

Orchard Care Homes.com (5) Limited

Haslingden Hall and Lodge

Inspection report

Lancaster Avenue
Haslingden
Lancashire
BB4 4HP

Tel: 01706214403

Date of inspection visit:
23 January 2017
25 January 2017

Date of publication:
10 March 2017

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

Haslingden Hall and Lodge is a purpose built care home located in a residential area of Haslingden, Lancashire. The home provides care and support for up to 76 people. The home is divided into two units, one being a residential unit and the other unit for people who are living with a dementia. At the time of our inspection there were 71 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 last inspection on 2 February 2015, we found the service was meeting the required regulations. During this inspection the service was meeting the current legislation.

People's medicines were managed safely and were administered by staff who were trained and competent.

Systems were in place to ensure staff were recruited safely and appropriate staffing numbers were in place to meet people's individual needs.

People who used the service and relatives told us they felt they were safe in the home. Staff had received training in the protection of vulnerable adults and policies were in place to guide staff on the process for reporting.

Staff told us and records confirmed that staff received up to date training to enable them to fulfil their role. There was a comprehensive induction programme that was completed by staff on commencement of their role.

People experienced a positive dining experience in all of the dining areas in the home. Tables were nicely set with condiments, cutlery and napkins which promoted a positive dining experience.

People had access to health care professionals to ensure any health conditions were assessed and treated.

People were treated with dignity and respect. Staff were observed interacting kindly with people, offering calm, gentle support where required. We observed positive, meaningful relationships between staff and people who used the service. Care files provided evidence of people's or relatives involvement in the development of their care files.

Care files were in place which included preadmission assessments, care plans and risk assessments to guide staff on people's individual needs.

There was a comprehensive system in place for dealing with complaints. People had access to information on how to raise any complaints if they had any concerns. We received positive feedback about the home and the care people received.

There was a varied and comprehensive activities programme available for people who used the service.

We received positive feedback from all the people we spoke with about the registered manager and the improvements she had made.

There were regular and recent audits taking place in the home. The registered manager told us the provider undertook regular audits in the home and reviews of these were completed to ensure improvements had been made.

We saw evidence of satisfaction surveys taking place in the home. Feedback was positive and demonstrated the positive experiences of people who used 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 in the home. Staff had received training in the protection of vulnerable adults.

Appropriate environmental and individual risk assessments had been completed to keep people safe.

Staff were recruited safely to ensure they were fit for the role for which they were employed. There were sufficient numbers of staff on duty to meet people's needs.

People's medicines were managed safely and administered by appropriately trained staff.

Is the service effective?

Good ●

The service was effective.

Staff had the required knowledge and skills to meet people's individual needs.

People enjoyed a positive mealtime experience. Meals looked appetising and choices were offered.

Records confirmed staff had taken into account people's healthcare needs and where required referrals to relevant health professionals had been completed.

Is the service caring?

Good ●

The service was caring.

People and relatives told us they were happy with the care people received.

We observed staff treated people with dignity and respect. People were offered privacy during any personal care intervention.

Is the service responsive?

Good ●

The service was responsive.

Care files were in place that supported people's individual needs, likes and wishes.

The home had a robust complaints procedure in place. We saw evidence of completed investigations along with outcomes and actions taken as a result of the complaint.

There was a comprehensive activity programme available for people who used the service.

Is the service well-led?

The service was well led.

The management team undertook detailed and regular audits in the home. Records included notes on the actions taken as a result of the audits.

All of the people we spoke with were positive about the leadership and management in the home.

Team and resident meetings were taking place regularly and information about what was discussed was available for people to update them.

Good ●

Haslingden Hall and 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 23 and 25 January 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector, one adult social care inspection manager, a specialist professional advisor (SPA) in the care of people living with a dementia and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We used 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 spent some time observing how staff supported people who used the service in the public areas of the home.

Before our inspection we checked the information we held about the service. This included information we had received about any concerns or compliments and any notifications we had received from the provider. 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.

During the inspection we spoke with the 28 people who used the service, 10 relatives and two professionals visiting the home. We also spoke with the registered manager who was in day to day charge of the home, the home manager who had oversight of the running of the home, two deputy managers, 11 members of care staff, the activities co-ordinator and the chef. We undertook a tour of the premises which included a number of people's bedrooms and communal areas of the home. We also made observations of how staff and people using the service interacted with each other.

We looked at a sample of records including five people's care plans, four staff files, training and supervision

records. As well as records relating to the operation and management of the home including audits quality monitoring and maintenance.

Is the service safe?

Our findings

All of the people who used the service and relatives told us people felt safe in the home. Comments included, "This place is OK and I feel safe. I'm treated well and can talk to anyone at any time", "I feel very safe here and I like it very much." One relative told us, "[My relative] is safe here. She is content and we have no concerns." Another told us, "I feel she is safe; I have no concerns, if I did I would go to the manager."

All of the staff we spoke with understood their responsibilities in relation to dealing with any allegations of abuse. Comments included, "I would inform the safeguarding team, the social worker and the Care Quality Commission." Staff were aware of the signs of abuse and how to deal with any concerns. We checked staff training records which confirmed they had undertaken training in the protection of vulnerable adults. This would ensure people who used the service were cared for by an up to date and knowledgeable staff team. The registered manager understood her responsibility to protect people from abuse. They told us, "We share information and learn by experience. We listen to the views of staff on how to make it better going forward for people. We want people safe."

Policies and procedures were in place to guide staff on the process of reporting any concerns to the relevant authorities. We looked at evidence to confirm that the provider took safeguarding seriously and any allegations had been dealt with appropriately. There had been a number of safeguarding alerts raised by the service in the last 12 months. We saw these had been investigated and dealt with by the provider. Records included a log of all investigations. This would allow the registered manager to monitor and audit the alerts to check for patterns or trends to prevent any future recurrence. This would ensure people were safeguarded from potential harm.

During our inspection we undertook observations of the medication round on both units in the home and saw that the safe storage, administration and recording of medicines took place. Staff were seen supporting people to take their medicines appropriately ensuring time was provided for them to take their medicines. The medicine trolleys were locked in between administration and clinic rooms remained secured when not in use. We saw medication administration records were completed on a computer based system. This had records relating to the directions for use and the system enabled staff to record both the dispensing and administration of people's medicines. Where PRN (as required) medicines were prescribed paper copies were available to guide staff about the reason they were prescribed.

We found suitable arrangements were in place for the management of controlled drugs. However one record we looked at identified a dose had been written incorrectly in the register which has not been identified during auditing of the records. We discussed this with the registered manager who provided assurances that comprehensive and detailed auditing would take place that would ensure records were completed correctly by staff. There were appropriate processes in place to ensure medicines were ordered, stored and disposed of safely. This would protect people from the risk of unsafe management of medicines.

Records confirmed that staff who were responsible for medicines administration had completed the required training and competency checks to ensure they had the required skills to undertake this role had

been completed.

People we spoke with told us there was sufficient staff to meet their needs. A relative said, "The staff are fantastic they respond to people's needs." Staff told us they felt there was a supportive staff team in the home. One person said, "The morale is good in the home it is a nice staff team." Another told us, "The staff are a settled team. There is enough staff but sometimes when it is busy extra staff would be a benefit" and, "There are three carers downstairs and three upstairs in the day and two downstairs and two upstairs at night, with a 5pm-11pm care assistant to support bedtime needs." However one staff member said, "I wish that there were more carers. There doesn't seem to be time to do anything properly."

During the inspection we observed staff responding to people's needs in a timely manner. Buzzers were noted to be answered promptly. However on one occasion we saw one of the lounge areas in the home was left unsupervised by staff. This could pose a risk if people became distressed.

We checked the duty rotas in the home and saw that senior cover was in place on all shifts. Where amendments had been made to the rota it was clear cover had been arranged to ensure adequate staffing numbers was in place so that the safe delivery of care was maintained. The registered manager told us and records confirmed regular staffing needs analysis was completed to ensure adequate numbers of staff were in place to meet people's needs safely.

The staff files we checked demonstrated the provider had safe recruitment procedures in place. All records contained completed application forms and notes from the interview process. There was also proof of identity, relevant references and disclosure and Barring Service (DBS) checks in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We saw that new staff received a comprehensive induction programme and were provided with an initial supernumery period of work on commencement of their role. This would ensure staff had the required skills to enable them to deliver safe quality care.

The provider had effective systems in place to assess and manage risks in the home. Records included the environment, fire, wheelchairs, waste storage, general cleaning, housekeeping and the laundry. This would ensure any identified risks were monitored and actions recorded to reduce any associated risks. Care files we looked at identified individual risks relevant to people who used the service to ensure they were kept safe. These included; pressure damage, falls, moving and handling and personal safety. All people who used the service had detailed personal evacuation plans. This would ensure that relevant professionals had information to support them in the event of an emergency.

During the inspection we undertook a tour of the premises, checked a number of people's bedrooms, some of the communal bathrooms as well as the communal lounges and dining areas. People's bedrooms had been personalised with photographs and books. This helped to create a more individual and homely environment. The registered manager told us there was an ongoing refurbishment programme and plans were in place to develop one of the sun rooms into a sensory room for people who used the service to access. Appropriate dementia friendly signage was in place in the relevant areas and corridors had been decorated with pictures of famous people from the past or memories all of which were in themes.

We saw a number of beds being replaced during our inspection and painting was being undertaken in some areas of the home. We saw a number of bedrooms had no call bells in place to ensure people were able to call for assistance if required. The registered manager told us as part of their auditing a number of call bells required replacing. We observed that the registered manager replaced these during the first day of our inspection. Remedial repairs were ongoing and we saw that a dedicated staff member responsible for

completing these was present in the home during our inspection.

We saw evidence of regular audits and checks taking place on the environment. Areas covered included water checks, security, temperature checks, room checks and the nurse call systems. Records included comments and actions taken as a result of the audits were seen. Essential checks had taken place and were in date such as electrical safety, gas safety and portable appliance testing. These checks would ensure the home was safe for people to live in.

We received positive feedback about the cleanliness of the home. Comments included, "The home is reasonably clean", "The room is clean enough" and, "The home is generally clean." We undertook a tour of the building and saw all areas of the home were generally clean and tidy and free from clutter.

There was a dedicated team responsible for the housekeeping in the home and we saw them undertaking appropriate and timely duties during our inspection. Staff were observed making use of personal protective equipment such as gloves and aprons to ensure people were protected from the risk of infection. Records confirmed that an infection control audit had been completed and included notes on actions taken as a result of the audit. The registered manager told us this audit was due for renewal and would be completed shortly. There was a policy in place to guide staff and included a procedure for handling any outbreaks. This would ensure staff responded appropriately to protect people from the risk of infection.

Is the service effective?

Our findings

People who used the service and their relatives we spoke with told us staff had the required skills and knowledge to meet their individual needs. Comments included, "I cannot praise the staff and management enough", "Nothing is too much trouble". Another said, "We can usually find a member of staff and they're always ready to help", "[Staff member] is awesome, they are all brilliant. They go out of their way to help" and, "The staff are fantastic, they allow her to be independent, she can do what she wants to do. The staff respond to people's needs."

We looked at how the home ensured staff had the required skills and knowledge. Staff we spoke with all told us they had received the necessary training and skills to meet people's needs. They said, "I have done all of my mandatory training. There is a new training system in place. We also do face to face training as well as supervision of care." Another told us, "I had a really good induction and the team were very helpful. If there is a specific training issue I need, the management enrol me, maybe not right away, but place me on the next available course." Staff confirmed specific training was provided by the provider to enhance their knowledge and skills. An example was a recognised qualification in dementia training.

Staff records we looked at confirmed relevant training had been completed to ensure they had the knowledge and skills to fulfil their role. Examples seen were, moving and positioning, food safety, dementia awareness, emergency first aid at work, fire drill and equality and diversity. The registered manager told us the provider had introduced specialist dementia training for all staff to ensure they had up to date knowledge and skills on how to meet people's needs who are living with a dementia.

A recently recruited staff member and records confirmed a comprehensive induction had been completed prior to them starting work at the home. We saw in one person's care records that a new staff member had signed to confirm they had read the care file as part of their induction. This would ensure they were familiar with the running of the home and people's individual needs.

Records showed staff had received regular supervision from the management. Records confirmed topics discussed along with any actions to be taken as a result of the meeting. Staff told us and records confirmed observation of their practice was undertaken regularly to ensure they had the required skills to safely deliver people's care. These included medications and moving and handling.

We spoke with people who used the service and relatives about the meals on offer in the home. People told us, "She loves salads and cheese and biscuits. The chef comes to see her and ask her what she would like. They also bring her milky drinks." Another told us, "I've really enjoyed that. Look, I've eaten up every bit." However one person said, "I'm not happy with the food, but they have made improvements since I complained, but still not had my steak." A relative told us, "[My relative] is eating well and is maintaining her weight. She seems to like the choice of food here." Another told us "The food is still an issue, you can't please everyone" and, "The kitchen staff are excellent in that if I bring in certain foods that [my relative] fancies, they will cook or warm it for him."

We spoke with staff, the chef and the registered manager about the choice of meals on offer for people who used the service. They told us people had a choice of a four week menu however if people requested an alternative to the menu this would be provided. The chef said as part of the 'resident of the day,' people were able to choose anything they wanted and this would be provided. We were also told that on everyone's birthday a cake was made and a 'party tea,' was provided to celebrate. Staff told us extra support for the kitchen was provided during meal times and people were able to choose where they would like to eat. One Staff member said, "People can choose to have meals in their rooms."

We saw that the main meal of the day was served at tea time and a light meal was offered at lunch time. Menu choices for the day were only on display in the home and a copy was on display in the kitchen for the chef to refer to. Meals served looked appetising and people we spoke with told us they had enjoyed their meal. We saw all tables had copies of the menu for the day. This would ensure people were aware of the meals on offer and would be able to decide what they would like on the day. During the inspection we observed all of the dining areas at lunchtime. Tables had been nicely set with cutlery, crockery, napkins, cold drinks and flowers. All people had access to condiments of their choosing. The television was switched off and music played throughout lunch. We saw people responded positively to this and one person was seen singing during their meal.

It was clear from the chatter between staff and people who used the service that people had a positive dining experience. Staff were observed responding sensitively to people's individual needs and engaging in meaningful conversations. During the breakfast service one person who requested a hot option was provided this by the kitchen. This person told us they, "Loved English mustard with their breakfast." The deputy manager immediately provided this to the delight of the person. However one person required support to maintain their personal care needs during the meal and that was not acted upon immediately by staff. We brought this to the attention of staff who immediately responded to this person needs.

We looked at how people were supported to eat and drink. The care files we looked at confirmed appropriate care planning and risk assessments had been completed which would identify how best to support them. Where concerns around people's weight had been identified, nutritional assessments had been completed and referrals to the appropriate agencies had been made. However one record we looked at identified that a person had lost weight with no record of any referral to specialist services. We discussed this with the registered manager who confirmed the referral was completed by the home on the day of our inspection.

Daily records of people's food and fluid intakes were recorded. This would ensure staff had information about what people were eating and drinking and would enable them to respond if any concerns were identified.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection 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.

Staff told us and records confirmed training in MCA and DoLS had been completed. We found some staff had an understanding of the principles of the MCA and all understood the importance of obtaining people's consent before undertaking any care or activity. One staff member said, "DoLS is there to protect people and ensure they are safe." However another person understood the basic principles of MCA but told us they felt they would benefit from further training to increase their knowledge. The registered manager demonstrated a detailed understanding of the principles of the Act, how to submit applications and her responsibility to protect people who used the service from unlawful restrictions. They told us, "Everyone is assumed to have capacity. If required there will be a best interests meeting, which would involve the family, advocates, professionals and myself. Measures will be put in place for the least restrictive option."

Care records showed people's capacity to make decisions for themselves in all aspects of their lives had been assessed on admission and kept under review. The registered manager told us and records confirmed the relevant applications had been sent to the relevant supervisory body.

Care files confirmed people had been involved in decisions about their care and had agreed to this. Consent and choices were recorded and included decisions about the delivery of their care, photographs, sharing information and family involvement.

All of the care files identified admission assessments had been completed prior to people's admission to the home. This would ensure the home was a suitable place for them to live, could keep them safe and meet their individual needs.

We looked at how the home supported people's healthcare needs. Visitors to the home told us they were informed if health professionals undertook a review of their relative.

Records included details relating to people's medical history as well as their physical and mental health needs and how to support them. Where changes in people's condition had occurred records had been reviewed and amended to reflect them. These included the general practitioner, district nurses, nurse practitioner, dietician, the community mental health team and podiatrist. This would ensure people who used the service received a prompt, co-ordinated and seamless service.

We spoke with people and relatives about the involvement of health professionals in their care. One person who used the service told us, "I'm sure that the staff would inform [my relative] if there was any problem." A relative said, "I am as grateful to the team as they are on the ball with regards to my [relative's] health. They keep me updated should her circumstances change."

A professional visiting the service during our inspection told us they visited the home regularly and that they were always made to feel welcome and worked well with the staff team. Another professional said, "The home write in the visit book for any routine visits and ring me for any acute visits required."

People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed of physical and mental health needs and these were kept under review. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People who used the service and relatives told us people were well cared for in the home. One person said, "The staff are kind and caring" another said, "The staff are kind and they generally listen to me, which is how it should be" and, "I like it here." A relative said, "The staff are caring." Another told us, "This is the best care home in the district. [Staff member] is marvellous" and, "The staff here are definitely caring towards our sister." The registered manager told us they had recently introduced protected meal times to ensure people were provided quality time to eat their meals. We saw relatives visiting the home through the days of our inspection. It was clear staff had developed positive meaningful relationship with relatives and understood people's needs and wishes.

The home had a welcoming atmosphere and all areas were calm and inviting. During our inspection, we used the Short Observational Framework for Inspection and observed staff treating people who used the service with kindness, compassion and respect throughout the day whilst undertaking any care or activity and staff addressed people with their preferred name. One staff member told us, "I love my work and yes I make time." The PIR submitted to the Commission prior to the inspection demonstrated the provider commitment to, "Promote person centred care in the home." It was clear from the interactions that staff had positive and engaging relationship with people who used the service and understood people's needs very well. Where people who used the service showed signs of distress staff quickly responded to their needs offering gentle, calm reassurance. Staff we spoke with understood the importance of using de-escalation techniques to support people who used the service and confirmed they had received training to support their skills.

People who used the service told us staff respected people's privacy and dignity. They said, "They respect my privacy and dignity. They (staff) all knock on the door before coming in." During our inspection we observed staff respected people's privacy and dignity at all times. Staff knocked on people's doors and waited to be invited in. We saw when people required support with personal care doors were closed to ensure privacy was maintained at all times. People were able to access private space in their bedrooms if required. We asked staff about how they ensured people's privacy and dignity was maintained. One person told us, "I am passionate about my job. It is all about family, this is people's home." The registered manager discussed how the staff maintains people's privacy and dignity. They said, "Staff knock on people's bedroom doors before they enter. When they are undertaking personal care we ensure people are covered with a towel and close curtains to protect their dignity." The PIR submitted prior to the inspection stated, "The staff treat service users (People who used the service) with dignity and respect. This can be identified by observation, various training programmes and a good induction."

Care files documented people's religious wishes and needs. This would ensure staff had access to information about their choices and preferences. There were details relating to religious services on display in the entrance to the home.

Care files we looked at demonstrated how people wanted to be supported. They recorded people's individual likes, dislikes, choices and preferences. We saw these had been discussed with either people who

used the service or a designated family member. This would ensure people received care appropriate to their current needs and choices. There were details in the reception areas advertising advocacy services if people required. This meant that people who were unable to make decision about their care would have access to external support if required. Advocacy is for people who cannot always speak up for themselves and helps ensure that the views of the person were acted upon.

We saw that the home had completed the six steps training programme in the end of life care. The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. At the time of our inspection there was no one receiving end of life care. We looked at care files and saw 'Do Not Attempt Resuscitation orders'; (DNAR) forms were in place where relevant. These demonstrated the involvement of people who used the service or a relative and had been signed by relevant health professionals. The registered manager told us where end of life discussions had taken place separate care records were developed to ensure all staff had the relevant information to support people at the end of their life in one record. We checked a sample of these records which confirmed relevant discussion had taken place about their wishes and choices.

We spoke with the relative of one person who told us, "I am so very grateful for the management's understanding and 'end of life' care policy." They described the support the home provided when a relative had died as "superb." They said, "My [name] is now very poorly and thanks to the 'end of life care plan' in place with the home, my family and I are reassured by the fact that they will die in the home and not on a hospital stretcher waiting to be attended to."

Is the service responsive?

Our findings

We spoke with people who used the service and visitors about the types of activities on offer in the home. One person told us, "I like doing jigsaws, but I can't always do them." A relative told us, "On the noticeboard over there, there are photographs of her doing different activities. The carers (Staff) have told us that [my relative] reads to other residents in the evenings. All this seems to support her independence."

Staff told us the activities for people had improved greatly over the last year. An activities co-ordinator was employed by the home who took responsibility for organising a wide range of activities for people. They told us, "We have built a programme to suit residents (People who used the service) and to get involved. We involve families in activities. We look at all activities for people and do risk assessments for them. I do activities in two units every day and leave cards out to see if people enjoyed the activity."

It was clear a number of various activities took place in the home. Notice boards had pictures of activities and there was an up to date list of the activities on offer. Examples of activities offered were; film club, barbecues, gardening, shopping, table top games, nails, reminiscence and reading. There was also a variety of reminiscence material and tactile soft toys available for people. Staff told us they encouraged people to take part in household duties if they wished. The home also provided themed activities. These included meals from around the world given to people to experience different tastes. One staff member told us they had been supplied, "Aids to encourage activities and reminiscence linked to the products. We had fun talking about the foods from different countries, which the chef was able to support by cooking dishes from particular countries, for example, he made an Italian pasta dish when we were discussing foods from Italy."

We saw people had access to safe outside space with seating and raised planters to encourage gardening if they wished. A relative of one person who used the service told us the home promoted their relative's independence and supported them to go out for walks during the summer. We saw a variety of activities on offer during our inspection. These included colouring, cards and jigsaws. We saw a staff member was using a piece of hand held electronic equipment to discuss reminiscence pictures with people. They told us, "It's a really good extension tool to the memory boxes." During our observations we saw people were encouraged to take part in activities but people were given the choice to join in with activities, listen to music, watch television in the communal areas or spend quiet time in their rooms.

The home had various pets that people who used the service interacted with, these included, a rabbit, budgie, chickens and a visiting 'pat dog'. A relative told us, "[Name] isn't interested in the rabbit or the pat dog, but the chickens have been very positive in encouraging reminiscence." One person who used the service told us, "I like looking after the chickens. I usually go out to feed them and I will sweep up after them. They make a mess pecking round the garden." A visiting relative told us the home had installed a bird feeder outside their bedroom window because they, "Loved watching the birds." We also saw one person had their own budgie in their bedroom. The registered manager told us where people expressed an interest in a pet this would be considered and introduced if appropriate.

Records in care files confirmed when activities had been offered and whether people had taken part in them

and whether it was enjoyed. This would ensure future events could be tailored around people's individual likes and choices.

We saw evidence of people who used the service being involved in the wider community. It was clear during the inspection that visitors to the home were always made to feel welcome. Staff were seen engaging positively with visitors and staff told us people were encouraged to take part in home life. Whilst some people's care plan had details about their life history and what was important to them, not all had this information in them. We discussed this with the registered manager who gave assurances that all care files would be checked to ensure all records had details relating to people's life history.

Photographs on display confirmed regular visitors taking part in activities and celebrations in the home. Evidence of the involvement of the community was seen. These included; local schools and a nursery, the Rossendale Dementia Group and the Rossendale Memory Choir. Staff also told us they organised trips out into the community as well as fetes at the home.

We discussed with staff and the registered manager how complaints were dealt with. They told us, "I take any complaints to [name of registered manager], I would find out what is going on, talk to the family and record it" and, "Any complaints would be entered onto a log, I then send a holding letter and invite them in for a chat. Once completed a final letter would be sent to them. It is important we learn by our mistakes." The PIR submitted prior to the inspection stated, "All verbal complaints are dealt with at home level. Written complaints are dealt with by our head office as per our complaints policy. All complaints are taken seriously and dealt with in a timely manner. All complaints are reflected upon and lessons learned. We use the outcome of complaints to improve and to develop the service we provide." We checked the complaints file and saw comprehensive details relating to any complaints received in the home. Records included a detailed log and records of the completed investigations included actions taken as a result of the complaint. There were policies and procedures in place to guide staff on the process to deal with complaints. This would ensure any concerns would be dealt with in a timely and appropriate manner.

We saw guidance was on display in the communal areas of the home as well as in the service user guide to support people if they wanted to raise any concerns. People we spoke with and visitors told us they had no concerns about the home and knew how to raise any concerns.

We saw positive feedback that had been received by the home recently. Examples of comments received were, "Thank you for taking good care of me", "A sincere thank you to all the staff at Haslingden hall who cared for our [name]", "A big thank you to everyone at Haslingden hall who put in the effort to make my [name] 80th birthday truly amazing" and "Thank you so much for making a difficult and stressful time much easier. The great care that you gave to our [relative]."

We checked people's care files. To ensure the home could meet people's needs we saw staff had completed preadmission assessments detailing their needs, likes and wishes. Care files contained assessments that had been completed of people's individual needs. These included their medical history, personal information such as general practitioner, date of birth and next of kin. Care plans had been completed in full and reflected people's needs, routines and how to meet them. However information relating to people's mental health and specific needs was limited in its content. Topics covered included; personal care, nutrition and hydration, pressure damage, hearing and communication, mouth care and mobility. Risk assessments were in place and up to date. This would ensure any risks to people had been identified to reduce any risks to them. Relatives we spoke with confirmed care files and people's needs were discussed with them regularly. One relative commented, "The staff will ring to check that everything's OK and they do go through the care plan regularly."

The registered manager told us they had introduced a, "Resident of the day" where all aspects of people's care were reviewed to ensure they reflected people's current and individual needs. As part of this the person would have a review of their care record, meal requirements and choices and their room would be deep cleaned. The registered manager told us this would ensure each month that all people living in the home had a comprehensive review of all of their needs.

Daily care records confirmed people's personal care, food and fluid intake, behaviour monitoring, positional changes and continence care needs had been met. Records confirmed evaluations of people's care had taken place regularly. This would ensure people received care from staff that had access to up to date information about them. Records followed a consistent chronology in their format. This would help staff and people access information in them. However some care files were disorganised and overflowing. We discussed this with the registered manager who told us she had ordered larger files to store records where required.

The registered manager submitted a PIR to the Commission prior to our inspection which demonstrated the provider's commitment to ensure care files reflected people's individual needs. It said, "A person centred care profile is created to identify the individual needs, preferences, likes and dislikes of the service user. Care plans identify how staff can support the service user in their daily living. "

Is the service well-led?

Our findings

People who used the service and relatives told us they were happy with the leadership and organisation in the home. We saw people clearly knew who the registered manager was and evidence of positive meaningful relationships between them was seen. Relatives told us they felt able to discuss any problems openly with the staff or management of the home. One person said, "To be honest I've not really met the management, but there's been no real need." Another told us, "[registered manager] has a fantastic approach and she is efficient. You can talk to her anytime and she gets the job done" and, "[registered manager] is brilliant. They are all approachable; they go out of their way to help."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the home.

Staff felt supported by and respected the registered manager and the organisation. Staff told us "The managers will listen and are very approachable", "I like the formal support in this care home. There's a large network of area and regional managers as backup", "It is a good company to work for. [registered manager] is passionate and she wants everything to be right, she quickly sorts things out", "She is a really good support. I feel I would be able to go to her with any concerns. She is always around seeing how everyone is and likes to get involved" and, "[registered manager] is amazing she had turned this home around. She has worked hard but she has done it."

We received some positive feedback about the registered manager from visiting professionals. They said, "The management is very approachable, [registered manager] is willing to listen and keen to implement new ideas. We were told the arrangements for undertaking reviews of people who used the service had improved since the registered manager had taken over the responsibility for overseeing these.

During our inspection the registered manager told us they operated an, "Open door policy". This would ensure people, relatives and staff were welcome in the office at any time to speak with them. Staff we spoke with confirmed they were always able to speak with the registered manager. The PIR submitted prior to our inspection confirmed that the registered manager, "Promoted an open and transparent culture." We saw the home recognised the positive input from the staff team. Certificates issued to staff for employees of the month were on display and recognised a number of staff for their contribution to the home.

Staff told us and records confirmed that regular staff meetings were taking place. This would ensure staff were informed of any changes in the home and were able to discuss any topics. One person said, "We have regular team meetings, the agenda is put up prior to the meetings. We are able to discuss our views." Another told us, "We have team meetings every three months. We are able to discuss our views." Records of team meetings confirmed recent meetings had taken place. These included the names of attendees as well as notes of the topics discussed which included, the Care Quality Commission, care plans, safeguarding, action plans and inductions with new staff members. Staff told us daily meetings also took place called, "Flash meetings", They said all head of departments were included in these meetings where the operation and day to day management of the home were discussed.

The registered manager demonstrated the importance of involving relatives in the home. They said, "We encourage relatives into the home. They are invited to meetings and events. We keep people up to date. It is all about having good relationships." All of the peoples who used the service and relatives we spoke with confirmed the home had regular residents meetings and received information about what was discussed in the event they were unable to attend. We saw evidence of a recent newsletter identifying recent events and activities undertaken in the home. One person said, "We receive newsletters and also invitations to get involved in the residents meetings." Another told us, "I am sent the newsletters and, although I receive the regular letters of invitation, I do not attend because there isn't a problem with [my relative's] care."

The PIR submitted to the Commission stated regular audits were taking place in a number of areas. These included; medication, falls, diet and weight, care plans and dependency levels. Records during our inspection confirmed regular audits were completed and included notes on actions taken as a result of the findings. Topics included, skin tears, pressure cushions, pillows, mattresses, care plans, weights and night audits. The registered manager told us the provider also undertook regular audits of the home. Any actions required as a result of these would be followed up and reviewed at regular intervals by senior management to ensure these were resolved. This would ensure people who used the service received safe and seamless care.

The home demonstrated the importance of obtaining feedback from people who used the service and relatives. There was evidence of completed satisfaction surveys which included people's views on the home, activities and cleanliness. Records confirmed positive feedback about the home as well as an action plan to ensure learning from these improved the service. Comments in feedback included, "They are always supportive, I feel the home is outstanding, the staff are professional at all times." There was evidence of blank feedback sheets available for people to complete in the entrance hall to the home.

Certificates to confirm the standard of care provided at the home were evident. These included; the provider's certificate of registration, the ratings from our last inspection, as well as Investors In People silver award. This award recognises the quality of staff management at the service.

There was an up to date vision and mission statement on display that demonstrated the home's commitment to deliver high quality care to people who used the service. The registered manager provided copies of the home statement of purpose as well as the service user guide offered to all people on arrival to the home. This would ensure all people had access to information about the service on offer and what care people could expect to receive whilst living in the home. We saw these had been developed recently. This would ensure information about the home and how it was run was up to date and relevant for people.

Records confirmed statutory notifications were submitted appropriately and in a timely manner to the Commission by the registered manager. This would ensure the home fulfilled its statutory duty to report certain incidents and accidents to the Commission.