Mr Guy Haddow

Lennox 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

Summary of findings

Overall summary

About the service
Lennox Lodge is a residential care home providing personal care for older people, male and female, some of whom are living with dementia. The service can support up to 27 people and at the time of the inspection there were 23 people living at the home.

People's experience of using this service and what we found
People told us they felt safe and were protected from abuse and harm. Staff had received safeguarding training and were able to tell us what constituted abuse and what steps they would take if needed. Staff were aware of the whistleblowing policy. Accidents and incidents were reported and learning taken forward. Fire and other safety checks had been completed and evidence was seen of regular reviews. Risk assessments relevant to people were in place and people were supported safely with their medicines.

Staff training was documented and was up to date. Staff had asked for additional training in some areas and the registered manager had facilitated this. A thorough induction process was in place which involved shadowing more experienced staff members. Staff support continued through regular supervision meetings. People were supported to access health and social care professionals and were supported to maintain a healthy diet. Mental capacity assessments and best interest meetings had taken place where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect and staff were kind to people. A relative said to us, "The staff are brilliant. I don't know how they do it." Another relative said, "It is towards the end of her life but it's like the beginning of a new life for her." Staff understood people's day to day care and support needs. People were treated with respect and were encouraged to be independent. People's privacy and dignity were supported.

The registered manager knew people well and care was person-centred. People were supported to go out on local visits and to use the garden. A variety of activities were available to people to join in with either in a small group or individually. A complaints policy was in place and everyone knew how to raise issues which were then dealt with in a timely and appropriate way. Staff were trained in end of life care and were supported by the registered manager.

The registered manager and staff demonstrated a positive culture and the home was friendly and welcoming. Auditing processes were in place and any trends or errors could be identified and addressed. A new computer system assisted with this process by, for example, sending an alert when medicines had been refused or were late. The home had a positive relationship with professionals that visited the service such as GP's and district nurses.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
Good. (Report published 30 December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Lennox Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector

Service and service type
Lennox Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke to six people that used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, the registered manager, the deputy manager, the catering staff and six care staff.

We reviewed a range of records including four people's care plans and several medicine records. We looked at four staff files in relation to recruitment and staff supervision. We looked at a variety of records that related to the management of the service including accidents and incidents, complaints, compliments and audit processes. We looked at training and supervision records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke to two relatives and two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us that they felt safe. A person said, "Just their presence makes me feel safe. They are in charge but in the nicest way." Another person told us, "I feel safe. There is always someone to go with you if needed." A relative said, "She (relative) was becoming unsafe at home especially with cooking. She is completely safe here."
● Records showed that staff received safeguarding training and regular refreshers. Staff were able to describe scenarios that would amount to safeguarding and tell us what they would do. A staff member told us, "I'd report any issues to the manager. If I felt they were not doing their job I'd go straight to CQC." Another staff member said, "I raised a safeguarding with adult social care, they advised me what to do."
● Staff were aware of the whistleblowing policy, a way of raising concerns whilst protecting the anonymity of the staff member. Staff told us what action they would take if they thought someone was at risk.

Assessing risk, safety monitoring and management

● People's care plans contained a range of risk assessments that were relevant to them. For example, a person who used a Zimmer frame to move around the home had a mobility risk assessment. The assessment stated that the person could move around the home independently using the frame but needed help with standing and sitting. The assessment contained details of how to minimise trips and other hazards in the person's bedroom and all communal areas.
● Staff had received training that was appropriate to people's needs. For example, moving and handling, diabetes and dementia training. Staff were able to tell us how they put their training into practice. A staff member told us, "With diabetes we do regular blood sugar testing, we monitor their diets and have glucose drinks available if needed."
● Any changes to people's care and support needs were recorded in their daily notes. These notes were electronic and staff recorded changes through an app on a mobile phone. These notes were automatically uploaded and attached to the person's care plan. There was a handover book which staff updated with any changes or appointments for people, alerting the next shift.
● A fire safety inspection had taken place in August 2019. Some minor issues had been raised and all recommendations had been complied with. Fire alarm tests and evacuation drills were practised regularly. All equipment had been tested and each room was fitted with smoke detectors.
● Personal emergency evacuation plans (PEEPs), were in place and were clear, easy to read and available to staff and emergency services. Call bells were regularly serviced and during the inspection we saw that when activated, they were responded to promptly. A person told us, "They answer our bells very quickly. I must praise that."

● Evidence was seen of regular servicing of gas, electricity, emergency lighting and plumbing systems. The home had a lift which was serviced regularly.
● We were shown the kitchen which had been awarded a high rating by the Food Standards Agency which meant that standards of food hygiene were safe. We saw evidence of daily temperature checks of food.

Staffing and recruitment

● Staff had been recruited safely. Checks had been completed before staff started working at the home. These checks included past employment history, references and Disclosure and Barring Service (DBS). DBS checks ensured that staff did not have any criminal convictions or cautions that would prevent them from working with children or adults.
● A system was in place to manage staff discipline although there has been no need to date, to use this.
● Staffing levels were appropriate to meet the needs of people. In addition to the regular staff the registered manager, deputy manager and provider, regularly worked with staff in support of people. The registered manager told us that occasionally agency staff were used but they always tried to use regular agency staff who went through the same safety checks and vetting procedures as permanent staff.
● People told us that there were always plenty of staff on duty. A person said, "There's always someone around if you need them." We observed throughout the inspection staff who were available to respond to people's needs and spend time with people helping, for example, with activities and at meal times. Staff rotas were prepared a month in advance. We were shown staff rotas which confirmed that all shifts were covered.

Using medicines safely

● All senior staff and most care staff had completed medicines training. We observed medicines being given to people. Staff took time with people and explained what they were doing. We heard a staff member say to a person, "Can you take them now? Is that ok?" We saw them touch the person's shoulder in a reassuring way and the person smiled and took the medicine.
● A protocol was in place when people refused their medication. Staff would re-visit people and explain again about their medicine and if they continued to refuse for 48 hours, their GP would be called.
● Medicines were ordered, stored and returned safely. We saw evidence of a monthly medicines audit. Medicines were re-ordered monthly and any unused were returned monthly. Controlled drugs were appropriately stored and when administered were counter signed for in line with the home's policy.
● Medicine administration records (MAR), containing the date, time, quantity and detail of the staff member administering were seen and had been completed correctly. We observed a medicine round. The staff member wore a tabard explaining what they were doing. They were seen to lock the medicine cabinet when left unattended and to complete the MAR records after each administration.
● There were separate protocols for 'as required' (PRN) medicines, for example, pain relief. There were separate protocols for homely remedies, medicines that can be purchased from a pharmacy. Each were clearly marked on the MAR records.
● The registered manager had completed a medicines book. This contained a one-page summary of all medicines used at the home so that staff could see at a glance what each medicine was for and what side effects to look out for. Staff told us that this was a useful point of reference.

Preventing and controlling infection

● All communal areas of the home and people's bedrooms that we saw, were clean, tidy and free from any obvious trip or other hazard. No unpleasant odours were detected throughout the home and staff were seen

to wear protective gloves and aprons at appropriate times.
● Evidence was seen of water temperatures being tested regularly throughout the home as well as regular flushing of toilets and running of taps in parts of the home that were not currently in use. This helped guard against legionella disease.
● We were shown a room cleaning schedule which had been completed for each day for every room. The schedule picked up on issues, for example, a spillage on a carpet had prompted an immediate deep clean of that room. A person told us, "It's lovely and clean, I'd like to remain here forever if I can." A relative said, "The home is clean and (relative) is always clean and smart. They are well looked after."

Learning lessons when things go wrong

● Accidents and incidents were recorded, and details of specific incidents were included in people's care plans. Information was passed on daily at handover meetings and the registered manager or deputy always informed.
● Some people were susceptible to falls and the registered manager had liaised with the fall's prevention team from the local authority. A new form had been introduced which clearly set out details of every incident. These forms were used for monthly audits.
● The registered manager completed a 'time and location' analysis of falls and found that there was a peak in falls around supper time. As a direct result of this she recruited an additional part-time staff member, to work covering this period. Subsequent falls audits showed that falls had decreased around supper time.

Good

Is the service effective?

Our findings

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The registered manager carried out initial assessments on people prior to them moving to the home. These were carried out with relatives present and all aspects of a person's care and support needs were covered. This initial assessment would form the basis of the subsequent care plan. A person told us, "She (registered manager) came to my home. We went through all of my needs."
● The views of relatives were important to the registered manager. A relative told us, "They made us feel at home. They wanted to make this her home." Monthly reviews of care plans took place with people and where possible relatives.
● The registered manager ensured that staff had the required training and skills to be able to look after people. For example, several people at the home were living with diabetes. All staff had received diabetes training.
● Professionals, for example, GP's and district nurses, were consulted during the initial assessment. A professional told us, "I visit to complete the respect forms, the care plans. The manager is efficient, the filing is good. We complete the forms together." The registered manager ensured that care was provided in line with current legislation and guidance.

Staff support: induction, training, skills and experience

● Staff induction was carried out at the home with new staff being given opportunities to shadow more experienced staff members. A staff member told us, "We were shown around, asked to read policies and procedures and were introduced to residents." A staff member who had been away from work for several months told us, "I still had an induction, was able to shadow and also refresh some training."
● We were shown the staff training matrix and all staff were up to date with training. The registered manager would send reminders to staff when training modules were due. Staff were able to influence training. For example, staff asked for more dementia and diabetes training and the registered manager responded by extending the course from half to a full day. Staff told us they found the training helpful.
● Unannounced supervision of staff, spot checks, were carried out by the registered manager, her deputy and senior carers. Staff personnel files contained a section with details of these checks. A staff member said, "I've had one recently where they were checking to make sure I was wearing gloves and an apron." A senior carer told us, "We've recently checked on our night staff and on our morning staff doing their medicine rounds."

● Personnel files contained records of supervision meetings and appraisals. The deputy manager told us, "We run supervisions every three months. Staff can raise issues and concerns, they know they can come to us anytime. We have an open-door policy." A staff member said, "There are never any issues but we can raise things if we need to." A person told us, "They have many training sessions."

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they enjoyed the food at the home and that they were offered choice. A person said, "There is usually a vegetarian option and always meat. The cook is superb, such variation."
● People could choose what they wanted each mealtime. We saw a person decline chicken. The staff member said, "Would you like something else? I'll go and see what I can find." A person told us, "The food is excellent, we're putting on weight!"
● People were supported to maintain a healthy diet. The menu was varied and hot and cold drinks and snacks were offered throughout the day. Some people at the home were living with diabetes and this was managed through appropriate diet. We spoke with the cook who demonstrated that she knew people's dietary needs. The cook also came out into the dining room and spoke with people during lunch.
● Most people ate and drank independently but some required prompting. A few people required their food to be cut up.
● Nutritional risk assessments had been completed to monitor risk from dehydration or malnutrition. People's weight was monitored and any unexpected changes would result in a referral to the person's GP.
● People chose where they wanted to eat. The home had a large dining room and a smaller area in a conservatory. People could eat alone in their rooms if they wished. We observed lunch and saw that people sat together in friendship groups. The atmosphere was positive with people chatting to each other and the staff. All staff including the registered manager and provider were involved in supporting people.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● The home supported people to access health and social care professionals. Care plans contained details of appointments with GP's, district nurse, chiropodists and hairdressers. Care plans had details of people's key health and care needs summarised in a document that could go with them to hospital or when attending appointments.
● A person told us, "I've recently started having some tests. The staff and sometimes my family help me to get to my appointments."
● The registered manager had a good relationship with visiting professionals. A professional told us, "They are very attentive to client's needs. The staff there know a lot about people."
● A relative told us, "Their wellbeing and health have improved since moving in here."

Adapting the service to meet people's needs

● The home is split across three floors with a lift for people to access their rooms upstairs. The home had large communal areas with a variety of different living spaces for people to choose. There was level access across the ground floor including access to the garden which surrounded the home. Several people were seen to be enjoying the garden area during the inspection.
● People were able to decorate their own rooms as they pleased and could bring their own items of furniture and personal affects with them to the home. We saw several bedrooms and saw photographs and pictures as well as people's own beds and small items of furniture. A person told us, "It's like home from home."

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Everyone living at the home were encouraged and were able to make day to day decisions. People could choose what to wear each day, what they wanted at mealtimes and could express preferences with personal care for example if they wanted to shower or bathe.
● Staff understood consent and how best to approach people. A staff member told us, "If they don't want to be washed I'd go about it a different way. I'd keep talking to them and keep going back however it's their choice, it's up to them." Another staff member said, "I ask if it's ok to help them wash and dress. If they say no, I'll try again later when they might be more relaxed."
● Some people at the home were living with dementia. Staff had completed MCA and dementia training. Mental capacity assessments had been completed in cases where people lacked the ability in making specific decisions. For example, the decision about the importance of taking medication, detailed evidence was seen of the assessment within the person's care plan.
● Staff had completed DoLs training. A few people had DoLs in place and care plans contained best interest meetings that had involved the person, relatives and professionals.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us that they were treated with respect and compassion and that staff were kind. A person said, "I love it here, staff are so kind caring and very approachable." Another person told us, "When I first arrived, everyone was so welcoming, the staff are so nice."
● A relative told us, "We looked at several places but this one felt like home. The staff make the difference, nothing is ever too much trouble." A professional said, "They (staff) are very attentive to people's needs. Staff know a lot about people there."
● Staff took time with people and were supportive. A person said she was cold, and a staff member immediately fetched her shawl. During lunch a staff member brought plates of food to the table and said, "Here we are ladies." They then explained what the food was and said to one person, "You look lovely today." People responded by smiling and thanking the staff.
● Staff knew people well. A staff member knew that a person liked having their nails painted and spent time speaking with them and arranging a time when they could help them later that afternoon. A staff member told us, "I explain things to people. I'll come down to their level and speak face to face."
● Staff understood the importance of equality and diversity. We saw people being treated equally with no one being left out. A staff member said, "Everyone here is treated equally and according to their needs."
● Care plans reflected people's equality characteristics and people were asked about their specific needs. For example, several people were practising Christians and the registered manager had arranged for a regular visitor from a local church. People were able to receive Holy Communion and listen to readings from the bible.

Supporting people to express their views and be involved in making decisions about their care

● Care plans were written, updated and reviewed with people and when possible their relatives. Care plans reflected peoples care and support needs, their hobbies and how they liked to spend their time. Each contained a section called, 'Likes to talk about,' and any religious needs.
● Every care plan opened with a section called, 'Should be aware of,' which listed important information about people.
● Most people living at the home could make their own day to day choices without support from staff. Some people required help. Staff told us about how they offered choice to people. A staff member told us, "I always give people choices, it might be what to wear or how they would like to wash." Another staff member said, "If I felt a person's needs were not being met I'd speak to them privately to find out what they can and

can't do and what they wanted to achieve."
● Staff told us that they could suggest updates for people's care plans according to changing needs. Staff could record details of changes on their mobile phone app and these were reviewed each day by the registered manager.
● Staff were aware of the importance of confidentiality. All care plans, staff files and any private information was kept in a locked room. All handover meetings were held in quiet areas away from people.

Respecting and promoting people's privacy, dignity and independence

● Staff promoted and respected people's privacy, dignity and independence. Staff told us that they knocked before entering people's rooms and only opened the door if invited. A staff member told us, "I'll always make sure the door is shut when people are using the bathroom. Also, it's the little things like if a person's skirt is caught up I'd adjust it for them. It's about treating people the way I'd like to be treated."
● Staff understood the importance of maintaining people's dignity and were seen to treat people respectfully. For example, people were all asked at lunchtime if they wanted a napkin, it was not taken for granted that everyone would need one. A staff member said, "I'll always take their feelings into consideration. If they do not want to get washed or dressed, I'll make sure they are ok and try again later."
● Everyone at the home was encouraged to maintain their independence. One person said, "I get up, wash, dress and make my bed. They support us if we want it." Another person told us how she loved to spend time looking after the garden. A staff member told us, "I let people get dressed themselves but will always say, 'I'm here if you struggle,' or 'I'll come back in five minutes.'" At lunchtime we heard a staff member speaking to a person, they said, "Do you want me to help you? Do you want to give it a go? How about that?"

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Care plans were person centred. Details of people's care and support needs were clearly documented, and staff knew people well. At lunchtime we heard a staff member say to a person, "I'll fetch your lipstick after lunch as I know you like to look nice when you go out." The person had a trip out that afternoon and thanked them. A person told us, "I have a hobby, that's accepted, and staff support me."
● The home uses a key worker system where staff members were allocated, where possible, the same people to look after each day. A staff member said, "I have four people and I make sure they have everything they need." Another staff member said, "It works really well, the residents get to know us." A person told us, "They know us so well, it's a lovely feeling. But they do all muck in as well." Another person said, "The thing that strikes you is that they all help each other."
● The front page of people's care plans had a summary of their care and support needs and a section about their personal history, family, hobbies, likes and dislikes.
● A relative told us, "The staff make all the difference." A professional said, "The staff know a lot about the people here."
● People were given the opportunity each day to go out. Visits were arranged to take people out for lunch, to the local town shops and when the weather was fine, to the beach. A person told us, "You're not forced to do anything you don't want to which is the great thing." Another person said, "There's no reason here to be bored or fed up."
● The home had an activities co-ordinator that attended each week. We observed several people enjoying an activity session which involved reading poems, listening to music and singing. The co-ordinator made sure that everyone was involved. Some people sang along, some waved their hands in the air. In response to a song a person said, "I love that one, I learnt it at school."
● A person told us, "There are lots of things to do. Someone came in and spoke about local history which was interesting." They also said, "You're not forced to do anything which is the great thing."
● Staff told us that they supported activities and offered people the opportunity each day to do different things. A staff member told us, "There are lots of things for people to do here. We had 'motivation' this morning and this afternoon several people are going out." They also said, "Some people stay in their rooms, we offer them one to one time, maybe play scrabble or just have a chat." A weekly activities board was on display in the foyer of the home.
● People's birthdays and significant days throughout the year for example, Easter and Christmas, were celebrated at the home. A relative told us, "I've been to a few functions here. It's great, I'd recommend it to others."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● A few people living at the home were living with an early diagnosis of dementia. Everyone could communicate verbally although some people had sensory issues with hearing. People could talk freely and communicate their needs and wishes to staff.
● The registered manager told us that they had a communication book that they used with people who had trouble communicating following, for example, a stroke. The book contained pictures of different foods and different emotions. If a person was in pain, a page was clearly set aside that they could point to so staff would understand their needs. The registered manager told us people and staff found the book effective.
● We saw people being reassured by staff by placing a hand on their arm or around their shoulder. This was also used as a way of focussing attention on people when speaking to them. Staff would speak slowly and clearly to those people who could not hear very well.
● People's care plans had details of communication needs. A person was able to recognise their room and communal areas within the home but could not always remember people's faces. The care plan reminded staff to talk to the person when entering their room and remind them who they were and why they had come to the person's room. the staff member, were and why they were there. A staff member said, "It's about taking time with people to understand and then respect their needs and wishes."

Improving care quality in response to complaints or concerns

● The home had a complaints policy that was available to everyone. The home had not received any major complaints and all minor issues raised were documented, a copy being placed on people's care plans. People told us they knew how to complain if they needed to. A person said, "I've never had to but I'd go straight to the manager."
● Similarly, relatives told us they were confident to raise issues and complaints if needed. A relative told us, "The manager is always around but I'd have no hesitation about speaking to anyone who is on duty." A professional said, "I've never had to raise any issues or concerns nor have my colleagues."
● The registered manager said, "People talk to me. I'd like to think we'd sort things out in house and by speaking to CQC."
● The minor issues that had been raised had been dealt with appropriately. There were not enough issues to draw any meaningful conclusions around themes or trends.

End of life care and support

● No one living at the home was receiving end of life care at the time of the inspection. End of life plans were discussed with people and evidence of this was seen in people's care plans although not everyone wanted to make decisions at this time. The issue was raised at reviews of care plans.
● Staff had received end of life training and were able to tell us what was important when looking after someone towards the end of their lives. A staff member said, "Treat people with dignity and respect, make them comfortable and their families." Another staff member told us, "Mouthcare is really important, we use the plastic tipped mouth cleaners now, not sponges, to avoid choking."
● Staff told us they were supported by the registered manager at these times. A staff member said, "I was present when someone died. It's important they are not alone, for them and the family. The manager was really supportive." Another staff member said, "We also get support from the hospice and our GP's at this

time."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a positive culture in the home, promoted by the registered manager and all the staff that we met. Staff were approachable and always made time for people and were attentive to their needs. For example, at lunchtime people were asked where they wanted to sit and with whom. A person told us, "Nothing is ever too much trouble." A relative said, "The ethos here is she can do what she wants, the staff are really very good."
● Staff told us that the registered manager was supportive and was always a visible presence around the home. A staff member said, "We are all supported here." Another said, "We all adore her. She gets her point across but is so supportive."
● People knew the registered manager well and spoke positively about her. A person told us, "There's a lovely feeling about the home, that comes from the top." A relative said, "It's an amazing place, very well run."
● Care plans reflected the positive approach and the person-centred ethos of the home. The monthly reviews of care plans and risk assessments involved several members of staff as well as people and relatives and reflected what was important to the person at that time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager demonstrated the duty of candour throughout the inspection and was consistently open and honest.
● Registered managers are legally obliged to notify CQC of significant events that happen on their premises. This obligation had been complied with by the registered manager. The most recent CQC ratings in summary form were displayed in the foyer of the home, available for everyone to see when they entered the home.
● The keyworker system that operated at the home meant that staff were assigned to people at the beginning of each shift with whom they were most familiar. Updates about people from the previous shift were entered onto the staff's mobile phone app for the next shift to see. Highlights were also written in the handover book and everyone was discussed at the shift change meetings.
● The registered manager completed monthly quality assurance audits in key areas for example, medicines,

accidents, incidents and training. The amount and quality of activities was also reviewed monthly. The home was in the process of moving all their paper records across to a new computer system. Care plans had migrated across and we were told that when all records were held on the computer system it would be much easier and quicker to pick up on auditing processes and detect for example, if a medicine had not been administered.
● The registered manager kept herself up to date with the latest changes in practice by reference to the local authority and CQC websites. She also attended regular conferences and local authority forums.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, relatives and professionals were all given regular opportunities to provide feedback about the home in the form of questionnaires. We were shown a document that showed issues raised by people and what the registered manager had done about them. For example, a person requested new garden furniture. The person was taken to a local garden shop and was able to choose new furniture on behalf of all the people. Requests had been made to hold a party to raise money for charity and for some people to be taken on a theatre trip. Both had been actioned.
● People were also afforded the opportunity to provide feedback every day through conversations with staff and the registered manager and provider.
● Similarly, relatives and professionals provided feedback. We were shown these documents and all comments were positive. Relatives and professionals were also invited to regular meetings where they were updated by the registered manager about latest developments and were given an opportunity to discuss any issues.
● Staff meetings were held monthly. A staff member told us, "They are very regular and we have an opportunity to raise concerns. If we can't make the meeting you can raise any issues in writing to be discussed at the meeting." Another staff member said, "Staff meetings are regular but if something significant happens they'll call a short notice meeting to update us."
● The registered manager and her deputy both told us that they operated an 'open door' policy and encouraged staff to speak to them at any time. This was confirmed by staff.
● The home had received numerous complimentary letters of thanks some of which were displayed around the home.
● People's religious beliefs were explored and some people at the home enjoyed visits from both Roman Catholic and Anglican groups. People were always given the opportunity to take part in these groups. Faith and all equality characteristic were discussed during the initial assessment made by the registered manager.

●The home had strong links with the local community for example local places of worship, shops and their sister home and local hospice.

Continuous learning and improving care

● The registered manager ensured that staff received training that was appropriate to people's needs for example, diabetes and dementia training. Staff were appointed to roles based on their skills, experience and aptitude. The key worker system worked well and people and staff enjoyed getting to know each other.
● The registered manager listened to feedback and acted on issues raised to improve the service and quality of people's lives. For example, some people were uncomfortable using traditional weighing scales and the registered manager had responded by ordering a chair that could be used to weigh people whilst seated.
● Accidents and incidents were recorded, audited and outcomes and learning implemented and recorded.

Working in partnership with others

● The registered manager had established positive relationships with the local GP surgery, pharmacist, local hospice and their sister home which was a nursing home. The district nurse team visited the home every day. If people's care and support needs changed the registered manager would consider whether the sister home where nursing care is provided might be more appropriate to meet their needs. In these circumstances we were told that staff would go with the person for the first few days to help them settle in with familiar staff around them.
● A professional told us, "We have a very positive working relationship." We were shown newspaper articles celebrating events that had taken place at the home.