DoLS and when these could be put in place. They told us that people who had dementia and who did not have capacity had a DoLS applied for but to date only three people had been assessed and the DoLS was in place to safeguard their best interests.

We saw that Do Not Attempt Resuscitate (DNAR) forms were completed appropriately in discussion with people who used the service and/or their relatives and signed by relevant professionals.

The units had a key pad on the doors as they are locked for safety purposes. For people with capacity and their relatives and professionals, the keypad number was available to them to use as they could access it independently. The registered manager explained their policy about restrictions on people's freedom about leaving the service but that within the service people should have freedom to explore and access all areas of the building with support so that they were not excluded or denied their rights unnecessarily.

The registered manager knew how to make applications for DoLS and to follow the guidance where people were restricted from leaving the home unaccompanied. Twenty nine standard authorisation applications had been submitted to the local authority since December 2014 and were still awaiting allocation for an assessment. Whilst waiting for these assessments, regular reviews of the person's capacity and their plan of care were in place to protect their rights.

People were supported to have sufficient food and drink at Manor Lodge. People told us they "Loved the food." And it was, "All homemade and yummy." Tables were covered by attractive table cloths and napkins were put in each person's place together with cutlery. There was also a little pot of flowers on each table.

The service had protected mealtimes in place which meant that people could relax to eat their meals without outside interruptions such as visitors or visiting professionals unless urgent. Staff members told us me how important mealtimes were and how important good food was to people for their physical and psychological wellbeing.

We observed people having a late breakfast, lunch time in three different units and a tea time in one unit. We saw that the meals were balanced and there was a sufficient amount of hot and cold choices for people to eat with a vegetarian option. People had access to a variety of hot and cold drinks throughout the day. When asked what drink a person would like with their lunch, a person said, "Whisky." The member of staff responded by saying that the delivery of whisky had not yet arrived and, "Would they like some juice in the meantime?" to which the person agreed with a smile. Food for those eating a pureed diet was piped and looked attractive and appetising with three different colours on their plate.

The menus were changed every three months with the input from people but some favourites stayed on the menu such as fish and chips and custard which were always people's favourites. The chef explained that, "People eat with their eyes first." They said that this was why it was so important to have food that people chose, was not only nutritious but also attractive in presentation. No pictorial menus were available for those who were unable to read. One unit manager said they had tried these in the past, in the unit for people with dementia, but that it was more effective to offer people alternatives by being shown different plates of food. We saw that this worked well and people were assisted to choose what they wanted.

People who needed assistance with eating were helped gently and with patience with the staff member sitting beside the person. The registered manager told us that to make a meal time more of sharing experience for people who needed assistance or prompting, said that, "Staff pretended to eat with people by at least having a drink, a small meal or perhaps a piece of toast." We evidenced this in practice with the mealtime being relaxed and settled with good staff interaction and people chatting away in a very relaxed way.

Good

Is the service effective?

Staff understood people's preferences well and knew what they liked and disliked. For example, when one person was given their meal, the member of staff said, "I'll get you some tomato ketchup, [person's name], I know that you like it with your chips, don't you." One person did not eat much of their lunch, and when plates were being cleared, one staff members said, "[Person's name] you've not eaten much today, do you not like it? Do you feel ok?' and offered them cheese and biscuits which they ate and enjoyed.

For people who found it hard to stay seated during the meal time, we saw that staff encouraged them to choose what they would like to eat from the kitchen area where the food was being served. They then returned to their seats and ate the lunch that they had chosen. People could also choose to eat in their rooms. In most bedrooms where people were sitting, jugs of water or squash were placed where people could reach them.

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as the dietician and we saw the response to these referrals. The staff recorded dietary and fluid intake to identify weight loss, responding to that weight loss, and achieving weight gain as a result. There was appropriate diet provision and routine blood sugar monitoring for people with diabetes.

One unit manager told us they always had a community psychiatric nurse involved if they were assessing a person who may need greater care and a move to a more appropriate unit in the service. They also explained that the district nurse had visited to give a person a B12 injection. They said, "If the person was not in the mood to see the district nurse, we would discuss it and they would return when the person was more settled." This showed that the service provided was person centred and individual.

People's day to day health needs were met through ongoing assessment and the involvement of people themselves, their family and clinical and community professionals such as the dietician, General Practitioner, mental health services, district nurses and tissue viability service. A physiotherapist was employed by the service full time and worked together with external professionals to follow through on treatment plans and rehabilitation after surgery. During the day a chiropodist arrived as did an optician. They had appointments with individual people.

A good relationship had been built up over time with a range of professionals and this was invaluable to staff. The registered manager told us how good their links with the hospice, Parkinson's nurse specialist and the community mental health team were and how they received help when needed. Clinical professionals attend relatives meetings and shared their expertise. The most recent were two dementia fact sharing meetings and a visiting ophthalmologist. Referrals made to health and social care professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at Manor Lodge.

Good

Is the service caring?

Our findings

People who used the service told us that the staff were, "Brilliant." "Fantastic." "Lovely." "Caring" And "Thoughtful." A family member said, "We couldn't be happier with the way [relative] is looked after here." Another relative said, "Staff here are very good. They are capable and will give people time and attention.

During our inspection, we spent time observing staff and people who used the service together in all four units. There was a calm and relaxed atmosphere in the whole service. We saw kind and caring exchanges between people who used the service, their relatives and staff at all levels including the management team. Staff never passed anyone in the corridor, or in their bedrooms, without a friendly word, or a conversation. One person sitting in their bedroom told us, "Even when I'm sitting here, I leave my door open, and staff will say 'hello' when they walk past, they'll often ask if I'm ok, or come in for a chat – they're wonderful to me."

Staff treated people with the utmost respect, listened to their feelings and views and concerns and supported them with compassion and kindness. We heard and saw a lot of smiling and laughter which demonstrated that people were at ease with staff and that positive caring relationships had developed which made people feel secure and cared for. One person said, "Despite how busy they all are, these carers, they always have a smile, and a kind word."

Staff called people by their preferred names when talking with them and when referring to them in conversation with other staff. Staff knew the social history of people who used the service, what they liked and their preferences. Subsequently, staff could engage in conversation with people which made them remember past times in their lives as well as what they liked in the present.

We saw how committed and motivated the staff were to working with people who used the service and their families. This showed in their interactions, their body language, how physical they were with people and their relatives and how nothing at all was too much trouble. They went out of their way to make people feel valued and important. One example of this was when one person was asked by a staff member, who knelt down in front of them as they were seated, and said, "Would you like to get ready for your visitors this afternoon. We could go to your room? The person responded and said, "Yes, that would be nice of you." Another example was provided by one relative who told us about discussing with the manager the family's wishes in regard to their [relatives] end of life plan. "My [relative] has dementia and the issue was handled very sensitively and compassionately by the manager."

An example of how caring the staff were at Manor Lodge and went that 'extra mile' was given to us by a family member. They told us that their [relative] had been able to stay in the residential unit for the final two weeks of their life rather than be moved to another unit as they, "Knew the staff and their voices." They told us that they had been enabled to stay with their [relative] for those last two weeks and said, "Responding in this way had given me great comfort and I felt very well cared for and supported at that time."

A number of relatives were visiting on the day of our inspection. They spoke very highly of the staff saying, "As a family, we have always been made to feel very welcome here – it is a pleasure to visit. My [relative] always seems very peaceful." Another family member said, "Everyone here is so friendly, if you ask anyone for something they'll do it – it doesn't matter what their job is. They never pass the buck - I'm pleasantly surprised. I'd be quite happy to come into this home if it becomes necessary."

One person told us that they had only planned to come into Manor Lodge for a two week period, which they had not looked forward to, but staff had been so kind and considerate towards them that they has no wish to return home. They said, "This is a wonderful place. When my [relatives] asked me if I still wanted to come home, I told them, Well, no, not really! They were very surprised."

The staff supported people in a way that maintained their dignity and privacy. For example, they prompted people to use a fork or spoon to eat their meal which helped them to maintain their independence and do it for themselves. One person who we saw was getting upset was quickly reassured by a hug and words of comfort from a staff member which visibly reduced the signs of anxiety. One relative said, "The staff are good at dealing with such things as continence issues – they regularly ask people, and take them to the toilet but they are always discreet and my [relative] appreciates this."

Staff involved people in their care and supported them to make choices and decisions about everyday tasks and

Good

Is the service caring?

activities. Many examples included what clothes to wear, what activity to do, if they wished to eat in the dining room or their room, if they wanted any pain relief. We saw one person looking through the glass in the doors to the outside corridor and pulling the doors to try to exit. The registered manager opened the door to have a chat with them and asked if they wanted to have a walk or go and sit with them in the office. This they did and walked off together down the corridor. They returned after 10 minutes and the person went back to their unit satisfied with their 'walkabout'.

Relatives could not praise more highly the communication they had with the registered manager and staff and felt informed and involved in their family members' care. A relative told us about their [family member's] recent admission to the home, saying, "When [family member] arrived, we were all here to help them settle in. Staff were very kind, they coped with us all, and made us all feel very welcome. At no stage did we feel they wanted us to go."

Good

Is the service responsive?

Our findings

People told us they had been fully involved in discussing their needs and wishes with the staff. Everyone said that staff took time to listen to them, and would respond to any issues raised to their satisfaction. One person said, Nothing was too much trouble if you mentioned something." One relative told us, "The manager always listens and is very empathetic to how we're feeling." Another family member said that, "Issues are always dealt with. We brought a picture in for [relatives] room recently. It had been hung up on the wall, where they wanted it, before I'd left!"

Staff told us how important is was for the ongoing involvement with people's families. For example, for one person, whose needs were increasing rapidly, a change in their care arrangements was discussed with the family and with their agreement; they were reassessed by the mental health team. Their medicine was changed and they were now more settled on a different unit.

People who used the service and or their relatives had signed to say they were happy with their involvement and plan of care and support. Where people could not make decisions on their own or without support, we saw that they had Lasting Power of Attorney (LPOA) in place to protect their rights and to make decisions on their behalf. We saw that this was clearly documented in their care files and the LPOA had signed their consent to the person's care and support on their behalf and in their best interests.

People's preference for the gender of the staff providing personal care was also noted and people told us that this was respected.

Care records contained detailed information about people's physical health, emotional and mental health, social care needs and associated risks to their health and well-being. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

The care records were written in a respectful way. They reflected the person centred approach that the service had. For example, we saw a note in the care plans which said, 'Do things with [person] and not for them. Give them the right to choose and make decisions.' We saw that staff put this into practice throughout the day, in their interaction and communication with people and their relatives.

Daily records contained information about what people had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs. Staff received guidance about people's care and their changing needs from health care professionals and put this into practice. For example, the continuous monitoring of people who were diabetic.

Information about the person's life was in a document called 'A family tree' and this contained some information about a person's personal background, important dates, hobbies, previous work, beliefs and special memories. In discussion with the registered manager they said they would review how they recorded this information so that staff knew as much about people and their lives as possible. For example, one person always slept in the daytime and was awake all night. Staff eventually discovered via a relative that the person had worked night shifts all their life.

We noted that, in some of the care plans for people on the specific dementia units, the mental health sections described people's condition as 'dementia' and not the type of dementia which they had been diagnosed with. We discussed with the registered manager and agreed the benefits of more information being available for staff to understand the types of dementia people were living with, how this progressed and how the changes affected their everyday lives.

Each member of staff had a number of people (usually five we were told) which they took responsibility for observing over a 24 hour period. They recorded their daily lives so that changes to their needs could be responded to appropriately and quickly. All staff knew people individually and were able to tell us about them. Staff worked on each specific unit which gave people who used the service the security, familiarity and consistency of being with the same staff during the day and at night.

People's faith was acknowledged and they were assisted to attend a religious venue of their choice. One person told us

Good

Is the service responsive?

that they really appreciated the twice weekly church services held at the service. “I’ve always been part of a church, so it’s important for me to be able to still go, it means a lot to me.”

Three activity coordinators provided a programme of activities across the week. Several people in their rooms showed us their copy of the week’s activities. They all told us that, “There is something for everyone.” One person told us, “I’m not going to the singing this afternoon – it’s not my cup of tea, I prefer classical music. But I love the quizzes, and the games. I won a bar of chocolate at bingo recently.”

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. These included arts and crafts, flower arranging, board games, baking, quizzes, reminiscence sessions, a gardening club and a knitting group, There was also a cinema, hairdressing salon and a shop on site to buy personal items and clothing. Professional performers visited to entertain people with singing and dancing, and the Pets As Therapy dog that visited the service was very popular.

Individual activities, based on people’s past lives were also completed with them. For example, one person who had worked in one place for most of their life always had a meeting at 4pm. Staff attended their meeting with them at 4pm every day which respected their wish and acknowledged their history and career. Group trips out were organised and people told us that they liked them. Recent trips included a minibus trip to Maldon’s Promenade Park and the Tropical Wings Butterfly and Bird Farm.

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to any of the staff or the registered manager if they had a complaint to make. The registered manager told us that they took any comment or complaint very seriously and had received and dealt with nine since January 2015.

We saw that the registered manager had dealt with written complaints appropriately by investigating them and providing an outcome of their findings. One person said, “They really get things done here, and I feel they listen to us well.” Once I mentioned my TV wasn’t working – do you know, it was repaired before I got back to my room – they don’t need telling twice.” Another person said, “I value my independence and they leave me to be on my own when I want to be – nobody could complain about this place.”

Good

Is the service well-led?

Our findings

People who used the service and relatives/visitors told us that the service had a very open culture, where feedback was positively encouraged. Several relatives told us that they were encouraged to, "Never to leave the home unhappy or worried." A relative told us, 'The manager says their job is to make sure we leave here feeling happy and peaceful about our family members." Another family member confirmed this by saying, "I always leave, feeling it's been a good experience visiting my [relative]." One member of staff said, "This home is better than all the others I've worked in. It's a happy place – it's all about enhancing peoples' lives. We get supported very well here."

The service had a clear vision and philosophy and we saw this put into practice. Their aim as set out in their statement of purpose was to 'Help older people to live happier, healthier and more fulfilling lives.'

The service had maintained good links with a range of community groups such as local junior and secondary schools, the Prince's Trust and Duke of Edinburgh Award Scheme and voluntary organisations such as the Alzheimer's Society and the Chelmsford branch of Age UK. The registered manager told us that the children and young people bought, "Delight, joy, satisfaction and a sense of purpose" to people who used the service by sharing time together and learning about each other's lives. The Chelmsford branch of Age UK provided advice and legal support to enable people to sort out their personal affairs. One family member was supported to become their [relative's] Legal Power of Attorney and would not have been able to do this without the help and support of Age UK.

There was a well-established registered manager in post who was supported by a deputy, an administrator and a consistent team of nursing, care, housekeeping, activities and maintenance staff. The team had ongoing support and involvement from the provider. One visiting fellow manager from another service described the registered manager as, "Terrific and the best manager that any service could have."

The registered manager and her deputy were very visible and 'hands on' around the service. They knew everyone by name and their background history and current needs and circumstances. They had established good working patterns and had clear expectations of how the service was run and delivered. We saw that the registered manager took time to ask about a staff member's health, or to enquire about their family members. When introducing staff to the inspection team, the registered manager spoke very warmly of them, telling us of their strengths and explaining to us how valuable they were in their specific role.

We saw that staff enjoyed their work and understood their role and responsibilities and what was expected of them. There was a mutual respect between all staff regardless of role and rank. A member of staff told us, "I love my job. I wouldn't want to work anywhere else. I feel thoroughly supported, and valued. If I had any concerns, I know I could speak to the manager. They are very approachable, and want us to be happy in our work."

The provider had a range of ways of monitoring the quality of the service. People, their relatives and staff were confident that they could express their views on all areas of life at Manor Lodge and were actively involved in the development of the service. For example, during lunch (between courses) the chef spent time asking people for their feedback about their meal. They asked if they had any suggestions for future meals, listening intently to their answers, and making notes. It was clear from people's reactions that they really valued this opportunity to express their preferences, and that this was a regular occurrence. The chef treated all their feedback with respect and concern, spending time with everyone in turn. We were also told that two desserts and a hot meal were named after people who helped choose the summer menu.

Another example of how the service worked inclusively with people was the development of a family room into a private space to enable family members to stay at Manor Lodge during the final days of their relatives lives so that they could be together and supported at this time.

Meetings and regular communication took place on an ongoing basis. Several people told us about the 'Friday morning meetings' which were held every month and how they, "Really looked forward to them and that staff actively encouraged feedback from everyone." One person said, "We have general discussions, and people can bring up specific problems too. I feel they listen to us well." At one such meeting in September 2015, the Care UK dementia trainer gave a talk and presentation which enabled the sharing and understanding of what it meant for someone to live with dementia.

Good

Is the service well-led?

A relative told us that evening meetings for relatives were arranged for those who could not come in the day time. They said, “These meetings were useful and that changes were brought about as a result.” For example, “Some time ago, I raised the point that sometimes there was not a member of staff in each lounge. They listened, and I noticed things changed. Now there’s always somebody in the communal areas.” This was confirmed during our observations. Monthly newsletters were produced to further inform and engage with people who used the service and their relative/friends.

Satisfaction surveys were undertaken to seek the views of people who used the service, their relatives, friends and staff. These surveys were carried out by an independent organisation and results were fed back to the service. An action plan was put in place for any improvements to be completed. The registered manager told us that they had received a 100% response from the staff during the survey of 2015.

Meetings were held with staff in all departments, notes were taken and actions followed through. Monthly staff newsletters were produced to support good communication across the service. All managers and senior staff told us how helpful they found the ‘10 at 10’ meetings each day and saw it as a good way to share information or concerns and gather information to go back to their units. This enabled Manor Lodge to be a cohesive service linking good practice and high standards across all of the units.

The registered manager, supported by the staff which included the maintenance person, undertook audits which included care plans and risk assessments, clinical reviews of the service, food safety, health and safety of the premises and equipment, evacuation and fire drills on a weekly and monthly basis. Checks on the competency of staff to carry out their duties such as the administering of medicines were completed so that people were kept safe. The registered manager measured and reviewed the delivery of care and used current guidance to inform good practice.

People could be confident that information discussed about them and held by the service was kept confidential. Care plans were available to the staff and were put away after use so that they were not left on display.

The development of the computerised recording system aided the monitoring of people’s changing needs. Information about people’s needs was easier to find and read on the computer system as the paper files were a little muddled in their layout. This was being addressed as part of the transferring of information to the new system.

The staff team, combined with robust records and quality assurance systems ensured that the service was well led and that improvements in the service were a continuous process.