

Extrafriend Limited

Glendale 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

This was an unannounced inspection that took place on 15 June 2016.

Glendale Lodge offers care and support for up to 30 older people, some of whom may be living with dementia. The majority of bedrooms are on the ground floor and have en-suite bathrooms. The service is located on the outskirts of Deal overlooking countryside. At the time of our inspection there were 30 people using the service.

The service is run by the registered manager with a deputy manager. Both were present on the day of our inspection. 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.

At the previous unannounced comprehensive inspection of this service on 28 and 29 April 2015, four breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At the time of this inspection the provider has complied with the breaches and had met their legal requirements.

People, relatives and staff told us they were very satisfied with the service. People said they felt safe and trusted the staff.

Risks to people had been assessed and there were measures in place to reduce risks to keep people as safe as possible. Staff told us how they moved people safely but further detail was required in moving and handling risk assessments to make sure they were personalised to people's mobility needs. This was an area for improvement.

People told us they received their medicines regularly. Medicines were stored, administered, recorded and disposed of safely. Further detail was required to ensure 'as and when' medicines were given in line with people's needs. This was an area for improvement.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications were made for anyone who had their liberties restricted. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. When people lacked the mental capacity to make decisions the staff were guided by the principles of the MCA to ensure any specific decisions were made in the person's best interests. Some people living at the service had DoLS authorisations in place and others had been applied for.

Staff had received safeguarding training to protect people and they knew the action to take in the event of any suspicion of abuse. They told us they would not hesitate to report staff bad practice and understood the whistle blowing policy. They were confident the registered manager would take action if they raised concerns and outside agencies would be contacted if required.

Accidents and incidents were summarised to reduce the risk of further occurrence and plans to keep people safe in an emergency were in place. Checks were carried out to ensure the premises were safe and well maintained. Procedures were in place to protect people in the event of an emergency.

There was enough staff on duty to meet people's needs. People received care from trained staff who had the right skills to ensure their needs were fully met. Staff were recruited safely. All of the relevant checks had been made to ensure they were suitable to work at the service. Staff were supported in their role by the registered manager. They received one to one supervision with their line manager to discuss their development, training and performance. Staff had an annual appraisal to ensure their training and development needs were identified.

People told us the food was good and they enjoyed their meals. The menu offered a variety of meals and people said there was lots of choice. The service had a 'café area' where people, visitors and staff could make tea or coffee. There was a cake stand with fruit and cold drinks available nearby. People and relatives were confident their health care needs were fully met. Referrals were made to health care professionals, such as district nurses or dieticians when required and people told us the doctor was called when they felt unwell.

People and relatives told us that they were treated with dignity and staff were polite and respectful. They said staff were very professional in their manner. Staff had received special training to promote communication and consistency of care to make sure people felt valued and they were involved in the running of the service. Staff respected people's decisions when they choose what they wanted to do, where they wanted to go or spend time.

Friends and relatives were made welcome and visited during the inspection. They told us they were very satisfied with the service. One relative told us how the staff always made visitors welcome and they were able to make tea whenever they wanted especially since the 'cafe area' had been installed.

Before people came to live at the service, they were involved in the assessment of the care they needed so they were aware of what to expect from the service. In some cases relatives were also involved to support people to express their needs.

People's care plans were reviewed and updated regularly to ensure staff were aware of people's current needs. Records had been improved; they had also been checked by the registered manager to ensure they were completed accurately and were accurate and up to date.

People's individual hobbies and pastimes were recorded in their care plan and tailored to meet their needs. People were observed doing things they liked to do, such as art, having their nails painted or doing household tasks. People were enjoying a reminiscing session at the time of the inspection. People told us they enjoyed the sessions very much and looked forward to them every week.

People and relatives knew how to complain but did not have any concerns about the service. Information on how to complain was clearly displayed to ensure people, relatives and visitors knew the procedures to raise a complaint. A new complaints procedure had been implemented and complaints had been managed

and resolved in line with this policy.

The registered manager had oversight and scrutiny of the service due to a robust and effective quality assurance system. Staff told us they were supported by the registered manager and deputy manager to develop their skills and knowledge. They understood their roles and responsibilities and were motivated to provide good quality care.

There were robust systems in place for monitoring the quality of the service provided and actions were taken to address any shortfalls. Since the previous inspection the registered manager had undertaken additional training and put this into practice to continuously improve the service. They had implemented new person centred care plans, monitoring systems and networked with other organisations to improve care practice. They were passionate and motivated to provide good quality care and put people at the front of the service. It was clear that advice and guidance had been sought and put into practice to promote and improve the culture and values of the service.

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 told us they felt safe and staff knew how to recognise and report any allegations of abuse.

Risks to people were assessed and managed to ensure that people were safe and protected from harm. Further detail was required in the assessments to support people with their mobility.

Checks were in place to make sure the premises were safe.

There were enough staff deployed to ensure people received the care they needed and staff were recruited safely.

Medicines were stored safely, administered to people and handled appropriately.

Is the service effective?

Good 

The service was effective.

People received effective care that met their needs and wishes.

Staff followed the requirements of the Mental Capacity Act 2005 and how to support people to make decisions.

Staff received the training and support they needed to ensure they had the skills and knowledge to meet people's needs.

People were supported to remain as healthy as possible with access to health care professionals if they needed further support.

People's nutritional needs were assessed and they were provided with a suitable range of food and drink.

Is the service caring?

Good 

The service was caring.

Staff were kind and compassionate when they spoke with and supported people with their daily routines.

People told us that staff were polite and they were treated with dignity and respect.

Staff knew people well and were knowledgeable about the support people required and how they wanted their care to be provided.

People were listened to encouraged people to make decisions about their care and staff promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed with them before they moved into the service to make sure that their needs would be met.

Consistency of staff was a priority which resulted in prompt responsive action being taken by staff who knew people well.

Care plans were regularly reviewed and checked by the registered manager to ensure they were up to date. People's changing needs were responded to quickly.

People's choices and wishes were taken into account to ensure they enjoyed a range of activities of their personal choice.

People and relatives told us they had no concerns but would not hesitate to speak to the registered manager if they had any issues. People's complaints and concerns had been recorded and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff told us that the service was well led.

The registered manager was committed to providing a good quality service and promoted strong values and a person centred culture.

Staff understood the values of the service, which encouraged open and transparent communication with people and their relatives.

There were robust systems in place to ensure quality and identify any shortfalls in the service.

The registered manager was committed to continuous improvement and welcomed any ideas and suggestions from everyone involved in the service.

Records were up to date and stored securely.

Glendale 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.

This inspection took place on 15 June 2016 and was unannounced. The inspection team consisted of two inspectors.

We asked the provider to complete 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 improvements they plan to make. The PIR was returned within requested timescales.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. This was a follow up comprehensive inspection to assess if the service was compliant with the requirement notices made at the previous inspection on 28 and 29 April 2015.

During our inspection we spoke with ten people, two relatives who were visiting, eight members of staff and the registered manager. We also spoke with two visiting professionals.

We observed how staff spoke with and engaged with people. We looked at how people were supported throughout the day with their daily routines, their meals and activities and assessed if people's needs were being met. We looked at six care plans and associated records. We looked at staff records, records for monitoring the quality of the service, minutes of meetings and complaint records.

The last inspection took place on 28 and 29 April 2015 where breaches of the regulations were found.

Is the service safe?

Our findings

People told us that they felt safe living at the service. People said, "Yes I feel safe here, I never need to worry". "Yes I feel safe here, the staff are very good". To help ensure that people continued to feel safe at Glendale Lodge people were asked if there had any concerns when their care plans were reviewed with them.

At our last inspection in April 2015 the provider had failed to make sure that all risk assessments were completed and reviewed regularly to ensure that there were plans for staff to follow when people's needs changed. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken to make sure risk assessments were completed and regularly reviewed.

Potential risks to people had been identified and recorded. There were risk assessments in place to manage people's mobility and skin care. People who had been identified as being at risk of dehydration had risk assessments with charts showing how staff were monitoring their drinks and food. When people had fallen, accident forms were completed and analysed by the registered manager. This analysis indicated that one person was at further risk, which then resulted in a referral to the falls clinic, an assessment by health care professionals and the decision to use bed rails to reduce the risk to the person of falling out of bed.

The moving and handling risk assessments had information on what equipment was to be used and identified how to attach the hoist slings, but there was a lack of detail to guide staff how to move people as safely as possible. For example, one care plan stated 'to assist to standing position' but did not say how this was to be achieved safely. We observed staff supporting people to move safely but more detail was needed in the assessment and this was an area for improvement. Another person's risk assessment stated that the sling had been changed three times in the last three months and it was not clear why this had happened. Staff told us how they moved this person and knew how to do this safely. We spoke with the registered manager who took immediate action to re-write the assessment and arranged for an Occupational Therapist to visit this person to reassess their mobility.

People told us they would not hesitate to speak with staff if something was wrong or if they were upset. There were systems in place to ensure the any allegation of abuse was reported and actioned. Staff had received training on how to keep people safe and were aware of the whistleblowing policy should they observe poor staff practice. Staff had a good understanding of the different kinds of abuse and told us they would not hesitate to report any concerns to the registered manager. The contact details for the local safeguarding team, the Social Services Contact Centre and the Care Quality Commission (CQC) were displayed so staff had easy access to the telephone numbers.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and only accessed by the administrator and senior staff. People could access the money they needed when they wanted to.

The registered manager explained how they calculated the staffing numbers required across the service to ensure there was adequate staffing levels. This was based on the numbers of people and their levels of dependency and need. The service was divided into four zones. Staff usually worked in the same zone so that they could get to know people well and how they liked to be supported. Staff said this helped to build up trusting and meaningful relationships with people. Each morning staff discussed the needs of people. They considered whether their needs had changed and what level of support they needed. Staff deployment for each zone was then decided. Staff told us they felt there was enough staff on duty for each shift.

People told us that there was always a staff member available when they needed support. People were not rushed and staff supported and cared for people at their pace. Staff responded quickly when people needed them and had time to spend with people talking or just being in communal areas with people. The staff rota showed that staffing levels were consistent and arrangements were in place to cover staff in times of annual leave or sickness. On the day of the inspection staffing levels matched the number of staff on the duty rota. As well as care staff there were sufficient housekeeping and maintenance staff on duty to ensure the premises were clean and well maintained. Extra staff came in specific times during the day to give out teas and snacks.

Staff confirmed they had been through a full application, recruitment and approval process before they started work at the service. Staff were recruited safely to make sure they were suitable to work with people at Glendale Lodge. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Plans were in place to safely evacuate the building in the event of an emergency. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks of the fire alarms were done weekly and other fire checks were completed monthly. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. There were regular fire drills so people knew how to leave the building safely. Staff and people had practised the safest action to take in the event of a fire. Staff were able to explain what they would do in the event of a fire. Safety checks on the water temperatures in people's bedrooms and bathrooms were carried out monthly to make sure the water was not too hot.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern or trend and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

Medicines were stored securely in each person's bedroom. There was also a stock of medicines kept in another secure room. One member of staff had responsibility for making sure medicines were ordered and in stock for when people needed them. They also checked that people received their medicines as prescribed by their doctor. Medicines were ordered from the pharmacy each month. Staff checked all medicines to ensure that they matched with the medicines administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or 'blister packs'. The name of the medicine and the person for whom it was prescribed was written on each medicine pack.

People were given the right medicine as prescribed by their doctor.

People received medicines at the right time and if they needed support the staff helped them. Each person had an individual medicine record chart showing their personal details, the medicines they were prescribed and when they should take them. Staff talked to people before giving them their medicines and explained what they were doing. People were asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines. There was information available about the side effects of people's medicines and the signs that staff should observe for.

Some people were given medicines on a 'when required basis'. These were medicines for pain like paracetamol or medicines to help people remain calm. People told us that they received their 'as and when' required medicine when they were needed it. One person said, "I asked for some tablets because my tummy was sore and they got them straight away, it is never a problem".

There was written guidance for each person who needed 'when required medicines' but some of the guidance did not fully explain when the person should receive the medicine. There was a risk that people may receive their 'when required' medicines inconsistently. This was an area for improvement. The registered manager said that they would address this immediately. The staff who gave people their medicines were able to explain when they gave people 'when required' medicines. They were clear and consistent about when they gave people these medicines. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

Staff had received training in how to administer medicines safely and they received yearly updates to make sure they remained competent when giving people their medicines. They were also regularly observed by senior staff to make sure they were giving people their medicines safely and according to policy and procedures. If staff made an error while giving out medicines they were immediately stopped from giving out medicines. They then undertook further training and their competencies were re-checked.

Bottles and packets of medicines were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Is the service effective?

Our findings

People told us that they were looked after well and received all the care they needed. They said, "I get one hundred per cent care here; I really do get the attention I need for everything". One person pointed to a member of staff and said, "This member of staff is lovely, she deserves a gold medal". "The care is really good here, I can't fault it".

Relatives told us that the care was effective and they also stated that the care was 'amazing'.

Visiting professionals said, "Every time we come in, it's always the same staff. The staff team is consistent. That's one of the things that stands out" and "Staff give us detailed information about people. If there is any one new to the group they always introduce them to us properly".

Staff said, "Management praise you when you are doing a good job but also tell you when you need to improve, that's how it should be. We can all improve".

There was a training programme that ensured all staff received the basic and specialist training they needed to support people. Training courses were held regularly so that staff had the opportunity to keep their training up to date. In addition to basic training staff had received specific training in Mental Capacity and Deprivation of Liberty (DoLs) training, dementia training, death, dying and bereavement training, falls prevention, diabetes and equality and diversity. Staff had the skills and knowledge they needed to look after people in the best way. Staff told us that the training programme was structured and effective.

Every member of staff had been given an annual appraisal form to complete the first stages of their appraisal. Staff told us they were in the process of completing the form and returning them to the management team. Staff had received one to one meetings with their line manager but had not always received the total amount of supervisions in line with the company's policy. The registered manager was aware of this shortfall and was in the process of updating the supervision programme in line with the company policy. Staff told us that they had received some supervision and that they were very well supported by the registered manager and deputy manager. Regular staff meetings were held which enabled staff to discuss work related issues regarding any aspect of the service and the care and support people received.

Staff told us if they had any concerns or issues that were work related or personal they could approach the registered manager at any time. Staff said that they could trust and rely on the registered manager to support them. They said the registered manager always listened, took them seriously and took action to try resolve or improve the situation.

People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction training programme, which included competency tests to make sure they understood the training and were learning the skills required for their new role. The induction programme included shadowing more experienced members of staff to get to know people and their routines. Staff told us that

they had completed an induction and they felt very well supported by the registered manager and staff.

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 so that they can 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.

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals, advocates and social services representatives were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Some applications had been considered, checked and granted for some people, ensuring that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office. The registered manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished with the right support.

During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

The staff team knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People and staff got on well together. People told us the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became upset or restless.

People told us the food was good and there was plenty of choice. They told us there was two choices of the main meal at lunch time and a variety of food for tea, such as soup, sandwiches and 'delicious cakes'. People said, "The food is very good here". "I love salad and I often have it for lunch". "The food is well cooked, I really enjoy the meals". "You can have as many cups of tea as you like here, as you can see you can help yourself round the corner". A 'thank you' card had been sent by a relative about the food, it read, "Thank you, I have enjoyed Sunday lunches with my relative. Thank you so much they were so good".

We observed the lunch meal being served. Some people preferred to eat in their arm chairs with a table or in their room, but the majority of people ate in the dining areas. People had two choices of the main meal and had chosen earlier in the day which meal they would prefer. There were pictures of the food options to support people who may need additional help to choose their meals. The meal was presented well, looked appetising, with ample portions.

People were offered and choose different drinks with their meals, either soft drinks or alcoholic drinks. People were asked if they wanted condiments, such as salad cream or any other sauces. The atmosphere was relaxed and people who needed support received this in a caring sensitive manner. They were asked if they could manage or would they like staff to cut their food. Staff ate their lunch with people and placed themselves in different areas of the room to enable them to chat and socialise with people.

People told us they were enjoying their meals and the food was good. They said there was always plenty of choice and they could have anything they wanted when they wanted it such as a snack or a drink. A member of staff said, "If people want a sandwich at three in the morning they can have anything they want when they want it".

A relative said, "The food is freshly cooked and appears appealing". Relatives could request to have a meal when they visited. A staff member said, "If we know a relative is visiting we always ask if they would like to have a meal so they can join us".

Some people needed their food purred and this was presented in individual portions and carefully presented to look more appetising. Staff were aware of people's likes and dislikes and people confirmed that they received the meals of their choice. The chef told us that they sometimes had to boost people's diets by adding extra butter and cream to reduce the risk of weight loss. Food and fluid intake was monitored for people who were at risk of malnutrition and dehydration and staff took action to reduce this risk.

There was a 'café area' in the lounge which had fresh fruit and snacks available at all times. This area included tea and coffee making facilities for everyone to use. People told us that their visitors could make use of these facilities and made tea or coffee whenever they wanted to.

People were supported to remain as healthy as possible. They had access to health and social care professionals. People told us that they saw the doctor promptly when they were not feeling well and the community nurses were called when required. The advice and guidance given by health care professionals, including doctors, was followed to keep people as well as possible. One person said: "If you are unwell and need the doctor they call them quickly and they come to see me."

People were referred to health care specialists, such as the speech and language professionals, when they needed support with their communication. People living with diabetes were receiving support from the community nurse and there were signs and symptoms in their care plans informing staff about the signs of deteriorating health. There was information in the care plan about diabetes but this was not tailored to each person's individual needs. This was an area for improvement.

People's changing needs were monitored to make sure their health care needs were responded to promptly. Staff weighed people regularly and their weight was monitored. If there were concerns that people were losing weight or that they needed to drink more additional support was sought from health care professionals and additional calories and fluids were offered to people. Records showed that dieticians had been involved in supporting people with their dietary needs. There was also information in people's care

plan for staff to refer to about nourishing drinks. One relative said, "I know when my relative was not eating they supported them to eat and carefully monitored their diet so that they remained at a healthy weight".

Is the service caring?

Our findings

People and relatives told us that the staff were caring and kind. They said, "The staff are excellent, people who live here have a good sense of humour and the staff join in". "The staff are very kind, everything is fine". "The staff always treat me with dignity and respect, yes of course they do". "The staff are very polite and respectful". "I want for nothing here". "They (the staff) are all marvellous I particularly like (named a staff member). They are always so kind and patient".

Relatives said, "Every member of staff here is lovely here". "The service is amazing".

Visiting professionals said, "The care staff are very caring. They know the residents very well. Staff and residents have a laugh and a joke together".

Staff said, "I have been here a long time. It was a completely new career move and I love every minute. The staff are compassionate. I love talking to people and listening about their lives".

Staff told us that they worked hard as a team to make sure people received the care they needed. Staff greeted people as they went about their duties. They asked if people were alright or needed anything.

At our last inspection in April 2015 the provider had failed to make sure that staff always spoke with people in a respectful manner and they did not consistently promote autonomy. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken. We observed people being treated with respect and being supported to make their individual choices. Staff spoke with people in a respectful manner.

Staff ensured that people who were less able were supported to make choices; staff used pictures for them to make a choice of what they wanted for lunch. One person living with dementia appeared very tired and sleepy. A staff member sat with them asking if they wished to go and have a nap. The person was reluctant but continued to fall asleep. The staff member sat with them quietly, talking and reassuring them that they would wake them in an hour if they wanted. The person agreed and went off to their room for a rest.

Staff understood people and supported people with their communication. One person used hand gestures to communicate with staff, they pointed to the television, the staff member asked if they wanted it on, they declined and re pointed and the staff member realised they wanted to switch the television on themselves and gave them the remote control. The person smiled and switched the television on and immediately turned the volume down to their liking.

People choose where they wanted to sit, what they wanted to do and if they wanted to be in their bedroom. One person said: "I can get up and go to bed when I like, I certainly have lots of choice".

People called and approached staff when they wanted their attention. There was a comfortable atmosphere with people smiling, laughing and joking with staff. One person said "I sit with my friends every day and we

have a laugh and joke".

Relatives were welcome and called to take their loved ones out for lunch. They said they were always made to feel welcome. One relative said, "This is amazing here, I know they treat my relative kindly, but when I am walking through the corridors I hear staff speaking with other people, supporting them with kindness and respect".

People were treated with dignity and their privacy respected. Staff ensured that people were spoken with quietly if they needed the bathroom. They listened to what people were saying and made sure people had what they wanted, such as if they were warm enough or needed another drink. People's independence was promoted, staff stepped back to let people move at their own pace whilst keeping a watchful eye on their mobility. People were also encouraged to remain independent. The service had 'pigeon holes' at the entrance where people were encouraged to pick up their post. Relatives also used this to advise the service of information such as when they were going on holiday.

There were regular visits from representatives of different religious denominations so that people could follow the faith of their choice. Advocacy services were available to people if they wanted them to be involved but there was no one at the service requiring that support at the time of the inspection. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Staff were aware of the need for confidentiality and people's personal information was kept securely.

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to their needs. They told us they were involved with their care plans and had signed to agree with their care to be provided. One person said: "There is always someone around, they come as quickly as they can. I have never had to wait long".

People kept their care plan in their bedroom. They told us they were able to access the plan and share it with their relatives if they so wished. People said, "I know about my care plan and staff are always writing everything down, I can read all about it if I want". "The staff talk about it to me and change it if anything changes".

At our last inspection in April 2015 the provider had failed to make sure the care plans contained sufficient guidance and information to ensure an accurate and complete record was maintained. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken to make sure care plans were detailed and person centred.

Before people came to live at Glendale Lodge they were invited to visit the service to have a look around and meet other people. A care needs assessment was then carried out to gather information so that the staff would have an understanding of people's care needs, their previous life and what was important to them. The assessments also included information about people's preferences and choices to enable care plans to be developed.

The registered manager had introduced new care plans which were detailed and reflected people's needs, choices and preferences. Care plans contained detailed information about people's daily routines, mobility, behaviours, communication, continence, skin care, and eating and drinking. Some people were at risk of developing pressure areas and they had special pressure relieving equipment in place, like air flow mattresses and cushions to make sure their skin remained as healthy as possible. There were risk assessments and the care plans gave detailed guidance to staff about how to keep people's skin as healthy as possible.

People were receiving support from a team of staff that provided consistent care. As a result staff knew people well and promptly identified any changing care needs. The plans were regularly reviewed with the involvement of the person. If changes were needed the care plans were updated and staff were aware of the changes through the daily handovers between shifts. Staff told us how they would read the plans if they had been on annual leave to ensure they were up to date with people's current needs.

If people needed additional support their relatives were invited to their reviews. One relative said, "Yes I was invited to my relative's care review and have been involved in their care; I am always updated with their care".

When people needed health care support, from the doctor or community nurses, this was detailed in the care plans. The outcome of the visit was recorded and staff followed the recommended guidelines. People

had access to an occupational therapist, chiropodists, dentist and other health professionals.

When people had difficulty with their communication the care plan had details of how staff could ensure they understood the person. There were flash cards to use and details of what the person's hand gestures meant. We observed that staff followed these guidelines and the person was able to make their needs known as staff had a good understanding of their communication needs. There were smiles and laughter between the person and the staff on duty.

People told us that they enjoyed the activities on offer and socialising. They said the activity programme was 'really good'. One person said, "We really enjoy the activities, we have quizzes, guitar players, singers, and things, and every week we have reminiscing sessions which we really enjoy".

A reminiscence group, held by visiting occupational therapists, took place on a weekly basis. The subject was topical and as Ascot was happening during this week, it was the topic of conversation together with sports in general. People sat round the table chatting and joining in with the conversations. The organisers made sure that everyone was given the opportunity to talk about their experiences. There was lots of laughter and enjoyment. During this time staff took the opportunity to speak with people who preferred to stay in their rooms so they would not feel socially isolated.

There was a variety of outside entertainment, such as singers and people playing a guitar and a visit by a gentleman and his dog. There was a pet cat at the service which was friendly and people enjoyed stroking him and having him sleeping on their lap. People told us that they went out into the garden for cream teas when the weather was sunny.

Other activities took place, such as bingo, crafts, quizzes and film afternoons took place. There was a large pictorial activities board on display to show what was on offer during the week. One person was having their nails painted by staff and a little time later we saw the person enjoying painting the staff member's nails. This person was a little anxious throughout the inspection and staff were ensuring that they felt relaxed and calm and we observed the person enjoying this one to one interaction. People were supported to use up to date technology such as Skype to keep in contact with their family.

People told us that a member of staff would go shopping with them if they wanted to go out. The service had their own transport so that people could also enjoy outings into the community, such as going on days out, or to cafes, or the pub. The insurance also covered families so they could take their relative out using the vehicle.

At our last inspection in April 2015 the provider had failed to make sure complaints were always dealt with in line with the provider's policies and procedures, so not everyone felt their complaints were managed properly. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken to make sure complaints were dealt with in line with the provider's policy.

All complaints were dealt with no matter how small they were. The registered manager talked about the importance of listening to peoples' comments and feedback and acting on them. The registered manager made observations and recorded any comments and complaints. There were clear records of all complaints with the investigation, resolution and the person's satisfaction recorded. The ethos of the registered manager was to encourage people to raise any issues so that the service could learn from any complaints that may occur.

There was information about how to complain displayed in the service. This was also in a format that would make it easier for people to access. There were pictures of the manager and deputy in various areas of the service stating that if people were worried or concerned about anything then come and speak to them. There were signs to the registered manager's office so that people could contact her. How to complain was included in the information in the welcome pack which was given to everyone when they moved in.

Everyone we spoke with during the inspection told us that they did not have any concerns or complaints. They said they were confident if they had any issues the registered manager would deal with their concerns. People said, "I have no complaints, the staff are very nice". "It's really good here; I have no complaints at all.

People said, "I would see the management if I was worried about anything. They are good. They always listen" and "Everything is fine here, in fact it is more than fine it's wonderful. There is nothing to complain about. Don't worry I would complain if I had to".

People were listened to and taken seriously at all times and every effort was made to resolve any concerns that people had raised. The registered manager had set up a pigeon-hole system for each of the rooms. There was a comments box in place and paper and envelopes were readily available for people to use. People were encouraged and supported to say what they wanted. They could do this anonymously or could write their comments and leave it in their own pigeon-hole or comments box. People and staff said that this was working well.

We heard staff asking people if everything was alright for them and checking that they were satisfied and comfortable. People said they had no complaints, but if they did they would talk to the staff. A person had complained that their porridge was not the right consistency. The chef, and staff tried lots of different ways to make porridge as the person wished. The provider had brought in their preferred porridge for the person to try, all staff were trying to make sure everything was 'just right' for the person. Another person complained that their T.V guide had been taken away before they had finished with it. The registered manager made sure that all staff were aware that the T.V guide was not to be removed before consent was given by the person. The issue was resolved and the outcome of the complaint was logged.

Is the service well-led?

Our findings

manager regularly who often asked if everything was alright and if they were satisfied with the service. People and relatives told us that they would not hesitate to recommend the service. One person said: "I am very happy here; I would not like to live anywhere else". "Yes I would recommend the service, the staff are great".

The registered manager told us that they regularly worked with the care staff from 8 am to 10 am as this kept them in touch with the people, staff and day to day running of the service. They were able to observe staff practice and ensure people were receiving safe care and support. They also visited people who chose to remain in their rooms two or three times a week to reduce the risk of them feel socially isolated and to ask for their views. People confirmed that they saw the registered manager regularly.

At our last inspection in April 2015 the provider had failed to make sure that records were up to date and completed accurately to ensure that people were receiving the care they needed and that care plans contained sufficient guidance and information to ensure an accurate and complete record was maintained. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken to make sure records were accurate, including detailed guidance in care plans.

Care plan records had been completed with detailed information to ensure that staff had guidance to meet people's needs. These were checked and audited by the registered manager to ensure consistency. This included personal care records, fluid and food charts and daily records. The care plans and risk assessments had also been updated.

The registered manager and deputy manager were passionate about providing good quality care and continuous improvement of the service. They told us they had learnt lessons from the previous inspection and had taken positive action to enhance their leadership skills to improve the service. They now attended forums to share good practice and to share experiences of positive action taken when poor practice had occurred. Staff told us that the new way of working had built stronger relationships with people and working in the new allocated zones had helped them to provide continuous care to people to enhance people's lives.

The improvements at this inspection were clearly evident and people and staff had benefited from the changes. The registered manager told us that the provider was very supportive, had embraced the changes and provided the resources without any hesitation.

At our last inspection we recommended that the provider seeks advice and guidance from a recognised source about supporting staff to understand how to promote the culture and values of the service.

The registered manager had been working with the initiative, 'My Home Life' which promotes quality of life and delivers positive change in care homes for older people. They had been invited to participate in

promoting this philosophy with the Care Quality Commission as well as other organisations. The registered manager told us that since the previous inspection the ethos of the service had changed and communication was now greatly improved, coming directly from people living at Glendale Lodge. The culture of the service was open and transparent. People and relatives were confident to speak with the registered manager and give their opinions about the service.

The registered manager had introduced the 'wishing tree' where people were able to put their individual wishes. As a result the service had arranged for the British Legion to speak and reminisce with one person about their army career, and they also arranged via the Australian Embassy, for a person to receive a visit from an Australian Air Force Officer. They also facilitated a trip to fulfil one person's wish to visit the local wild life park.

The staff team produced a monthly newsletter to keep people up to date on what was happening at the service. The June 2016 newsletter gave people information on the quality assurance surveys that had been sent out. It also gave people and their relatives information about the activities and treatments that were offered by the service. For example, visits from the occupational therapist for group sessions, physiotherapy sessions, hairdressing and chiropody. There was also information about events happening at the service, like the Queen's birthday party, various entertainers and visits from the clergy. People were given a reminder at the beginning of every week so they could decide what events they wanted to join in with.

People were positive and talked about their lives and how much they enjoyed living at the service. The staff group was very stable with some staff working at the service for many years. Staff morale was high. Staff were aware of their roles and responsibilities and understood the importance of putting people first. They understood the visions and values of the service by encouraging people to fulfil their dreams, to be as independent as possible and treating people with dignity, compassion and respect.

Staff told us they felt valued and were supported by the registered manager and deputy manager to provide good care to people living at the service. They met with their manager on a one to one basis and staff meetings were held to give them an opportunity to voice their opinions on the service. They told us they were encouraged to fulfil their potential and develop their skills and knowledge.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through resident meetings, reviews, and survey questionnaires. The results were positive with people and relatives being very satisfied with the service.

In the quality assurance questionnaires a relative had reported that their relation could not always reach their call bell when they were in their room. The registered manager took immediate action and got a pendant the person could wear so they were always able to call for a staff member when they needed them.

Feedback from people and their relatives was that they felt valued and listened too. Concerns, no matter how small, were taken seriously and people said they felt that they mattered. People had requested 'bigger puddings', 'a few more sherries' and 'more crisps'. These were now available at meal times and at the snack bar within the service.

The registered manager used the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. The audits were carried out by the registered manager, deputy manager and senior staff weekly and monthly. They covered all aspects of the service including medicines, care plans, records, health and safety, infection control, fire safety and equipment. Any shortfalls were identified and action was taken to improve the service.

Staff and the registered manager worked closely with local organisations, such as the Deal Centre for Retired, and the local school to promote people's continued involvement in the community. Close links were set up with the district nurses and GP surgeries so people had access to the health care support they needed.

The registered manager attended local network meetings and provider forums to help stay on top of best practice. They researched what was available through a variety of training providers to ensure they had the best training packages for staff based on best practice. The registered manager was aware of the fundamental standards for care homes and were up to date with changes to legislation

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.