Four Seasons (Bamford) Limited

Dene Grange

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

The inspection took place on 8 and 14 March 2018 and was unannounced, which meant the provider did not know we were visiting. At the last inspection in December 2016 the premises and equipment was not always cleaned and maintained and governance systems were not robust. These issues were breaches of regulations 15 (premises and equipment) and 17 (Good governance).

Following the inspection, the provider sent us an action plan to describe how they would address these concerns. At this inspection we found the provider had made improvements which meant they were no longer in breach of the regulations.

Dene Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dene Grange is a care home providing accommodation in four separate units for up to 50 people with residential and nursing care needs. Some of the people who lived at the service had complex needs, including those who were living with dementia. At the time of the inspection, there were 39 people living at the service.

The service had a registered manager. 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.

People had their needs assessed and care plans with supportive risk assessments were put in place and reviewed regularly. Any accidents or incidents were recorded and monitored for any trends.

Medicines were administered by trained staff. Overall medicines were managed well. A small number of issues were found during our inspection, but the registered manager addressed these immediately.

Staff were aware of their safeguarding responsibilities and told us they would report anything of concern. Regular checks were made on the premises and the equipment used within to ensure it was safe for people. We found that actions from an electrical check had not been finalised, however, the provider arranged this to take place during the inspection. Emergency contingency plans were in place in case of emergencies like flooding or fire and to support people evacuate from the premises if required.

We deemed that there was not enough staff during later shifts at the service. The provider increased the number of staff on duty on night shifts during the inspection. We have also made a recommendation that the provider review staffing and skill mix levels during the day as we found enough staff but the skills mix was not always appropriate.

There were safe recruitment procedures in place and staff were checked prior to starting work to ensure they were suitable for their role and safe to work with vulnerable people. Staff told us they were well supported and received suitable training to allow them to complete their work safely. They told us they could ask the registered manager if they wanted to go on particular training to enhance their skills and this was arranged.

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

People told us they enjoyed the food prepared for them. We found people received a range of nutritious meals and refreshments to meet their dietary needs throughout the day. Staff supported people who needed help with eating and drinking appropriately and healthcare professionals were positive about the support provided with nutrition.

Arrangements were made for people to see their GP and other healthcare professionals when they needed to. People had been referred for specialist support if that was required, for example, to the speech and language team.

People were respected and treated with dignity, compassion, warmth and kindness. People and their relatives we spoke with highlighted the quality of care provided by staff at the service. Although we observed two examples which fell short of the providers expectations, we were told this was unacceptable and would be dealt with. This included staff speaking in their native language which was not English and talking to a person about personal care in a less discreet way in front of others.

People were involved in a range of activities at the service and chose what they wanted to participate in. We observed that the activities in the upstairs section of the service could have been more tailored and stimulating to more complex individuals. We spoke with management about this and they said they would look into it.

Information on how to make a complaint was available to people at the service and to relatives and visitors alike. Records showed that complaints had been dealt with effectively.

People were encouraged to make their views known and the service supported this by holding meetings for people and asking for feedback in a number of ways, including suggestion boxes, and completing surveys.

Audits and checks were completed which covered a range of areas, including, infection control, health and safety and medicines to ensure the service was monitored and a continual improvement was maintained. The provider had submitted statutory notifications to the Commission and had displayed its previous performance ratings as legally required.

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.

Overall medicines were management safely. Risk assessments were recorded and accidents and incidents were monitored.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns.

The provider increased staffing levels on night shift and we have made a recommendation in this area to ensure that staff levels and consistency are closely monitored.

Is the service effective?

Good

The service was effective.

People were assessed before moving into the service to ensure their needs could be met.

Staff were well trained and supported by their line manager.

Staff had an understanding of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards and they worked within legal guidelines.

People were supported to eat a range of different foods, depending on their needs. Where people needed additional support, for example with swallowing, professional help had been sourced.

Is the service caring?

Good

The service was caring.

People, their relatives and health care professionals said staff were kind and caring.

People were treated as individuals with respect and dignity.

Independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received care which was person centred.

Activities were provided and enjoyed by people but review was needed for some people to ensure they received suitable stimulation.

The provider's complaints procedure was displayed around the service and people and their relatives were aware of how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

A registered manager was in place who was well liked and supportive of people's needs and staff welfare and development.

The provider had a quality assurance programme in place to check the service provided.

Meetings and/or surveys were held for people and their families to allow them a way to feedback about the running of the service.

Dene Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 14 March 2018 and was unannounced on the first day. The inspection was carried out by a lead inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has expertise in a particular area of health and social care. This specialist advisor was a mental health nurse.

There was also an inspection manager who attended the inspection to observe the practices of the lead inspector and also support the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to support the inspection process.

We reviewed other information we held about the service, including checking any statutory notifications we had received from the provider about deaths, safeguarding concerns or serious injuries. Notifications are incidents which the provider is legally obliged to send the Commission. We contacted the local authority commissioners and safeguarding teams and the local Healthwatch team. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services.

We also contacted, either before, during or after the inspection, the infection control lead for care homes, the fire service, a specialist dietician team, a community nurse, the challenging behaviour team and care managers involved with the home. We used information received to support our judgements.

During this inspection we carried out observations using the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 17 people who used the service and seven family members/visitors. We also spoke with the registered manager, deputy manager, acting regional manager, resident experience regional manager, two nurses, two senior care staff, eight care staff, the chef, the activity coordinator and the maintenance person. We observed how staff interacted with people and looked at a range of records which included the care records for seven people and medicines records for 20 people. We looked at five staff personnel files, health and safety information and other documents related to the management of the home.

We placed a poster in the reception area to inform visitors of our inspection and asking for feedback about the service.

Good

Is the service safe?

Our findings

At the last inspection the provider was in breach of regulation 15 in connection with the premises and equipment. They had not ensured that maintenance work had been completed, that fire exits had been maintained or that some equipment and parts of the home were unclean. During this inspection, we found the provider had made improvements and were no longer in breach of the regulations.

One staff member told us they were concerned about the slow pace of minor repairs and said, "Takes a long time to get things put right." However, at the time of the inspection, we found no evidence to suggest this was the case and the provider had either repaired any issues arising or had planned the repairs.

The provider completed maintenance checks on all equipment and the premises, including for example, gas, electric, call systems, lift equipment and hoists which we viewed. We found that actions from the five year electrical check had not all been completed. We were informed that the contractor had changed and that there had been an oversight due to this. Before we left the inspection we overheard staff organising a new inspection to take place and work to be completed as soon as possible.

People told us they felt safe and their family members told us they felt the same. From discussions with staff we were confident in their skills and knowledge in connection with safety. Staff had a good understanding of their role which included keeping all people safe not just those with behaviours which challenged the service. One person told us, I feel very safe living here." Another person told us, "I am well looked after and have no problems with my safety at all."

We asked people about staffing levels and whether they thought there was enough staff to meet their needs. Some people told us they thought there was enough staff, but others told us they felt the staff were always very busy and sometimes it took a while for them to respond to call bells. We observed the answering of calls bells and found them answered in a timely manner throughout the inspection.

One staff member told us, "We need more staff. There should be three on each side. We are getting a CHAP we are told and that would be a great support. In theory we are meant to rotate but the reality is that we tend to stay in the same place." A CHAP is a Care Home Advanced Practitioner and is a more senior member of care staff who are trained to support nursing staff in some of the tasks they perform. The provider confirmed that a CHAP had started employment just after we had inspected.

We spoke with the registered manager about staffing levels and how they had coped the previous week with the poor weather conditions. She said, "The staff team are brilliant and all work together. When the weather kicked in people swapped shifts so those who could get in worked the days the weather was worse, but they got their days off when the other staff could get in."

We looked at staff rotas and checked dependency tools, which helped the registered manager calculate how many staff should be in place to adequately support people's needs. This included both day and night shifts. We found night cover was based on four staff covering four units with an additional nurse overseeing the

home. This meant that people who required two staff to support them would have to wait for the nurse or another staff member to support them from another unit, leaving that unit potentially unstaffed. Observations during our inspection saw that enough staff were on duty during the day, but that deployment of skilled staff in each unit needed to be reviewed to ensure that enough suitably skilled staff were available. Just after the inspection the registered manager emailed us to confirm "I have had approval from my MD to recruit night staff that will give me six [staff] on nights at current occupancy."

We recommend the provider review staffing and skill mix levels during the day.

We observed medicines being administered to people on both levels of the service. On one occasion the medicine trolleys was left unlocked while staff administered medicines to one person. Although this appeared not to be a regular occurrence, we discussed it with the registered manager who said they would remind staff the importance of locking the trolley.

We reviewed medicines which had been prescribed for some people to support changes in mood and help in periods of anxiety. We were checking to make sure these types of medicines had not been over administered to people and we found they had not. Staff used these types of medicines as a last resort if distraction techniques had not worked and only as they had been prescribed by the person's GP.

Some people had medicines which needed to be administered before food. We observed that this had not always occurred. We spoke with the registered manager about this who said they would address the situation. Before the inspection had finished they told us that everyone in this situation now received medicines in a timely manner.

We found a small number of people where 'as required' medicines protocols were not in place. 'As required' medicines are those that are taken infrequently, for example, those used for pain relief or constipation. Although staff asked people if they required the medicines, it is important that information is available (dosage/frequency/why taken and expected outcome), particularly for those people who are unable to communicate their needs. We brought this to the attention of the registered manager who had this issue addressed straight away.

Care records contained risk assessments for a range of care needs or possible events. Including, for example, falls, moving and handling, nutrition, skin integrity, choking, challenging behaviour and risk of harm by others. The risk assessments showed a serious of solutions to limit risk, including what staff should do to prevent the issue from occurring in the first place. Accidents and incidents were recorded correctly and monitored for any trends forming by the provider.

The members of staff that we spoke with had undergone safeguarding training, were aware of the providers whistleblowing policy and told us that they knew how to report an issue if they felt that someone was at risk. One staff member said, "I have been involved in a safeguarding incident in the past and would have no hesitation to report anything not right."

Emergency procedures were in place, which included people's personal emergency evacuation plans (PEEPs) and contingency plans should the service suffer from a flood, fire or lack of power and what staff should do. We noted the PEEPs had no date in some cases. We told the registered manager who had this addressed straight away. We followed the route people, staff and visitors would take to evacuate the building in the company of the maintenance staff member. We found it clutter free and safe for use.

During the inspection we walked around the building to observe the cleanliness and safety of the building.

Paper towels and foot operated bins were provided and hand washing instructions were displayed on walls. One relative told us, "Laundry very good turn around, but three pairs of named slippers gone missing. Residents always have clean clothes on where possible."

The provider had robust recruitment procedures in place. We reviewed the recruitment files for six staff. All had a file audit which included checks that there was relevant information in place. This included, for example, an application form, evidence of qualifications, interview notes, eligibility to work in the UK documentation, Disclosure and Barring Service checks (DBS), two references and nurse pin number. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. Nurse PIN numbers were monitored to ensure they remained valid and up to date.

Good

Is the service effective?

Our findings

People and their relatives thought that the service was effective in providing good care and support. One social worker told us about a recent admission and said, "Shortly after the admission I visited Dene Grange to complete a review for the client and found the staff to be pleasant and very helpful. I have also found the more senior staff to be very helpful and supportive especially in regards to assessing potential clients for admission in a timely manner."

The service used a number of ways to assist people to receive more effective care and treatment, including the use of electronic feedback, the use of IPads to support people at the service and for one person the use of a white board with information and pictures of people important to them. We discussed various computer applications which could be used to further support people at the service, particularly those living with dementia. Including the Liverpool Museum award winning application 'House of Memories'. The registered manager said they would look into this.

People's records confirmed that an assessment of their needs before they moved into the service had been completed. A more detailed needs assessment was completed after moving in, with supporting care plans and risk assessments put in place which were regularly reviewed. Care plans supported a range of needs, including those in connection with physical and psychological needs. The care plans were reviewed at least monthly and changed as appropriate to any changing needs.

Staff we spoke with said they were happy with the training which was carried out and one staff member said, "Training is good and regular with refreshers." Staff confirmed that their career development had been discussed with them. We checked staff files and found up to date training certificates held. The registered manager encouraged staff to undertake additional training. We found that a number of staff had gone on to take further education, including one member of care staff who was now a registered mental health nurse. The community matron attended the service every week and supported nursing staff to remain up to date, including providing refresher training where required, such as for catheter care.

The provider had recently employed a Care Home Advanced Practitioner (CHAP). The acting regional manager said, "All CHAPs are assigned a nurse mentor and complete a preceptorship program. They are revalidated every year. Each year the CHAPs complete a portfolio practice. It can't be just eLearning; they need to have face to face training as well." A preceptorship program is a period of practical experience and training which is supervised by an expert or specialist in a particular field.

One visitor to the service told us that staff were much more aware of dementia conditions. They said, "The quality of care is great. I have seen a great improvement in the understanding of dementia. Definite improvement in the last 3 years, the manager is always there to help staff with understanding dementia and she and the care managers take time to get to know the relatives."

New staff received an induction programme, which included shadowing long standing members of the care staff team. Each new member of staff was appointed an induction mentor who supported them during their

first months of employment. All probationary review dates were clearly documented and signed off.

Regular staff supervision (staff support) sessions took place. Each supervision was completed by a designated supervisor and reviewed by the registered manager. Staff had received an annual appraisal. Every staff member had a personal development plan which included their personal objectives and the action that was required to achieve them. One staff member told us, "My supervision and appraisal are up to date and the manager is very supportive; always willing to listen and stand up for us."

Staff conducted a handover session at all shift changes. We observed on taking place and found information pertinent to each individual person who lived at the service was communicated verbally and in written format. The people and the relatives we spoke with were happy with how staff communicated to them. However, one relative told us, "Communication could be improved." They felt that staff did not always communicate as well as they could when their family member had/had not received particular services; for example when the hairdresser attended or if a podiatrist had visited.

In discussion with staff we were assured that they understood the term 'capacity' and the importance of choice and consent. We overheard one nurse asking a person which finger they wished to use to have their blood sugars monitored. The staff member said, "Which finger do you want to use?"; "Can I have your finger darling?" and "Is it ok here?" One person chose not to wear slippers and preferred to wear thick socks only and this was respected by staff.

The registered manager and staff were aware of their responsibilities and followed correct procedures regarding the Mental Capacity Act 2005 (MCA). 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 19 people were subject to a DoLS which had been applied for and authorised (or awaiting approval) via the local authority. These were all in order and correctly applied for and monitored.

One person's care plan was under review as records showed that if the person lacked capacity then a best interest decision needed to be made with all relevant professionals and family involved. It also stated as long as the person received the appropriate support and prompts then in some cases they could make the decisions for themselves. This showed that staff had considered the least restrictive option. We noted that one person received their medicine covertly. That meant they did not know they were receiving it. Appropriate records were in place, including confirmation from the person's GP that they should receive their medicines in that way and it had been done in the person's best interests.

People were complimentary about the food prepared. They said, "We are fed very well"; "Food is great, no complaints"; "I've enjoyed everything I've had" and "The food is mostly very nice." One relative mentioned, "My mother has lost some weight since she came in, but it has been noted and we are monitoring this; but my mother loves it here. In the previous two homes she was always saying she wanted to go home; she has never said that here." A visitor to the service told us, "He is eating well and his personal hygiene is great. He always looks clean and tidy. In his last place he lost quite a lot of weight; here they watch and make sure he gets plenty to eat." There was a menu plan for the service and each week a different menu was available and

displayed. Mealtimes were held within a quiet, unhurried and clean environment. There was suitable cutlery and condiments available for people to use. People were offered choice.

We observed the dining experience at lunch time. One staff member who served food, asked everyone by name if they were okay and if there was enough food for them. Staff attended to the needs of the people within the dining room and to those who had chosen to have their meals elsewhere, for example, in their bedrooms. This included support with eating and drinking and also emotional support when people became distressed. Staff encouraged people and we noted that some people had their food cut to help them manage it better while some where fully supported if they were not able to manage themselves. One person had impaired vision and a staff member guided the person to their plate. The staff member explained what their lunch was and told them where it was on the plate. This person had finger foods and with the staff member's description and guidance they were able to eat independently.

We spoke with the chef who explained how they supported people with special diets, including one person who was gluten free. They said their food was separated to ensure they received it. They were aware of other people who required soft or pureed diets. We were told by the registered manager that moulds were on order for people who had pureed meals to make them look more appetising. Separate information was held about people's preferences and any allergies they may have had.

One of the local specialist dietician team, who works with care homes, told us they had recently visited and been involved with the service. They found documentation they reviewed was good and risk tools had been completed correctly. They said, "I liaised with (name), deputy manager. (Name of deputy manager) was very helpful." They also said, "She (deputy manager) seemed to have a good knowledge and understanding of patient's dietary needs." The registered manager explained that they shared best practice at a dementia conference within the organisation, where they discussed what had worked well for them. This showed that the provider ensured that best practice was sought and shared amongst its services.

People had access to health care professionals, including GP's and hospital specialists. One person had been referred to the speech and language team (SALT) to support them with swallowing difficulties they were experiencing. We noticed that their records had been updated and showed additional support that had been given to them.

The service was the first to receive the organisations 'Dementia Care Framework Accreditation'. The service was bright and comfortable where people were free to sit, walk around or go to their bedrooms. The service layout downstairs was very dementia friendly, homely and welcoming. For example, the walls had a brick effect wall paper which continued over doors that were for staff access only. There were colour coded door frames, signage with memory displays on people's doors and a clear variation in the colour of the hand rail. At the end of one of the corridors was an indoor 'garden'. It had fake trees, garden furniture, fence panelling and fake grass. The window has been covered with a lake picture which was very tranquil. The registered manager explained that as residents preferences changed they modified the area. She explained one part of the downstairs used to have a bar but as more females moved in to the service, they changed it to a café. They continued to explain that they felt this applied to more residents and the café area received more engagement.

The upstairs area of the service was comfortable for people but did not have the same feel as the downstairs area. The management team received our feedback and said they would look into our comments.

Good

Is the service caring?

Our findings

We witnessed gentle and compassionate care and support being provided to people. Staff and people were familiar with one another and there was an atmosphere of trust and calm. Staff knew people well, including those not involved in providing direct care; for example, the administrator and domestic and kitchen staff. We overheard one staff member talking to a person about what they used to do for a living. A very interactive conversation took place which showed how well the staff member knew of the background and interests of the person. We observed one person touching the deputy managers face after they had supported them with their medicines. The deputy manager said, "May I come back again?" The person smiled and gave a positive response.

Staff were considerate. We observed one of the domestic staff asking people who were sat in a lounge area if they minded them hovering before they embarked on the task.

Families and friends were also cared for and encouraged to visit. The provider welcomed relatives to carry on visiting the service after their loved ones had passed away. For example one person still visited after their relative lived at the service over four years ago.

Comments from people and their relatives in relation to the caring nature of staff included, "Carers are lovely"; "Wonderful carers, kind most of them"; "Very friendly and helpful all of the carers; also very understanding"; "Everyone has been very kind to me. I like it here"; "My aunt came in for respite and wanted to stay. No complaints at all, everyone is so kind. Honestly, no problems at all. I can speak to anyone of the carers or the manager if any questions."

We viewed a website which supports the general public to express their views and gives an overall impression of particular registered care homes. Comments made by the public, which comprised of relatives and friends included, "Caring friendly atmosphere and wonderful staff who made my father's last month's easier and he died peacefully - a great comfort to us and staff could not have done more" and "My father was made very welcome and comfortable from day one in the home. All the staff are very loving to both residents and their visiting family. The time, care and nursing he received at his final time was excellent, giving myself and family the reassurance that he was peaceful and importantly had someone with him. I could not praise the staff more highly in their care of my dad."

One relative told us, "My father died suddenly and he was the main carer of my mother. We were really stuck and came to Dene Grange for help as we did not know what to do. They immediately took us in, calmed the situation and sorted a room for my mother and we have never looked back." Staff told us of a surprise wedding anniversary they were planning in April for one of the people living at the home. They said, "It's their 60th anniversary so we are having a little party with the family too." The registered manager later confirmed this was the case and told us, "This is one of many (celebrations organised)."

We witnessed the management of some behaviours which challenged the service. These were dealt with very well by the deputy manager. They displayed compassion and kindness and gave dignified support

when dealing with some very distressed people. Care staff also showed a caring approach during these periods. A social worker told us, "A client of mine was recently admitted to Dene Grange care home on a permanent basis. The client's family have spoken very highly of the staff team and have said on more than one occasion that they cannot fault the care."

One staff member told us they loved their job and said, "The best thing about the job is the residents who are so unique and interesting. It is a challenge to meet their needs but we get there." A member of care staff told us, "The best part of the job is developing relationships in care with residents; it's so upsetting when they die."

The registered manager told us that people living at the service received gifts at Christmas, which were chosen and paid for by the staff who supported them. One person confirmed this during our conversations with them. They said, "I received a present from the staff, so thoughtful."

During observations we found people were treated with dignity and respected constantly. However, we did find a small number of instances where this dropped below standards we had observed.

As we sat in one dining area observing care, a member of care staff loudly asked one person if they would like to go to the toilet. The person said, "No." The staff member carried on by saying, "Anything I can do to change your mind?" We also overheard two members of staff speaking in their first language which was not English. One staff member commented that this sometimes can occur. One relative told us that they had overheard staff speaking in another language. We spoke with the registered manager, regional manager and resident experience regional manager about this and they told us this should not have happened and would address this concern.

In one part of the downstairs there were photographs along the walls. One photograph frame was titled 'memories' and had pictures of people who had either left the service, staff who had left, or people who had passed away. Whilst we were present, people were looking at the photos and reminiscing.

Lots of people commented on the registered manager's dogs being part of the service and how they made it feel like a family home. One staff member told us how one person had wanted the dog with them as they were at their end of life.

People and their relatives were provided with information to help them understand the care that was available and provided to them. One relative said, "I have been fully involved (with care planning)." Any communication with relatives was recorded within the care records. The reception area had lots of documents and leaflets for people and their relatives to read, which explained how to access other services or seek help for particular issues, including for example, advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People's privacy was valued and protected. Some people required constant supervision, care was given with great sensitivity and kindness to some very vulnerable people. We were told that staff always knocked on bedroom doors and made sure the doors were closed when carrying out personal care. We observed this in practice.

People were promoted to remain as independent as possible. Staff told us that one person enjoyed tidying their own room and said, "They enjoy doing this and it's important for them to keep active and not lose that independence. We help to support this wherever possible."

Good

Is the service responsive?

Our findings

We spoke with people using the service and asked if staff responded to their needs; they thought they did so well. One person told us, "I get to talk to the carers most days. They are kept busy but when they get a chance they will sit down and have a chat." Another person said, "They are pretty good. If I press the bell in my room they usually come quickly." One relative told us, "My mother has fallen a few times and they have put something in her room to alert them now. She also needs a chiropodist more frequently and they are going to sort this out. I also think the manager is very, very good - I have seen how sympathetic she is to her staff." One care manager told us that staff at the service were, "Good at reporting any concerns."

Care records were person centred. People had completed a 'my choices' booklet, which recorded the history of the person and their likes and dislikes. The booklets we saw were very detailed. Care plans detailed people's preferences on how they wished care and support to be delivered. For example, one person's care plan clearly indicated their preference on how to take their medicines, i.e. from a pot with a glass of water. Another person's nutrition care plan documented risks, such as choking but also their personal preferences. For example, how they loved Sunday dinner and all desserts but did not like fried breakfast. A third person's care plan explained that although they did not need it, they preferred to use a hoist chair to get in and out of the bath, and preferred to wear skirts rather than trousers. Every care record had an admissions photograph which staff updated every six months to ensure it remained a true likeness of the person.

One person preferred a particular type of tea after meals. Staff showed they were aware of this and provided the person with their preferred drink without them asking. One person enjoyed smoking. They told us that staff supported them with this. They said, "Yes, they take me outside whenever I want." We saw a designated outside smoking area and watched the person be supported by staff to this area a number of times during the inspection.

There was a range of activities for people to participate in if they wanted to and these were usually completed with the activities staff and other staff supporting. An activity board was on display in reception with pictures displayed of people participating throughout the service. We spoke with and observed the activities co-ordinator during the inspection. They told us, "We had a karaoke earlier in the week and a music night last night. Everyone enjoyed it. I sing quite a lot too. I also take some people to a dance in Hexham. They enjoy that" and "I sometimes give hand massage to those in bed and sometimes just talk to people in their rooms."

One person who lived on the ground floor told us, "I am well looked after…like a hotel. We had karaoke yesterday and music the night before." We observed sounds being played and people being asked to smell certain items and guess what they were. People took part in gentle exercise by passing balloons to one another and staff. A number of people on the ground floor of the service had a 'domino club' and we observed them playing during the inspection. We were told that people were taken to a local community centre regularly to participate in a "Care to dance" class.

One relative told us, "Would be useful to have someone who could try activities with those upstairs to

stimulate them more. Currently the staff are flat out engaged in more practical care....there is no way you could ask any of them to do any more...they work really hard." One relative discussed the use of the television and said, "Why can't they show some old movies? It is also on too loud. I can't hear my mother talking to me."

In the downstairs area of the service people seemed to receive more meaningful and stimulating interaction with the activity coordinator than the upper levels. The upper levels accommodated people with more complex health conditions in the main. Although on the second day of inspection, this had improved. We spoke with management about this during feedback and they took on board our comments and said they would look into this.

We discussed people's religious and cultural needs with the registered manager. They explained that Hexham Abbey visit on the last week of every month and a local vicar comes and completes one to one sessions with people. The registered manager explained that everyone living at the service was Christian at the moment but they did support people of other religions to keep up with their faith whilst they lived at the service. She explained they previously had someone who lived at the service who was a Sikh and they worked with the family to support them and respect their religious beliefs. We were able to confirm these interactions took place via staff and people living in the service.

Most people and their relatives told us they knew how to complain. We looked at the complaints record and found two complaints had been made since the last inspection. These had been dealt with effectively, within agreed timescales, with apologies made where relevant. Complaints procedures were displayed throughout the service. One person told us, "Very friendly and understanding staff, no complaints." One relative (although they did not know how to complain) said, "I honestly have no complaints but the manager and carers are all approachable."

There were many compliments received from people and relatives which we viewed. One comment from a family recorded that staff had supported them as they were going through a particularly stressful time. One card stated, "Thank you for the wonderful love and care he received from you all until the very end." Another card stated, "Thank you for caring for (person). I know she was loved by you all. (Person) loved Dene Grange and I wished I had got her there sooner."

People received responsive end of life care in a person centred and dignified way. The registered manager told us, "Staff spend their break times and off duty times with residents who don't have anyone and go the extra mile to ensure that they are never left alone. Effective pain relief is a key focus and our nurses promote dignity and love ensuring that no resident suffers in any way." Health care professionals confirmed that staff at the service worked closely with them with anyone who was approaching their end of life. One district nurse told us, "Whenever I have been involved or aware of someone who was at that stage of life, I have been impressed by the care given by the staff." One member of staff told us that the registered manager had previously organised a funeral for one person who had no relatives and it had been done in accordance with their last wishes. We viewed many 'thank you' cards from relatives of people who had used the service and since passed away. One card thanked the staff for all the love they had shown their family member at the end of their life and gave words of thanks.

Some people at the service had do not attempt cardiopulmonary resuscitation (DNARCPR) forms in place. These forms are advance directives for staff to follow in the event of the person's heart suddenly stopping beating. The forms we viewed were appropriate and had been discussed with the person or the family involved. This meant the service was aware of the wishes or best interest decisions made in regard possible end of life decisions made.

Good

Is the service well-led?

Our findings

At the last inspection the provider was in breach of regulation 17 in connection with Good governance. Quality monitoring checks had not found the issues we had during the last inspection. During this inspection, we found the provider had made improvements and were no longer in breach of the regulations.

At the time of our inspection there was a registered manager in place. The registered manager had a wealth of caring experience and had worked at the service for nearly five years. During a support session the acting regional manager recorded, "[Registered manager name] is a strong committed manager who has the care of residents, staff and building in the forefront of her role. She actions concerns quickly and fairly with staff and supports residents with all aspects of the care with kindness and honesty."

The registered and deputy managers were available during the inspection and supported us throughout. We had spoken with them prior to the inspection about unrelated matters and they had been helpful and passionate about the people and staff at the service.

During the very poor weather recently, the registered manager worked night shift as she hadn't been able to get in to work the day before. She used it as an opportunity to see how the staff were and observe practice. The registered manager had also worked Saturdays and Sundays to see a range of different staff and relatives visiting. The registered manager was really passionate about career progression, not just within the service but she recognised that might mean a career outside of the organisation. She discussed a CHAP (Care Home Advanced Practitioner) who had recently left the service and was now a deputy manager at another service. The registered manager also talked about one person who worked part-time while they were completing their degree, they had enjoyed it and now had restudied and was just qualified.

One member of care staff said, "The deputy is great she is tireless and demands the highest standards, the manager is also very supportive."

We asked the deputy manager how they managed to complete non nursing tasks within their deputy role. They told us they had five hours per week to complete these. The deputy manager was extremely busy during the inspection. Many staff gave tribute to the deputy manager. One staff member told us, "The deputy never stops, she never seems to have enough time to do what she needs to. I think she needs more admin time available to her, but she just plods on."

A range of audits and checks were completed within the service. They covered a range of areas, including, medicines, infection control, catering and health and safety. Where issues had been identified, actions were noted and followed through. The provider carried out quality monitoring visits which included checks on audits, records, finances and talking to people and staff. Observations of care were also noted, including dining experiences of people.

Actions had been put in place since the last inspection. For example, management had placed signage to

ensure that emergency alarm cords were hanging free and not tied up in toilets or other rooms within the service.

The provider had an overview of the service from the information received from the registered manager via their electronic system. This included for example, falls, choking analysis, infection control and pressure damage. The findings were then shared with the regional managers and they then discussed trends with the registered managers of each individual service.

People told us that management staff walked around the service every day. One person said, "She's [Deputy manager] is lovely." Another person said, "You see her [registered manager] all the time, she is always checking." A third person said, "She [registered manager] checks on us and is good for a laugh." A relative told us, "The management is very approachable and communications with them is good." Another relative told us that the registered manager was, "Very hands on." One member of care staff said, "She has done a lot since she has been here." Another member of care staff said, "The deputy is great, she works so hard."

We spoke to one person who explained that events took place and visitors attended from other departments within the provider organisation. For example, they told us that they had met staff from marketing. Another person told us that they had met the "regional manager" a number of times. Both people thought it had been a good opportunity to have their views listened to by the organisation.

The views of people and relatives were gathered regularly via a number of different methods, including direct contact, through electronic feedback equipment in reception and suggestion boxes. We saw that where issues had been identified, for example, different food options wanted; the provider had responded.

Meetings were held for people living at the service. The registered manager told us, "I have tried to have meetings with relatives but no one will attend. We keep trying. They all just talk to us when they visit if they need to." One relative told us, "I am not aware of a relatives meeting but the manager and care managers are always available or in contact." We saw that relative meetings were still advertised even though no one attended.

Staff meetings took place on a regular basis. These included those with management and all staff and those for management only. Discussions took place over a wide variety of topics, including, falls, health and safety, maintenance, medicines management and training. Staff had opportunities to participate and when we spoke with staff they confirmed this was the case. One staff member said, "The meetings give everyone another chance to ask things and get an update on what is going on."

From information on the provider information return, the service claimed to have a culture where people came first. They also reported that there was a person centred culture of fairness, support and transparency. Our findings supported these comments.

From the healthcare professionals and others we spoke with, it was clear that the service had a good working relationship with colleagues they worked with outside of the service, including community nurses, GP's and nutritional specialists. Staff utilised professional support when needed. The service had participated in schemes to support student nurses to work in the service on a placement as part of their university course. Although we were unable to speak with any, staff confirmed this to be the case.

There was a cupboard in the building used for archiving older paperwork which we found in need of attention as it was a little in disarray. Some paperwork had been sorted but there was still quite a lot to go through and box up. We mentioned this to the registered manager who was aware and said it was in the

process of being completed as soon as possible.

The provider had published its most recent performance rating on their website and had it on display within the service. Notifications had been sent to the Commission as legally required by the provider.